

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM RICHLAND COUNTY
Court of Common Pleas

Alison Renee Lee, Chief Judge

Case No.: 2016-000491

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SEP 14 2016

SC Court of Appeals

Crystal Faye Clark, ... Appellant,

v.

Housing Authority of The City of Columbia.....Respondent.

INITIAL BRIEF OF RESPONDENT

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STATEMENT OF ISSUES ON APPEAL

- I. WHETHER THE CIRCUIT COURT CORRECTLY DETERMINED THAT THERE WAS NO GENUINE ISSUE OF MATERIAL FACT AS TO NOTICE BECAUSE THE APPELLANT PROVIDED NO EVIDENCE THAT SHE NOTIFIED THE RESPONDENT OF ANY DEFECT IN THE STAIRCASE IN HER APARTMENT.
- II. WHETHER THE APPELLANT FAILED TO PRESERVE THE ISSUE OF ASSUMPTION OF RISK FOR APPELLATE REVIEW AND SHOULD BE PRECLUDED FROM PRESENTING THE ISSUE ON APPEAL.

STATEMENT OF THE CASE

This matter is on appeal from the Court of Common Pleas of the Fifth Judicial Circuit. On November 6, 2014, Crystal Faye Clark ("Appellant") filed a Summons and Complaint seeking actual and punitive damages, medical and incidental expenses, and costs associated with the action asserting negligence on the part of the Housing Authority of the City of Columbia ("Respondent"). The Respondent timely answered. Following discovery and depositions, the Respondent moved for Summary Judgment. On October 25, 2015, the Honorable Judge Alison Renee Lee granted the Respondent's Motion.

The Appellant filed a Motion for Reconsideration on November 6, 2015. The Appellant received notice of the Circuit Court's denial of the Motion for Reconsideration on February 10, 2016. Thereafter, on March 10, 2016, the Appellant filed her appeal of the Circuit Court Order to this Court.

STATEMENT OF THE FACTS

The Appellant rented an apartment from the Respondent and resided at that apartment from January 26, 2012, to July 30, 2013. (Exhibit 1: Appellant's Lease for Apartment L-1, pp. 1-6, ¶2; Exhibit 2: Maintenance Report for Apartment L-1). The Appellant was served with an eviction notice on March 11, 2013, because her son was arrested in her apartment with illegal drugs in violation of the terms of her lease. (Exhibit 3: Letter from State Constable Willie Bennett, dated March 11, 2013). The Respondent subsequently evicted the Appellant on July 30, 2013. (Exhibit 2).

The Appellant asserts that she was injured in her apartment on July 10, 2013, as a result of a fall down a staircase located within her apartment. The layout of the Appellant's apartment requires that after opening the door to the apartment, a person must ascend a flight of stairs to

reach the living quarters. There is a railing on one side of the stairs and a wall on the other. The stairs are concrete, and each stair is covered by a large black protective mat with anti-slip tread lines. (Exhibit 4: Photograph of stairs from Apt. L-1). The staircase is the only entrance into the living quarters of the apartment.

The Respondent has a notification procedure for all maintenance requests, which requires tenants to contact the Respondent's office with issues and to submit a formal request for maintenance. Each request is logged by the Respondent for assignment to the maintenance crew. The Appellant admitted that she knew of the procedures for maintenance requests as evidenced by several maintenance reports made by the Appellant in the past. (Plf. Depo. p. 27, lines 13-18; Exhibit 2).¹ Although, the Appellant alleges she made a maintenance call about the stairs, she could not provide any evidence of the time or date of the call or any evidence of any person to whom she may have spoken to about her stairs prior to July 10, 2013. (Exhibit 6: Appellant's Responses to Respondent's Request for Production).

Shortly before the Appellant's alleged fall, on June 27, 2013, she made an unrelated maintenance repair request, which did not contain any reference to the stairway in the Appellant's apartment. (Exhibit 2). The Respondent's standard work order form requires the maintenance technician to report other obvious maintenance issues in the apartment by notating such issues on the form. The Respondent made the repairs on June 28, 2013, and no damage to the stairs was noted on the work order. (Exhibit 7: Columbia Housing Authority Work Order No. 531847). There is no evidence that the Respondent or its agents had any further access to the apartment prior to the alleged injury.

On the morning of July 10, 2013, the Appellant left her home via the stairs without

¹ The Appellant made a request on April 11, 2013, for the stairs in her home to be repaired, and the Respondent made the repairs on April 18, 2013. (Exhibit 2 and Exhibit 5: Columbia Housing Authority Work Order No. 527362).

incident to go grocery shopping. (Plf. Depo. p. 23, lines 9-10). She returned home and ascended the stairs without incident. When the Appellant used the stairs for the third time that morning, she asserts that she tripped and fell on the stairs because the mat was loose. (Exhibit 8: Interview Summary of Crystal Faye Clark).

On July 11, 2013, the Respondent received a report from the Appellant's goddaughter that the Appellant had fallen down the stairs on July 10, 2013, and was injured. A representative of the Respondent reported to the apartment to take a photograph of the stairs. The photograph showed that one of the mats was pulled away from the stairs. (Exhibit 9: Photograph in Apt. L-1 on July 11, 2013). On November 6, 2014, the Appellant initiated this action.

STANDARD OF REVIEW

"When reviewing a grant of summary judgment, appellate courts apply the same standard applied by the trial court pursuant to Rule 56(c)." Turner v. Milliman, 392 S.C. 116, 121, 708 S.E.2d 766, 769 (2011). An appellate court reviewing a grant of Summary Judgment "must consider the facts and inferences in the light most favorable to the nonmoving party." Estate of Cantrell v. Green, 302 S.C. 557, 559, 397 S.E.2d 777, 778 (Ct. App. 1990). "A party opposing a properly supported motion for summary judgment . . . must set forth or point to the specific facts showing that there is a genuine issue of material fact. The existence of a mere scintilla of evidence in support of the nonmoving party's position is not sufficient to overcome a motion for summary judgment." Thomas v. Waters, 315 S.C. 524, 526, 445 S.E.2d 659, 661 (Ct. App. 1994). "[The Court] is not required to single out some morsel of evidence and attach to it great significance when patently the evidence is introduced solely in a vain attempt to create an issue of fact that is not genuine." Priest v. Brown, 302 S.C. 405, 408, 396 S.E.2d 638, 640 (Ct. App. 1990).

Summary Judgment is appropriate where “the pleadings, depositions, and answers to interrogatories, and admissions on file, together with the affidavits, if any show that there is no genuine issue as to any material fact and that the moving party is entitled to a judgment as a matter of law.” Rule 56(c), SCRPC; see also Tupper v. Dorchester Cty., 326 S.C. 318, 325, 487 S.E.2d 187, 191 (1997). In opposing a motion for Summary Judgment, “the plaintiff cannot defeat the defendant's motion by relying upon the mere allegations of his complaint but must disclose the facts he intends to rely on by affidavit or other proof.” Dyer v. Moss, 284 S.C. 208, 211, 325 S.E.2d 69, 70 (Ct. App. 1985).

ARGUMENT

I. THE CIRCUIT COURT CORRECTLY DETERMINED THAT THERE WAS NO GENUINE ISSUE OF MATERIAL FACT AS TO NOTICE BECAUSE THE APPELLANT PROVIDED NO EVIDENCE THAT SHE NOTIFIED THE RESPONDENT OF ANY DEFECT IN THE STAIRCASE IN HER APARTMENT.

Plaintiffs who are seeking damages suffered because of a dangerous or defective condition on a defendant's property must demonstrate that the defendant “had actual or constructive knowledge of an existing dangerous condition and failed to correct it.” Nelson v. Piggly Wiggly Cent., Inc., 390 S.C. 382, 389, 701 S.E.2d 776, 780 (Ct. App. 2010). Actual notice means “all the facts are disclosed and there is nothing left to investigate.” Strother v. Lexington Cty. Recreation Comm'n, 332 S.C. 54, 65, 504 S.E.2d 117, 123 (1998). “Constructive notice arises when a condition has existed for such a period of time that a . . . [defendant] in the use of reasonable care should have discovered the condition.” Major v. City of Hartsville, 410 S.C. 1, 3–4, 763 S.E.2d 348, 350 (2014) (quoting Fickling v. City of Charleston, 372 S.C. 597, 609–10 n. 34, 643 S.E.2d 110, 117 n. 34 (Ct.App.2007)). Even if the plaintiff demonstrates that the defendant had actual or constructive notice of an existing condition, the South Carolina Tort Claims Act prevents governmental entities from being held liable for injuries resulting from the

exercise of any “responsibility or duty . . . of any student, patient, prisoner, inmate, or client of any governmental entity, except when the responsibility or duty is exercised in a grossly negligent manner.” S.C. Code Ann. § 15-78-60(25).

The Appellant has provided no evidence that she notified the Respondent of any alleged damage to the staircase except her vague, self-serving statement. During the discovery process, the Appellant could not establish either the date or time of her alleged telephone call making any maintenance request regarding the staircase, or the identity of the person to whom she allegedly spoke about the request. When specifically asked through interrogatories and a request for production to provide information about the date she allegedly reported a defect in the stairs to the Respondent, the Appellant responded “date not available.” (Exhibit 6, no. 14). The Appellant could not provide the identity of the person to whom she alleged she spoke about the request, testifying “I know there’d normally be a man or lady that answers. We can’t—we don’t really know who it is that’s answering the phone. . . .” (Plf. Depo. p. 28, lines 11-15).

The Respondent maintains detailed maintenance logs for all apartment units, including the Appellant’s apartment, which do not reflect a maintenance request for the alleged damage to the staircase which the Appellant asserts caused her injury. (Exhibit 2 and Exhibit 5). There is no evidence in the record that the Respondent entered the Appellant’s apartment to complete any work on the staircase following the Appellant’s last recorded maintenance call request on June 27, 2013. The repair work for that request was completed on June 28, 2013, the day following the request and approximately two weeks prior to the July 10, 2013, incident. When the Respondent completed the work on June 28, 2013, there was no damage noted on the stairs in the section on the work order form which requires the maintenance technician to report other obvious maintenance issues. (Exhibit 7).

The Appellant's self-serving statement is not sufficient, in comparison to the entire record showing otherwise, to create a reasonable inference that the telephone call was made.

The party opposing Summary Judgment may not:

“create an inference which is not reasonable or an issue of fact that is not genuine, [and] [t]he judge is not required to single out some one morsel of evidence and attach to it great significance when patently the evidence is introduced solely in a vain attempt to create an issue of fact that is not genuine.”

Priest v. Brown, 302 S.C. 405, 408, 396 S.E.2d 638, 639 (Ct. App. 1990). Once the party supporting Summary Judgment carries its burden, the party in opposition may not rely on unsupported allegations as to liability to create a genuine issue of material fact. Jackson v. Bermuda Sands, Inc., 383 S.C. 11, 17, 677 S.E.2d 612, 616 (Ct. App. 2009). During her deposition, the Appellant testified to having numerous witnesses who could corroborate her self-serving statements that Respondent knew of the defective condition at the time the injury occurred. (Plf. Depo. p. 83, lines 2-4). However, the Appellant never provided any affidavits from these witnesses in opposition to the Respondent's Motion for Summary Judgment. The Appellant instead relied solely upon the unsupported allegations in her complaint. Furthermore, even if the Appellant had presented sufficient evidence that the Respondent had notice of the defective condition, Appellant has failed to provide any evidence to overcome the limitation of liability that the Respondent is entitled under the Tort Claims Act.

In conclusion, the Appellant has failed to set forth specific facts showing there is a genuine issue for trial, having provided no evidence that she reported the issues with her staircase prior to the incident on July 10, 2013. The Respondent's maintenance records reflect no contact on the part of the Appellant regarding her staircase, and the Appellant has provided no evidence that she reported any issues prior to the incident on July 10, 2013. Without any knowledge on the part of the Respondent or notification to the Respondent of the alleged defect

in the stairs, the Respondent could not have failed to act. Accordingly, the Circuit Court properly ruled that there was no genuine issue of material fact in this case and the Order should be affirmed.

II. APPELLANT FAILED TO PRESERVE THE ISSUE OF ASSUMPTION OF RISK FOR APPELLATE REVIEW AND SHOULD BE PRECLUDED FROM PRESENTING THE ISSUE ON APPEAL.

It is well-settled that “an issue cannot be raised for the first time on appeal, but must have been raised to and ruled upon by the trial judge to be preserved for appellate review.” Wilder Corp. v. Wilke, 330 S.C. 71, 76, 497 S.E.2d 731, 733 (1998). A party must file a post-trial motion “when an issue or argument has been raised, but not ruled on, in order to preserve it for appellate review.” Elam v. S. Carolina Dep’t of Transp., 361 S.C. 9, 24, 602 S.E.2d 772, 780 (2004); see also BMW of N. Am., LLC v. Complete Auto Recon Servs., Inc., 399 S.C. 444, 454–55, 731 S.E.2d 902, 908 (Ct. App. 2012). “Issue preservation rules are designed to give the trial court a fair opportunity to rule on the issues, and thus provide the [appellate court] with a platform for meaningful appellate review.” Stevens & Wilkinson of S. Carolina, Inc. v. City of Columbia, 409 S.C. 563, 567, 762 S.E.2d 693, 695 (2014).

Although the Appellant raised and argued against the issue of whether the Appellant assumed the risk of injury, that issue was not ruled upon by the Circuit Court. (Order Granting Summary Judgment in favor of Respondent). The Circuit Court’s Order did not address the issue of assumption of risk but relied solely on the notice argument in granting Summary Judgment to the Respondent. The Appellant subsequently filed a Motion to Reconsider. However, the Appellant’s motion omitted any reference to the issue of assumption of risk. (Appellant’s Motion to Reconsider). By limiting the scope of her motion to the issue of notice, the Appellant failed to preserve the issue of assumption of risk for appellate review. Because the Appellant failed to

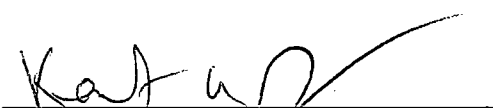
bring the issue to the Circuit Court's attention in her Motion to Reconsider, this Court now lacks the proper record to engage in a meaningful review of the issue. Accordingly, the Appellant failed to preserve the issue of assumption of risk for review and should be precluded from raising the issue before this Court on appeal. Further, in light of the lower court's findings regarding notice, a finding with regard to assumption of risk is unnecessary to dispose of this matter.

CONCLUSION

For the aforementioned reasons, the Circuit Court's Order granting Summary Judgment in favor of the Respondent should be affirmed by this Court.

Respectfully Submitted,

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Attorneys for Housing Authority of the City of
Columbia

September 14, 2016
Columbia, South Carolina

EXHIBIT 1



THE HOUSING AUTHORITY
of the City of Columbia, South Carolina
1917 HARDEN STREET * COLUMBIA, S.C.

29204-1015

TELEPHONE (803) 254-3886

TDD (803) 256-7762

Revised 8/97

TENANT: Crystal Clark

No. of Bedrooms: 1

ADDRESS: 1810 Allen Benedict Ct Apt L1 Columbia, SC 29204

WITNESSETH THAT:

The Housing Authority of the City of Columbia, South Carolina, a body corporate organized and existing under the laws of the State of South Carolina, relying upon the representations made to it by the Tenant as to his/her household composition, employment and income of head of household and members of the household does hereby enter into this dwelling lease for the above referenced premises upon the following terms and conditions:

1. FAMILY COMPOSITION:

Tenant agrees that the person(s) identified below are the only members of his/her household who will reside at the premises:

Names of Household Members	Relationship to Tenant	Date of Birth	SSN
Crystal Clark	HEAD-OF-HOUSHOLD	03-10-1966	248-33-8179

2. LEASE/TERM OF LEASE:

The Authority hereby rents, demises and leases unto Tenant for the term hereinafter stated (subject to earlier termination as hereinafter provided) the premises described above. The term of this Lease shall begin on January 26, 2012

and continue until December 31, 2012. At the expiration of that term, the Lease, unless renewed by the parties signing a new Lease, will become a month-to-month tenancy.

3. PAYMENTS DUE UNDER THE LEASE:

The amount of rent is subject to change as determined by The Authority in accordance with federal regulations during the term of the Lease.

- A. Rent for the period beginning January 26, 2012 and ending at midnight on January 31, 2012 is 9.00. Thereafter, monthly rent in the amount of \$50.00 will be due on or before the first day of each month. Payments made as rent will be applied to any outstanding balances which may include rent, utilities, maintenance, or any other balances owed. This shall not be construed to require the acceptance by the Authority of rent payments tendered for a period subsequent to the expiration of a notice to terminate.

The rent to be paid by the lessee was computed as follows:

a. Gross Family Contribution..... 50.00
(Rent and Utilities)

b. Less Utility Allowance for Utilities to be paid directly by the tenant..... 0.00

c. Net Family Contribution..... 50.00

d. Utility Allowance to be paid directly to the tenant by CHA (Applicable only if the amount of (b) is greater than (a)) 0
This rent will remain in effect unless adjusted in accordance with the provisions of Section 4 hereof.

- B. Security Deposit: Tenant agrees to pay a security deposit in the total amount of \$70.00. Tenant agrees to make partial payments of \$70.00 at the signing of the Lease and \$0.00 with next month's rent until security deposit is paid in full. The total security deposit will not at any time exceed one month's rent.

The deposit is to be applied against any damage done to the premises by the Tenant, his/her household, guest or agent, normal wear and tear excepted; and to pay when presented with an itemized bill the full amount of any such damage in order that the deposit will remain intact. Upon termination of this Lease, the deposit is to be refunded to the Tenant or to be applied to any damage or any rent delinquency, attorney's fees, court, or eviction costs, or unpaid service charges.

Interest will accrue on the security deposit and be paid to or applied to account balance at time of Lease termination in accordance with State of South Carolina law.

- C. **Schedule of Charges to Tenants for maintenance and repairs beyond normal wear and tear and utility charges for major appliances shall be posted in the on-site management office. Charges are due and payable on the date stated in the notice in which the charge is made, but not sooner than 14 days after delivery of the notice.**
- D. **Late Charges: All Rent not received in full by the 10th of the month will be assessed a late charge of 5% of the full rent. This provision does not create a "grace period".**
- E. **Attorney, Court and Eviction Costs: Tenant will be charged a fee to cover costs and reasonable attorney's fees the court may award whenever the Authority incurs costs and attorney fees in connection with legal proceedings in which the Tenant does not prevail in the court action. In the event of an eviction, the Tenant gives the Authority permission to remove from the unit any personal property left in the unit and to dispose of such property as prescribed by law and agrees that the Tenant will be responsible for the actual costs for removing any personal property from the unit, and any other costs directly associated with the eviction.**
- F. **Utilities: The Authority agrees to furnish the following utilities: Heat, hot and cold running water, gas and/or electricity for cooking, and electricity for lighting and general household appliance. No charge will be imposed for providing these utilities, except that if Tenant's consumption of these utilities shall exceed the allowable amounts during any monthly utility billing period, the Authority may charge Tenant for excess utility consumption above and beyond the allowances stated in attachment #11 at rates not exceeding the cost to the Authority of such utilities. Amounts billed for excess utility consumption shall be due and payable to the Authority on the first day of the second month following usage. The Authority will not be responsible for failure to furnish utilities by reason of any cause beyond its control.**

4.

REDETERMINATION OF RENT, DWELLING SIZE AND ELIGIBILITY:

Tenant agrees that any changes in household composition whereby any person other than the household members identified in Section 2 of this Lease begin to reside at the leased premises, or any of the persons identified in Section 2 of this Lease discontinue residing at the leased premises, or any change in income must be reported to the Authority in writing within (10) days of the occurrence of such change, and once each year when requested by the Authority for recertification. Tenant also agrees to furnish accurate information to the Authority as to identity, income, and employment of all persons residing upon leased premises. This information shall be used by the Authority in determining whether the rental should be changed, whether Tenant is still eligible for low rent housing. Tenant also shall give the Authority authorization to verify all sources of income. This determination will be made in accordance with the approved Admission and Occupancy Policy in the Authority's office.

- A. Rentals fixed in Section 3 hereof or as adjusted pursuant to the above will remain in effect for the period between rent determinations. Where the Tenant, intentionally or by mistake has misrepresented or failed to submit to the Authority any facts required for the determination of rent, the Authority may charge and collect as rent the difference between the rent actually paid and the rent which would have been due had the proper information been submitted by the Tenant. The Authority shall also have available in such event, at its option, the remedy of termination as provided in Paragraph 12. A. 8 of this Lease. If this Lease is an extension of occupancy by the Tenant under prior lease or leases with the Authority, such amount due under the prior lease or leases may be charged and collected as if the same had occurred hereunder.
- B. In the event of any rent adjustment pursuant to the above, the Authority will mail or deliver a "Notice of Rent" to the Tenant in accordance with Section 11 hereof. In case of a rent decrease, the adjustment will become effective the first of the month following the change in circumstances, provided that the Tenant has timely reported such change. In the case of a rent increase, the adjustment will become effective the first of the next month following the change, unless such date is sooner than the 14th day after delivery of notice to Tenant concerning the change, in which event the change shall take effect on the first day of the second month following the change (unless the rent increase is the result of a change in household composition or income which is not reported within 10 days or results from finding of a misrepresentation as provided above). The Tenant agrees to be bound by any change determined by the Authority to be necessary by application of this paragraph.
- C. If the Authority in its sole discretion determines that the size of the dwelling unit is no longer appropriate to the Tenant's needs, and a unit of the appropriate size is available, the Tenant shall be offered said unit and shall move within 30 days unless otherwise authorized by the Authority. If the Tenant fails to accept proffered unit, the Authority may terminate this Lease. The Tenant shall not be required to move in cases of verified hardship due to employment or health reasons.
- D. When the Authority redetermines the amount of rent (Total Tenant Payment or Tenant Rent) payable by the tenant, not including determination of the Authority's schedule of Utility Allowances for families in the Authority's Public Housing Program, or determines that the Tenant must transfer to another unit based on family composition, the Authority shall notify the Tenant that the Tenant may ask for an explanation stating the specific grounds of the Authority determination, and that if the Tenant does not agree with the determination, the Tenant shall have the right to request a hearing under the Authority's grievance procedure.

5.

OCCUPANCY:

The Tenant shall have the right to exclusive use and occupancy of the leased premises. Guests or visitors of the Tenant may be accommodated for no longer than a period of fourteen (14) days per visitor. "Guest" means a person in the leased unit with the consent of a household member. The Tenant must notify the Authority in writing of all overnight guests staying on the premises for more than 7 nights. The written notice must be given no later than the seventh day after the guest begins staying at the premises. The notice must indicate the period of time the guest will be staying at the lease premises. If any visit will extend beyond two weeks, the Tenant must notify the Authority in writing, stating the reasons for the extended visit, which must be authorized in writing by the Authority.

6.

OBLIGATIONS OF THE AUTHORITY:

The Authority shall be obligated, other than for circumstances beyond its control, as follows:

- A. To maintain the premises and the project in decent, safe and sanitary condition.
- B. To comply with requirements of applicable building codes, housing code, and HUD regulations materially affecting health and safety.
- C. To make necessary repairs to the premises.
- D. To keep project buildings, facilities and common areas not otherwise assigned to the Tenant for maintenance and upkeep, in a clean and safe condition.

- E. To maintain in good and safe working condition: electrical, plumbing, sanitary, heating, ventilating, and other facilities and appliances, including elevators, supplied or required to be supplied by the Authority.
- F. To provide and maintain appropriate receptacles and facilities (except containers for the exclusive use of an individual tenant household) for the deposit of garbage, rubbish and other waste removed from the premises by the Tenant in accordance with Paragraph 7(H).
- G. To supply running water and reasonable amounts of hot water and reasonable amounts of heat at appropriate times of the year except where heat or hot water is generated by an installation within the exclusive control of the Tenant and supplied by a direct utility connection.
- H. To notify the Tenant of the specific grounds for any proposed adverse action by the Authority. (Such adverse action includes, but is not limited to, a proposed lease termination, transfer of the Tenant to another unit, or imposition of charges for maintenance and repair, or for excess consumption of utilities).

When the Authority is required to afford the Tenant the opportunity for a hearing under the Authority's grievance procedure for a grievance concerning a proposed adverse action:

- (1). The notice of proposed adverse action shall inform the Tenant of the right to request such hearing. In the case of a lease termination, a notice of lease termination in accordance with HUD's Code of Federal Regulations 24 CFR sec. 966.4(1)(3) shall constitute adequate notice of proposed adverse action.
- (2). In the case of a proposed adverse action other than a proposed lease termination, the Authority shall not take the proposed action until the time for Tenant to request a grievance hearing has expired, and (if a hearing was timely requested by the Tenant) the grievance process has been completed.

OBLIGATIONS OF THE TENANT

Tenant shall be obligated as follows:

- A. Not to assign the Lease or to sublease or transfer possession of the premises.
- B. Not to provide accommodations for boarders or lodgers, nor to house guests over fourteen (14) days in violation of the provisions of Paragraph 3 above.
- C. To use the premises solely as a private dwelling for Tenant and Tenant's household as identified in the Lease, and not to use or permit its use for any other purposes. With the consent of the Authority, members of the household may engage in legal profit making activities in the dwelling unit, where the Authority determines that such activities are incidental to primary use of the leased unit for residence by members of the household.
- D. To abide by necessary regulations issued by the Authority for the benefit and well-being of the housing project and the Tenants, said regulations shall be posted in the Authority office and are incorporated by reference in this Lease; violation of such regulations constitutes a violation of this Lease; provided, however, that any such regulations shall be consistent with the terms of this Lease. In the event of a conflict between any such regulations and any provision of this Lease, the provision of the Lease shall govern.
- E. To comply with all obligations imposed upon Tenants by applicable provisions of state law and of building and housing codes materially affecting health and safety.
- F. To keep the premises, adjacent grounds and other such areas as may be assigned to Tenant's use in a clean, orderly and safe condition. If authorized in writing by the Authority, the Tenant may paint or make minor repairs to the premises at his/her expense.
- G. To provide reasonable care and perform interim testing of smoke detectors and fire extinguishers to assure they are in working order.
- H. To dispose of all garbage, rubbish, and other waste from the premises in a sanitary and safe manner.
- I. To use only as intended all electrical, plumbing, sanitary, heating, ventilating, air conditioning and other facilities and appurtenances including elevators.
- J. To refrain from and to cause household and guests to refrain from destroying, defacing, damaging or removing any part of the premises or project.
- K. To conduct himself/herself and cause other persons who are on the premises with his/her consent (whether or not such persons' presence on the premises is then known by the Tenant or the Tenant is aware of the conduct of such persons) to conduct themselves in a manner which is legal, orderly and which will not disturb his neighbors peaceful enjoyment of their accommodations and will be conducive to maintaining the project in a decent, safe and sanitary condition. Any threat to the health or safety of other Tenants or the Authority's employees shall be deemed a serious violation of this subparagraph.
- L. To provide that the Tenant, any member of the Tenant's household, any guest or any other person under the Tenant's control, shall not engage in criminal activity, including, but not limited to, drug-related criminal activity, on or near the premises, while the Tenant is a resident in public housing. (Drug-related criminal activity means the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute, or use of a controlled substance as defined in Section 102 of the Controlled Substance Act [21 U.S.C. § 802]). NOTICE: By signing this Lease, the Tenant acknowledges he/she understands the Authority has a "one strike" or "zero tolerance" policy with respect to violations under this subparagraph. Any violation will be treated as a serious violation of the material terms of this Lease. Criminal activity is cause for eviction even in the absence of conviction or arrest.
- M. To keep no dogs, cats or other animals in or on the premises (except in buildings designated as housing for the elderly).
- N. To pay charges (other than for normal wear and tear) for the repair of damages to the premises, project buildings, facilities or common areas caused by Tenant, Tenant's household or guests, or by Tenant's failure to report needed repairs, in accordance with a schedule of charges as posted in the Authority office from time to time. Any damage to the premises which is not described in the written report of inspection prior to Tenant's occupancy will be presumed to have been caused by Tenant.
- O. To pay required service deposits and to pay for utility charges in excess of the amounts agreed to be supplied by the Authority.
- P. To permit the Authority, pursuant to the provisions of Paragraph 10, entrance to the premises for the purpose of performing periodic inventories and inspections, reading utility meters and routine maintenance for making improvements or repairs or to show the premises for re-leasing.

- Q.** To promptly report to the Authority any needed repairs to the leased premises, and all safety equipment and alarms which are not in operational order, such as smoke detectors and fire extinguishers.
- R.** To refrain from placing fixtures, signs or fences in or about the premises without prior revocable permission of the Authority in writing.
- S.** To comply with the provisions of any rider attached to and incorporated in this Lease, such rider may include provisions requiring the Tenant to perform certain specified seasonal maintenance or other maintenance tasks as permitted by the nature of the design and construction of the building.
- T.** To notify the Authority of any absence from the dwelling unit which exceeds 14 days.
- U.** Illegal use or illegal possession of firearms and/or other weapons shall be grounds for eviction.
- V.** To leave the dwelling unit upon vacating the premises in a clean and safe condition, normal wear and tear excepted, and to return the keys to the Authority. Any property left by the Tenant in or about the premises after he/she vacates will be considered as abandoned and may be disposed of as the Authority sees fit.
- W.** To refrain from installing water beds, contact paper, and any equipment that requires any change to the structure, plumbing or electrical system without prior written consent of the Authority.
- X.** To refrain from any illegal conversion or hook-up of cable television, telephone or electric service.

EXHIBIT 2

Clark, Crystal F
1810 Allen Benedict Ct Apt L1
Columbia, SC 29204

XXX-XX-8179

Staff	Create Date/Time	Date/Time Of Note	Message
BBROWN	02/13/2012 11:09:13 AM C	Jan 23, 2012 12:00:00 AM 21410 1	Unit Xfer from: 1810 Allen Benedict Ct Apt H12, , Columbia, SC 29204 to: 1810 Allen Benedict Ct Apt L1, , Columbia, SC 29204 entered on 02-13-2012.
DERUTON	02/13/2012 11:57:35 AM C	Jan 26, 2012 12:00:00 AM 21410 2	Rent Finalized - Type of action: 7 50058 form
BBROWN	02/13/2012 11:10:44 AM C	Jan 26, 2012 12:00:00 AM 21410 3	Rent Finalized - Type of action: 7 50058 form
SBANKS	02/23/2012 8:56:07 AM C	Feb 23, 2012 8:56:07 AM 21410 4	Kitchen sink is leaking water.
PJUDSON	03/21/2012 12:46:27 PM C	Mar 21, 2012 12:46:06 PM 21410 5	Livingrm and hallway paint is coming back through the walls, spots, check for repairs. Front room wall boards needs caulking.
SBANKS	03/27/2012 2:33:52 PM C	Mar 27, 2012 2:33:50 PM 21410 6	range hood fell down
PJUDSON	04/03/2012 2:37:29 PM C	Apr 03, 2012 2:37:17 PM 21410 7	Need 2 house keys cut.
SBANKS	04/30/2012 8:53:49 AM C	Apr 30, 2012 8:53:49 AM 21410 8	Change door locks per tenant
SBANKS	05/11/2012 10:17:37 AM C	May 11, 2012 10:17:37 AM 21410 9	Check the cold and hot water inputs for the washer machine
SBANKS	05/16/2012 2:22:36 PM C	May 16, 2012 2:22:29 PM 21410 10	Contractor repairs
BBROWN	06/01/2012 9:53:07 AM C	Jun 01, 2012 9:53:08 AM 21410 11	Appt SCHEDULED For Recert Set For 06/06/2012 11:40 AM with Deloris Bruton @1810 Allen Benedict Court (Appt Set by: bbrown)
PJUDSON	06/29/2012 8:08:43 AM C	Jun 29, 2012 8:08:40 AM 21410 12	Do work per page 6 of HQS Inspection.
PJUDSON	08/03/2012 1:21:24 PM C	Aug 03, 2012 1:21:19 PM 21410 13	Bathrm sink faucet is leaking onto the floor.
SBANKS	08/15/2012 10:47:01 AM C	Aug 15, 2012 10:47:01 AM 21410 14	Check the floor border in the hallway
SBANKS	08/30/2012 9:27:09 AM C	Aug 30, 2012 9:27:07 AM 21410 15	Around the light fixture as you come in the home there are holes in the ceiling Kitchen ceiling has holes in it Big wet spot on the wall in the sheetrock going up the stairs Bathub is fading.
SBANKS	08/30/2012 2:09:53 PM C	Aug 30, 2012 2:09:51 PM 21410 16	Cut new door and mailbox keys Per tenant
PJUDSON	09/04/2012 2:44:38 PM C	Sep 04, 2012 2:44:38 PM 21410 17	Bathrm tub faucet water is running, cant turn it off. Bathrm toilet is constantly running.
PJUDSON	09/05/2012 8:09:03 AM C	Sep 05, 2012 8:09:02 AM 21410 18	Bill workorder letter opened.
DERUTON	07/16/2012 4:18:26 PM C	Oct 01, 2012 12:00:00 AM 21410 19	Rent Finalized - Type of action: 2 50058 form
DERUTON	07/25/2012 8:37:56 AM C	Oct 01, 2012 12:00:00 AM 21410 20	Rent Finalized - Type of action: 2 50058 form
PJUDSON	10/17/2012 9:34:14 AM C	Oct 17, 2012 9:34:14 AM 21410 21	Need front door and mailbox cut.
PJUDSON	10/18/2012 10:55:08 AM C	Oct 18, 2012 10:55:08 AM 21410 22	Bill workorder letter opened.
PJUDSON	10/24/2012 12:03:22 PM C	Oct 24, 2012 12:03:20 PM 21410 23	Need new house & mailbox key.
TBOYLES	11/06/2012 11:37:15 AM C	Nov 06, 2012 8:42:00 AM 21410 24	Inspection Scheduled : Update Annual Status=Y
PJUDSON	01/04/2013 10:08:22 AM C	Jan 04, 2013 10:08:22 AM 21410 25	Vacancy repairs.
TBOYLES	12/21/2012 9:42:49 AM C	Jan 07, 2013 9:38:00 AM 21410 26	Inspection Scheduled : Update Annual Status=Y
PJUDSON	01/28/2013 8:31:08 AM C	Jan 28, 2013 8:31:08 AM 21410 27	Preventive maintenance.
WBENNETT	02/20/2013 7:05:46 PM U	Feb 04, 2013 9:30:07 PM 21410 28	CASE# 130003723 CRYSTAL CLARK AND TROY CLARK. TROY CLARK IS ON TRESPASS NOTICE. CRYSTAL CLARK WAS AWARE OF THIS PRIOR TO THIS ABOVE INCIDENT.
MJOHNSON	02/05/2013 9:28:12 AM C	Feb 05, 2013 9:28:12 AM 21410 29	Light water heater Unstop toilet
PJUDSON	02/05/2013 1:44:31 PM C	Feb 05, 2013 1:44:31 PM 21410 30	Bathroom stopped up Hot water heater has gone out Kitchen counters are damaged

NOTES OF CALL-INS

Internal ID (021410)

2

Clark, Crystal F
1810 Allen Benedict Ct Apt L1
Columbia, SC 29204

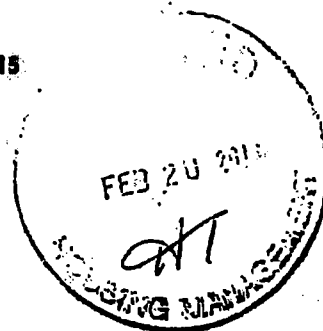
XXX-XX-8179

Staff	Create Date/Time	Date/Time Of Note	Message
PJUDSON	02/06/2013 12:21:25 PM	C Feb 06, 2013 12:21:23 PM 21410	31 Contractor to replace water heater.
SJOHNSON	02/11/2013 11:48:09 AM	C Feb 11, 2013 11:48:01 AM 21410	32 Accounting 10th Late Notice opened.
SJOHNSON	02/11/2013 11:51:45 AM	C Feb 11, 2013 11:51:37 AM 21410	33 Accounting 10th Late Notice opened.
PJUDSON	02/21/2013 8:53:22 AM	C Feb 21, 2013 8:53:22 AM 21410	34 pipes needs to be repaired.
AHOUSE	02/22/2013 10:10:15 AM	C Feb 22, 2013 10:10:14 AM 21410	35 Abrams plumbing contract replaced hot water heater.
SJOHNSON	02/22/2013 10:36:29 AM	C Feb 22, 2013 10:36:20 AM 21410	36 Accounting 10th Late Notice opened.
MJOHNSON	03/11/2013 4:25:21 PM	C Mar 11, 2013 4:25:21 PM 21410	37 Replace cracked burner element on range.
ACOX	04/11/2013 3:02:10 PM	C Apr 11, 2013 3:02:05 PM 21410	38 hole under kitchen sink - bathrm tub stopped up - water leaking around commode in bathrm- repair loose steps.
ACOX	05/09/2013 2:57:50 PM	C May 09, 2013 2:58:00 PM 21410	39 tub stopped up- filled to the top leak around commode.
SJOHNSON	05/13/2013 11:27:33 AM	C May 13, 2013 11:27:18 AM 21410	40 Accounting 10th Late Notice opened.
MJOHNSON	05/24/2013 2:36:41 PM	C May 24, 2013 2:36:40 PM 21410	41 Repair leaking bath tub faucet.
BBROWN	05/28/2013 12:05:31 PM	U May 28, 2013 12:03:07 PM 21410	42 Maintenance Foreman reported tenant stated she fell down the steps. She want to the hospital. Tenant has not called in a work order nor has contacted this office.
BBROWN	06/06/2013 7:49:08 PM	C Jun 06, 2013 7:49:08 PM 21410	43 Appt SCHEDULED For Recert Set For 06/20/2013 12:45 PM with Bobby T. Brown @1810 Allen Benedict Court (Appt Set by: bbrown)
ACOX	06/14/2013 12:15:42 PM	C Jun 14, 2013 12:15:42 PM 21410	44 repair pipe under kitchen sink Unstop kit, sink.
CBOYKIN	06/20/2013 2:28:17 PM	C Jun 20, 2013 2:28:16 PM 21410	45 RSS Episode #1514 by Staff- cboykin
CBOYKIN	06/20/2013 2:36:36 PM	C Jun 20, 2013 2:36:36 PM 21410	46 RSS Episode/Intervention #1514/1779 by Staff- cboykin
ACOX	06/27/2013 2:33:07 PM	C Jun 27, 2013 2:33:06 PM 21410	47 repair commode- water coming through wall- wall is molded commode not flushing.
ACOX	07/17/2013 4:28:51 PM	C Jul 17, 2013 4:28:52 PM 21410	48 cut house key.
BBROWN	07/30/2013 10:12:10 AM	C Jul 26, 2013 12:00:00 AM 21410	49 For date: 07-26-2013 from 1810 Allen Benedict Ct Apt L1,, Columbia, SC 29204 entered on: 07-30-2013
BWATKINS	07/26/2013 4:42:27 PM	C Jul 26, 2013 4:42:27 PM 21410	50
BBROWN	07/30/2013 10:14:13 AM	C Jul 30, 2013 10:14:10 AM 21410	51 Reason 1: Lease Violations Reason 2: Non Payment Moved from: 1810 Allen Benedict Ct Apt L1,, Columbia, SC 29204
ACOX	08/02/2013 8:54:53 AM	C Aug 02, 2013 8:54:52 AM 21410	52 replace range.
ACOX	08/02/2013 9:52:26 AM	C Aug 02, 2013 9:52:26 AM 21410	53 change lock, hook up appliance
BBROWN	08/13/2013 2:47:11 PM	C Aug 13, 2013 2:47:10 PM 21410	54 Transfer Deposit Slip.
BBROWN	08/13/2013 2:47:27 PM	C Aug 13, 2013 2:47:26 PM 21410	55 Refund to Tenant Step.
BBROWN	08/13/2013 2:47:31 PM	C Aug 13, 2013 2:47:30 PM 21410	56 Reason 1: Lease Violations Reason 2: Non Payment Moved from: 4057 4057 Charleston Hwy, , West Columbia, SC 29172
DGRUTON	06/28/2013 11:02:08 AM	C Oct 01, 2013 12:00:00 AM 21410	57 Rent Finalized - Type of action: 2 50058 form

EXHIBIT 3



THE HOUSING AUTHORITY
of the City of Columbia, South Carolina
1917 HARDEN STREET * COLUMBIA, S.C. 29204-1015
TELEPHONE (803) 254-3888
TDD (803) 256-7762

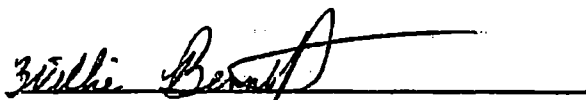


DATE 3-11-13

I, **Crystal Clark**, hereby acknowledge receipt of the correspondence addressed to 1810 Allen Benedict Ct Apt L1, Columbia, SC 29204, on the above date by State Constable WILLIE BENNETT, Columbia Housing Authority's Representative.



Signature of Resident



Signature of CHA Representative



Reasonable Accommodations
Available Upon Request
TDD: (803) 256-7762



EXHIBIT 4



5

Photo 5

Date Taken: 7/29/2013

Taken By: Marty Roberson

View of stairs. Repairs already made by insured.

EXHIBIT 5

WORK ORDER Columbia Housing Authority

WORK ORDER
NO 527362

Date/Times
Call In DT: 04/11/2013 2:57 PM
Submitted DT: 04/11/2013 2:57 PM
Work Begin DT: 04/18/2013 9:34 AM
Work End DT: 04/18/2013 2:01 PM
Maint. Turn. DT: 04/18/2013 2:01 PM
Close DT: 04/18/2013 2:01 PM

Tenant Name
Crystal F Clark

Unit # & Address
01020L01-7 1810 Allen Benedict Ct Apt L1 Columbia, SC 29204 803-250-8046 PH AMP 2

Priority: Routine
Category: Carpentry
Originator: Housing Authority

Assigned To: _____
Taken By: Aubriana Cox
Permission: _____

Instructions: hole under kitchen sink - bathrm tub stopped up - water leaking around commode in bathrm- repair loose steps.

WORK TO BE DONE	
Task	Notes

LABOR										
Date	Time	Employee	Task	Hours	Rate	HA Cost	Chg. Rate	Tax	Surchg.	Ten. Chg.
04/18/13	9:34 AM	rr2	CHECK SMOKE DET	0.1	20.0	1.60	20.00	0.00	0.00	0.00
04/18/13	9:38 AM	rr2	CHECK FIRE EXTIN	0.1	20.0	1.60	20.00	0.00	0.00	0.00
04/18/13	9:42 AM	rr2	Check GFI in unit (All	0.1	20.0	1.60	20.00	0.00	0.00	0.00
04/18/13	9:46 AM	rr2	CARPENTRY MISC.	1.00	20.0	20.00	20.00	0.00	0.00	0.00
04/18/13	10:46 AM	rr2	SHOWER DRAIN UN	1.0	20.0	20.00	20.00	0.00	0.00	0.00
04/18/13	11:46 AM	rr2	COMMODE REPAIR	0.5	20.0	10.00	20.00	0.00	0.00	0.00
Totals				4.5		89.80		0.00	0.00	0.00

MATERIALS									
Part	Employee	Task	QTY	Unit Cost	HA Cost	Unit Chg.	Tax	Surchg.	Ten. Chg.
10-042-09 WAX RING 3&4 W/	rr2		1	0.84	0.84	0.84	0.00	0.00	
10-010-02 BOLT ANCHOR 1/4	rr2		1	0.38	0.38	0.38	0.00	0.00	
10-010-02 BOLT ANCHOR 1/4	rr2		1	0.38	0.38	0.38	0.00	0.00	
10-064-65 STEM KOHLER TUB	rr2		1	4.68	4.68	0.38	0.00	0.00	
10-064-54 CART. KOHLER HO	rr2		1	1.03	1.03	1.03	0.00	0.00	
Totals					7.31		0.00	0.00	0.00
Grand Totals					97.11			0.00	0.00

HA Staff Signature	Date	Tenant Signature	Date
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WORK ORDER Columbia Housing Authority

WORK ORDER
NO 527362

Date/Times
Call In DT: 04/11/2013 2:57 PM
Submitted DT: 04/11/2013 2:57 PM
Work Begin DT: 04/18/2013 9:34 AM
Work End DT: 04/18/2013 2:01 PM
Maint. Turn. DT: 04/18/2013 2:01 PM
Close DT: 04/18/2013 2:01 PM

Tenant Name
Crystal F Clark

Unit # & Address
01020L01-7 1810 Allen Benedict Ct Apt L1 Columbia, SC 29204 803-250-8046 PH AMP 2

Priority: Routine
Category: Carpentry
Originator: Housing Authority

Assigned To:
Taken By: Aubriana Cox
Permission:

Instructions: hole under kitchen sink - bathrm tub stopped up - water leaking around commode in bathrm- repair loose steps.

WORK TO BE DONE	
Task	Notes

Date	Time	Employee	Task	Hours	Rate	HA Cost	Chg. Rate	Tax	Surchg.	Ten. Chg.
04/18/13	12:16 PM	n2	PLUMBING MISC.	1.0	20.0	20.00	20.00	0.00	0.00	0.00
04/18/13	1:16 PM	n2	CARPENTRY MISC.	0.5	20.0	10.00	20.00	0.00	0.00	0.00
04/18/13	1:46 PM	n2	TRAVEL TIME	0.3	20.0	5.00	20.00	0.00	0.00	0.00
Totals				4.5		89.80		0.00	0.00	0.00

Part	Employee	Task	QTY	Unit Cost	HA Cost	Unit Chg.	Tax	Surchg.	Ten. Chg.
Totals					7.31		0.00	0.00	0.00
Grand Totals					97.11			0.00	0.00

HA Staff Signature	Date	Tenant Signature	Date
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Page 1 of 1
Status: Open

WORK ORDER
Columbia Housing Authority

WORK ORDER NO.
527362

Tenant Name
CRYSTAL F CLARK
Unit # & Address
01020L01-7
1810 Allen Benedict Ct Apt L1
803-250-8046

Date/Times
Call In DT: 4/11/13 2:57 PM
Submitted DT: 4/11/13 2:57 PM
Priority: Routine
Category: Carpentry
Permission:

Originator: Housing Authority Taken By: Aubriana Co Assigned To:

*****CHECKED SMOKE ALARM YES ☒ *****CHECKED GFI YES ☒
*****CHECKED FIRE EXTINGUISHER YES ☒

*****NOTES:

WORK TO BE DONE							
HOLE UNDER KITCHEN SINK - BATHRM TUB STOPPED UP - WATER LEAKING AROUND COMMUNE IN BATHRM- REPAIR LOOSE STEPS.							
Date & Time	Hours	Task Code	Description/NOTES	Worker	Rate	T/C?	
4-17-13	08	003347	Check Smoke Detectors	3968		Y/N	
4-17-13	08	010027	Check Fire Extinguishers	3968		Y/N	
4-17-13	08	003047	Check GFI (All of them)	3968		Y/N	
4-17-13	1.0	002000	Repair Hole under Kitchen Sink	3968		Y/N	
4-17-13	10	006136	unstop Bath Tub	3968		Y/N	
4-17-13	50	006064	Repair Leak around toilet Base	3968		Y/N	
4-17-13	1.0	006000	Repair Tub Faucet	3968		Y/N	
4-17-13	50	002000	Repair step	3968		Y/N	
4-17-13	25	011111	T T	3968		Y/N	
						Y/N	
						Y/N	
						Y/N	
						Y/N	
						Y/N	
						Y/N	

Comments:

MATERIALS									
WH	QTY	Part	Description	TC	WH	QTY	Part	Description	TC
76	1	10 012-01	WAS Seal	Y					Y
76	1	10-010-02	Anchor Bolts	Y					Y
76	1	10 064 53	Cold Stem	Y					Y
76	1	10 064 53	STEM	Y					Y
76	1	10 064 54	STEM	Y					Y
				Y					Y
				Y					Y

Ruebon Reid 4-17-13

HA Staff Signature Date Tenant Signature Date

Rellinger 4-18-13

EXHIBIT 6

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

CYSTRAL FAYE CLARK,

Petitioner,

vs.

Housing Authority of the City of
Columbia
Defendant.

IN THE COURT OF COMMON PLEAS
OF THE ELEVENTH JUDICIAL CIRCUIT

DOCKET #: 2014-CP-40-07011

RESPONSE TO PRODUCE

**TO: CHARLES BOYKIN, ESQUIRE, ATTORNEY FOR THE DEFENDANT
HOUSING AUTHORITY OF THE CITY OF COLUMBIA:**

The Plaintiff, Crystal Faye Clark, above named and through her undersigned attorney, herewith serves upon the Plaintiff and answer the following set of Plaintiff's Request for Interrogatories, under oath, pursuant to Rule 34 of the South Carolina Rules of Civil Procedure.

1. Any and all written or recorded statements of any party or witness herein or their agents or other representatives regarding the subject matter of this lawsuit.

Response: None

2. Any and all copies of correspondence, including, but not limited to e-mails between Plaintiff and Defendant since June 23, 2011, regarding maintenance repair requests for Apartment L-1 at Allen Benedict Court.

Response: None

3. List the name, address and telephone number if any expert witnesses whom Plaintiff or counsel purpose to use as a witness at the trial of the case.

13. Provide a list of every occasion tha Plaintiff submitted a maintainece request report to repair the rubbery rug in the stairs in Apartment L-1 at Allen-Benedict Court. For each such occasion, set forth following particulars:

- a. The date the report was submitted:
- B. The name of the individual to whom the Plaintiff submitted the report.

Response: Called the office 4-5 times and visited office twice.

14. Provide an itemized list of every occasion since June 23A, 2011, that Plaintiff made a maintainece request report to repair items in Apartment L-1 at Allen-Benedict Court. For each such occasion, set forth the following particulars;

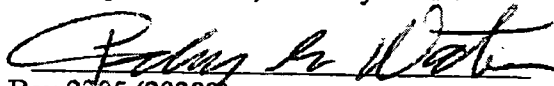
- a. The date the report was submitted:
- b. The name of the individual to whom the Plaintiff submitted the report;
- c. The item(s) requested to be repaired and
- d. The action taken by Defendant as a result of the report.

Response: Numerous calls made. Date not available.

Respectfully submitted:

Johnny E. Watson, Attorney at Law

BY:


P. O. Box 2305 (29204)
2715 Edgewood Avenue
Columbia, South Carolina 29204
Phone: (803) 400-1600
Fax: (803) 400-1200

Columbia, South Carolina
Dated: April 1, 2015

**LAW OFFICE OF JOHNNY E. WATSON
ATTORNEY AND COUNSELOR AT LAW**

2715 Edgewood Avenue
Columbia, South Carolina 29204

Mail Address:
Post Office Box 2305
Columbia, South Carolina 29202
Phone: 803-400-1600
Fax: 803-400-1200

July 16, 2013

Manager
Columbia Housing Authority
1917 Harden Street
Columbia, South Carolina 29204

Re: Request for information on your liability insurance carrier

My Client: Ms. Crystal Faye Clark
1810 Allen-Benedict Court
Apt L-1
Columbia, South Carolina 29204

Dear Sir or Madam:

I hope this letter finds you in good health and spirits. Please be advised that I represented the above-named individual. She was involved in an accident where her feet got caught and she fell down the stairs of her apartment. She has indicated that she has complained numerous times about the hazardous condition of the covering on her steps but nothing was done.

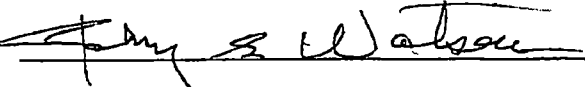
Thank you in advance for your anticipated cooperation in this matter.

If you have any questions and/or comments I can always be reached by cell phone at 1-803-467-6212 or at my office.

With kind regards, I am

Very truly yours,

JOHNNY E. WATSON, ATTORNEY AT LAW

By: 

cc: client

SWIN
609-1288

Office
376-6131

ALTCAR ACCIDENT INDEX INFORMATION

Case MGR
MT. Gloria

0. Police Dept.: _____
1. Name: Crystal Faye Clark
2. Address: 1810 Helen Bennett Court
Apt. 2-1
Columbia, S.C. 29204
3. Name of Spouse: _____
4. Address of Spouse: Single
5. Date of Birth: 3-10-66
6. Social security no.: 248-33-8179
7. Date of Accident: 7-10-13
8. Injury suffered in accident: Head, Neck, Shoulder
& Hip Injury
9. Name/ Addr of Employer: Unemployed
CNA - 24 YRS
10. Phone No. of Employer: _____
11. EMS Service: Richland CNTY EMS
12. Name of Hospital: Palmetto Health - Richland
13. Address of Hospital: 5 Richland Medical Park
Columbia, S.C. 29203
14. Name of Physician: _____
15. Address of Physician: _____
16. Name of Physician: _____
17. Address of Physician: _____

30 pgs
*****AUTO**3-DIGIT 292
000000044 06 AT 1.594
ATTN: JOHNNY WATSON
JOHNNY E WATSON LAW OFFICE
PO BOX 2305
COLUMBIA SC 29202-2305

000044



003000044K0V

ATTENTION
Confidential information enclosed.
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,
Please call the phone number on the enclosed invoice

Health information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

This package may or may not contain medical records, depending on what was requested and how it was processed.

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000



Invoice #: 0132569757
Date: 8/17/2013
Customer #: 1456860

Ship to:

JOHNNY WATSON
JOHNNY E WATSON LAW OFFICE
PO BOX 2305
COLUMBIA, SC 29202-

Bill to:

JOHNNY WATSON
JOHNNY E WATSON LAW OFFICE
PO BOX 2305
COLUMBIA, SC 29202-

Records from:

PALMETTO RICHLAND HOSPITAL
5 RICHLAND MEDICAL PARK
COLUMBIA, SC 29203

Requested By: JOHNNY E WATSON LAW OFFICE
Patient Name: CLARK CRYSTAL FAYE

DOB: 031066
SSN: *****8179

Description	Quantity	Unit Price	Amount
Basic Fee			15.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	27	0.65	17.55
Shipping			1.92
Subtotal			34.47
Sales Tax			2.76
Invoice Total			37.23
Balance Due			37.23

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days Please remit this amount : \$ 37.23 (USD)

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Invoice #: 0132569757

Check # _____
Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.

Email questions to Collections@healthport.com.



*Retain Original and Provide Patient with A Photocopy

MR# / SSN: XXX-XX-8179

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I Herby Authorize Palmetto Health to Use or Disclose my Protected Health Information as Described Below. I understand that the information I authorize a person/facility to receive may be re-disclosed and no longer protected by state and federal regulations.

Patient Name: Crystal Faye Clark PF
First Middle Last

Address: 1810 Allen-Benedict Ct Telephone Number: 238-4464

Social Security Number: 248-33-8179 Date of Birth: 3-10-66

Facility Authorized to RELEASE the information: PALMETTO HEALTH RICHLAND

Facility Authorized to RECEIVE the information: ATTY. Johnny Watson
Address: P.O. Box 2305 Telephone Number: 803-400-1600

City, State, and Zip Code: Columbia, SC 29202 Fax Number: 803-400-1200

Purpose of Disclosure: SLP + Fall case

Dates of Treatment: 7-10-13 and thereafter

Information to be Used/Disclosed - Please check those that apply:

☒ History and Physical	☒ Discharge Summary	☒ Operative Report	Other (specify) <u>7-10-13</u> <u>SLP VISIT + treatment</u>
☒ Progress Notes	☒ Laboratory Report	☒ Radiology Report	
☒ Billing Summary	☒ Consultation Report	☒ Pathology Report	

I understand that in the event I was treated for drug or alcohol abuse, psychiatric condition, communicable disease including HIV/AIDS this information will be included as part of my medical record to the above named person/facility.

Palmetto Health may not condition treatment, payment, enrollment or eligibility for benefits on signing this authorization.

This authorization is subject to cancellation/revocation at any time, by the patient or legally qualified representative, provided that the cancellation is made in writing except to the extent that:

1. The facility has already acted on your request prior to receiving the request to cancel the authorization; or
2. If the authorization was given to release records to your insurance company in order to obtain insurance coverage.

This authorization will automatically expire in 90 days unless otherwise stated.

Expiration Date: 1-1-2014
Crystal F. Clark
Signature of Patient or Legally Qualified Representative

8-7-13
Date

Relationship of Legally Qualified Representative

Please Address Correspondence to the Appropriate Address:

Palmetto Health Richland

Insert Respective Department Name Here
Five Richland Medical Park
Columbia, SC 29203

Palmetto Health Baptist

Insert Respective Department Name Here
Taylor at Marion Street
Columbia, SC 29220

Palmetto Health Baptist Easley

Insert Respective Department Name Here
P.O. Box 2129
Easley, SC 29641

8/16/13 PKC/MP
RECEIVED
AUG 06 2013

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D
Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE
1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years
Date of Birth: 3/10/1966
CMRN: 000117747

MRN: B000069420; R000080444
FIN: R1319102173
Admit Date: 7/10/2013
Admit Time: 15:19 EDT
Discharge Date: 7/10/2013
Discharge Time: 18:18 EDT

Facsheet

Patient Name: CLARK CRYSTAL FAYE
Date of Birth: 3/10/1966

MRN: B000069420; R000080444
FIN: R1319102173

* Auth (Verified) *



EMERGENCY DEPARTMENT RECORD



UNIT RECORD	DATE	TIME	DATE OF BIRTH	AGE	MOTHER'S MAIDEN NAME	SEX	RACE	PATIENT TYPE	PATIENT NO.
000080444	07/10/2013	15:19	03/10/1966	47Y	CLARK	F	S	81 EQR	1319102173
NAME, ADDRESS			SOCIAL SECURITY NUMBER		PHYSICAL DATA		ADMITTING PHYSICIAN		
CLARK, CRYSTAL FAYE 1810 ALLEN BENEDICT CT APT L1 COLUMBIA SC 29204			248338179		SELF-PAY		999 EMS, EMS		
RESPONSIBLE PARTY			SOCIAL SECURITY NUMBER		MODE OF ARRIVAL		VALUABLES		
CLARK, CRYSTAL FAYE 1810 ALLEN BENEDICT CT APT L1 COLUMBIA SC 29204			248-33-8179		Self		YES NO WHERE?		
			RELATIONSHIP		BELONGINGS		OTHER		
			Self		HOME WITH PATIENT		OTHER		
			(803)251-0603						
CHIEF COMPLAINT			DATE OF LAST VISIT		LAST TETANUS		TIME TO TREATMENT		
NECK, SHOULDER PAIN			01/30/2012						
VITAL SIGNS	TEMP	PULSE	RESP	BLOOD PRESS	PULSE OX	WGT	NURSE'S SIGNATURE		
97.8	73	18	117/82	100%					
VITAL SIGNS	TEMP	PULSE	RESP	BLOOD PRESS	PULSE OX	WGT	TIME OUT		
HISTORY						ALLERGIES		LABS AND X RAY	
NO RESISTANT DRUG						P			
HOSP						REST OF ROS			
FTE						SI			
PMH / MEDS									
PHYSICAL									
CLINICAL IMPRESSION									
TREATMENT									
Activate Trauma Care Set									
DISPOSITION/SPECIAL PATIENT INSTRUCTIONS									
PRESENT AND REVIEWED WITH RESIDENT									
CONDITION	DISCHARGE	ADMIT ROOM	TIME SEEN BY MD	MEETS PRUDENT LAYPERSON			YES NO		
EXPLAIN	10		MD	ATTENDING SIGNATURE			MD		



Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-
Attending Physician: Wade MD, Michael D
Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE
1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years
Date of Birth: 3/10/1966
CMRN: 000117747

MRN: B000069420, R000080444
FIN: R1319102173
Admit Date: 7/10/2013
Admit Time: 15:19 EDT
Discharge Date: 7/10/2013
Discharge Time: 18:18 EDT

Nursing Documentation

DOCUMENT NAME: Triage PHED
SERVICE DATE/TIME: 7/10/2013 15:25 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Wilson RN, Katherine C (7/10/2013 15:33 EDT)
ELECTRONICALLY SIGNED BY: Wilson RN, Katherine C (7/10/2013 15:33 EDT)

Triage PHED Entered On: 07/10/2013 15:34
Performed On: 07/10/2013 15:25 by Wilson RN, Katherine C

Chief Complaint PHED

ED Mode of Arrival : EMS, Stretcher

ED Chief Complaint : Fall

Chief Complaint : pt had mechanical fall down 3-4 steps. no LOC, pt now c/o, "left shoulder and neck pain"

Accompanied by-ED : Self

Information Obtained From : Patient

Temperature Oral : 97.8 DegF

Heart Rate Monitored : 73 bpm

Resp. Rate : 18 br/min

Pulse Ox Sat : 100 %

Systolic : 117 mmHg

Diastolic : 82 mmHg

NIBP Mean Calculated : 94 mmHg

Gynecological Status : Reproductive Age

Rh : Unknown/Not Tested

Open Past Medical History : Open

Implantable Devices : None

Communicable Disease Exposure : None

Smoking Status : Current every day smoker

Communication Barriers : None

Allergies Screen : Open

Latex Allergy Screen : Open

ED Private Physician Call? : Wants EMS to see

Wilson RN, Katherine C - 07/10/2013 15:33

DCP GENERIC CODE

H Tracking Group : H Tracking Group

Wilson RN, Katherine C - 07/10/2013 15:33

DCP GENERIC CODE

ED Tracking Acuity : 4

Wilson RN, Katherine C - 07/10/2013 15:33

ED Triage Nurse : Wilson RN, Katherine C

Triage Date-Time : 07/10/2013 15:33

Wilson RN, Katherine C - 07/10/2013 15:33

Past Medical History

(As Of : 07/10/2013 15:34:28 EDT)

Past Medical History

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D
Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE
1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years
Date of Birth: 3/10/1966
CMRN: 000117747

MRN: B000069420; R000080444
FIN: R1319102173
Admit Date: 7/10/2013
Admit Time: 15:19 EDT
Discharge Date: 7/10/2013
Discharge Time: 18:18 EDT

Nursing Documentation

Bipolar

Name of Problem: Bipolar ; Recorder: Nail RN, Kristee L;
Confirmation: Confirmed ; Classification: Medical ; Code:
388662014 : Contributor System: PowerChart : Last Updated:
01/30/2012 07:38 ; Life Cycle Date: 01/30/2012 ; Life Cycle
Status: Active ; Vocabulary: SNOMED CT

Oxygen Modality-ED

Oxygen Modality: Room Air

Wilson RN, Katherine C - 07/10/2013 15:33

Latex Screen

Diagnosed as Latex Allergic: No
Problem-Allergic Rxn to Rubber?: No
Medical Cond. Requiring Many Surgeries: No
Allergic Rxn to any foods: None listed below
Hx of Spina Bifida: No
Rxn During Surgery or Procedure: No

Wilson RN, Katherine C - 07/10/2013 15:33

Allergies

Allergy Information: Allergy Information Complete

Wilson RN, Katherine C - 07/10/2013 15:33
(As Of: 07/10/2013 15:34.28 EDT)

Allergies (Active)

NKA

Estimated Onset Date: Unspecified ; Created By: Sallings
RN, Alison H; Reaction Status: Active ; Category: Drug
Allergy ; Substance: NKA ; Type: Allergy ; Updated By:
Sallings RN, Alison H; Reviewed Date: 08/31/2011 14:38

Nursing Direct Charting

Vital Signs

Procedure	Units	Reference Range	Recorded Time: 17:11 EDT	Recorded Time: 15:25 EDT
			Recorded By: Wilson RN, Katherine C	Recorded By: Wilson RN, Katherine C
			Recorded Date: 7/10/2013	Recorded Date: 7/10/2013
Temperature Oral	DegF	[96-102]	-	97.8
Heart Rate Monitored	bpm	[60-100]	72	73
Respiratory Rate	br/min	[12-20]	18	18
Pulse Ox Sat	%		100	100
NIBP Systolic	mmHg		104	117
NIBP Diastolic	mmHg		52	82
NIBP Mean Calculated	mmHg		69	94
Pulse Equipment			Monitor	-
NIBP Position			R Arm Lying	-
NIBP Equipment			Automatic	-
Pulse Ox Monitoring			Continuous	-

Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years

Date of Birth: 3/10/1966

CMRN: 000117747

MRN: B000069420; R000080444

FIN: R1319102173

Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

Nursing Direct Charting

Neuro

Procedure	Units	Reference Range	Recorded Time: 15:30 EDT	Recorded By: Wilson RN, Katherine C	Recorded Date: 7/10/2013	15:30 EDT	Recorded By: Wilson RN, Katherine C	Recorded Date: 7/10/2013
			See Below ^T					
Orientation-LOC			Gestures, Nods, Head					
Nonverbal Communication			Clear					
Verbal Communication			See Below ^{T2}					
Neuro Interventions			Yes					
PERRLA						Normal		
All Extremities Strength			Full motion Pain with movement					
Range of Motion Left Upper Extremity			Full motion					
Range of Motion Right Upper Extremity			Full motion					
Range of Motion Left Lower Extremity			Full motion					
Range of Motion Right Lower Extremity			Full motion					
Neurological Documentation			Neuro Documentation					

Textual Results

- T1: 7/10/2013 15:30 EDT (Orientation-LOC)
Alert, Oriented x 3, Follows commands, Oriented to person Oriented to place, Oriented to time
- T2: 7/10/2013 15:30 EDT (Neuro Interventions)
C-Spine Precautions Maintained, Spinal Precautions maintained

Procedure	Units	Reference Range	Recorded Time: 15:30 EDT	Recorded By: Wilson RN, Katherine C	Recorded Date: 7/10/2013	15:30 EDT	Recorded By: Wilson RN, Katherine C	Recorded Date: 7/10/2013	15:30 EDT	Recorded By: Wilson RN, Katherine C	Recorded Date: 7/10/2013
			Normal			Normal			Normal		
All Extremities Strength											
All Extremities Tone											

Procedure	Units	Reference Range	Recorded Time: 15:30 EDT	Recorded By: Wilson RN, Katherine C	Recorded Date: 7/10/2013	15:30 EDT	Recorded By: Wilson RN, Katherine C	Recorded Date: 7/10/2013
			Present			Present		
All Extremities Sensation								

Behavioral

Procedure	Units	Reference Range	Recorded Time: 15:30 EDT	Recorded By: Wilson RN, Katherine C	Recorded Date: 7/10/2013
			Behavior WNL		
Behavior Documentation					

EENT View

Procedure	Units	Reference Range	Recorded Time: 15:30 EDT	Recorded By: Wilson RN, Katherine C	Recorded Date: 7/10/2013
			EENT System WNL		
EENT Documentation					

Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years

Date of Birth: 3/10/1966

CMRN: 000117747

MRN: B000069420; R000080444

FIN: R1319102173

Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

Nursing Direct Charting

Respiratory

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	17:31 EDT Wilson RN, Katherine C 7/10/2013	15:30 EDT Wilson RN, Katherine C 7/10/2013	15:25 EDT Wilson RN, Katherine C 7/10/2013
Oxygen Modality				Room Air	Room Air	Room Air
Respiratory Documentation					Respiratory System WNL	

Cardiovascular

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	15:30 EDT Wilson RN, Katherine C 7/10/2013
Cardiovascular Documentation				Cardiovascular System WNL

Gastrointestinal

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	15:30 EDT Wilson RN, Katherine C 7/10/2013
Gastrointestinal Documentation				Gastrointestinal Syst WNL

Renal-Urinary

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	15:30 EDT Wilson RN, Katherine C 7/10/2013
Renal-Urinary Documentation				Renal/Urinary System WNL

Reproductive

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	15:30 EDT Wilson RN, Katherine C 7/10/2013
Reproductive Documentation				Reproductive System WNL

Integumentary

Procedure	Units	Reference Range	Recorded Time Recorded By Recorded Date	15:30 EDT Wilson RN, Katherine C 7/10/2013
Skin Color:				Normal
Skin Temperature				Warm
Skin Condition				Intact Dry
Skin Turgor				Normal
Integumentary Documentation				Integumentary Documentation

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT

APT L1

COLUMBIA, SC 29204-

Pt. Age: 47 years

Date of Birth: 3/10/1966

CMRN: 000117747

MRN: B000069420; R000080444

FIN: R1319102173

Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

Nursing Direct Charting

Wounds-Tubes-Dressings-Drains

Recorded Time: 15:30 EDT

Recorded By: Wilson RN, Katherine C

Recorded Date: 7/10/2013

Procedure	Units	Reference Range
Pressure Ulcer Present On Admission		No

Musculoskeletal System

Recorded Time: 15:30 EDT

Recorded By: Wilson RN, Katherine C

Recorded Date: 7/10/2013

Procedure	Units	Reference Range
Gait		Unable To Assess
Musculoskeletal Documentation		Musculoskeletal Documentation
Musculoskeletal Condition:		Painful
Musculoskeletal Site:		Left, Shoulder

Risk Precautions

Recorded Time: 15:30 EDT

Recorded By: Wilson RN, Katherine C

Recorded Date: 7/10/2013

Procedure	Units	Reference Range
Safety		See Below
History of Fall in Last 3 Months Morse		No
Presence of Secondary Diagnosis Morse		No
Use of Ambulatory Aid Morse		None, bedrest, wheelchair, nurse
IV/INT Fall Risk Morse		No
Gait Weak or Impaired Fall Risk Morse		Normal, bedrest, immobile
Mental Status Fall Risk Morse		Oriented to own ability
Morse Fall Risk Score		0
Participative in Fall Prevention		Yes

Textual Results

T3: 7/10/2013 15:30 EDT (Safety)

Adequate day/night lighting, Bag-Valve Mask, suction at BS, Bed Low/Brakes Locked, ID Band Checked, ID Band on, Instruct to Call, Non-skid socks/shoes with non-skid soles, Siderails up x2

Braden Scale

Recorded Time: 15:30 EDT

Recorded By: Wilson RN, Katherine C

Recorded Date: 7/10/2013

Procedure	Units	Reference Range
Sensory Perception		No Impairment (4)
Moisture		Rarely moist (4)
Activity		Walks frequently (4)
Mobility Braden		No limitations (4)
Nutrition		Excellent (4)
Friction and Shear		No apparent problem (3)
Braden Score		23

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-
Attending Physician: Wade MD,Michael D
Admitting Physician: Wade MD,Michael D

Patient Info: CLARK, CRYSTAL FAYE
1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years
Date of Birth: 3/10/1966
CMRN: 000117747

MRN: B000069420; R000080444
FIN: R1319102173
Admit Date: 7/10/2013
Admit Time: 15:19 EDT
Discharge Date: 7/10/2013
Discharge Time: 18:18 EDT

Direct Charting View

General Information

Recorded Date	Recorded By	Procedure	Mode of Arrival	Chief Complaint	ED Chief Complaint	Accompanied by-ED
7/10/2013	Wilson RN,Katherine C	EMS, Stretcher	See Below	Fall	Self	Child
7/10/2013	Wilson RN,Katherine C	EMS, Stretcher		Fall		

Textual Results

T4 7/10/2013 15:25 EDT (Chief Complaint)
pt had mechanical fall down 3-4 steps. no LOC, pt now c/o, "left shoulder and neck pain"

Recorded Date	Recorded By	Procedure	Private Physician Called in	Acuity
7/10/2013	Wilson RN,Katherine C	Wants EMS to see	4	

ED Documentation

DOCUMENT NAME: Triage PHED
SERVICE DATE/TIME: 7/10/2013 15:25 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Wilson RN,Katherine C (7/10/2013 15:33 EDT)
ELECTRONICALLY SIGNED BY: Wilson RN,Katherine C (7/10/2013 15:33 EDT)

Triage PHED Entered On: 07/10/2013 15:34
Performed On: 07/10/2013 15:25 by Wilson RN, Katherine C

Chief Complaint PHED

ED Mode of Arrival : EMS, Stretcher
ED Chief Complaint : Fall
Chief Complaint : pt had mechanical fall down 3-4 steps. no LOC, pt now c/o, "left shoulder and neck pain"
Accompanied by-ED : Self
Information Obtained From : Patient
Temperature Oral : 97.8 DegF
Heart Rate Monitored : 73 bpm
Resp. Rate : 18 br/min
Pulso Ox Sat : 100 %
Systolic : 117 mmHg
Diastolic : 82 mmHg
NIBP Mean Calculated : 94 mmHg
Gynecological Status : Reproductive Age
Rh : Unknown/Not Tested
Open Past Medical History : Open
Implantable Devices : None
Communicable Disease Exposure : None

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D
Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE
1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years
Date of Birth: 3/10/1966
CMRN: 000117747

MRN: B000069420; R000080444
FIN: R1319102173
Admit Date: 7/10/2013
Admit Time: 15:19 EDT
Discharge Date: 7/10/2013
Discharge Time: 18:18 EDT

ED Documentation

Smoking Status : Current every day smoker
Communication Barriers : None
Allergies Screen : Open
Latex Allergy Screen : Open
ED Private Physician Call? : Wants EMS to see

Wilson RN, Katherine C - 07/10/2013 15:33

DGP GENERIC CODE

H Tracking Group : H Tracking Group

Wilson RN, Katherine C - 07/10/2013 15:33

DGP GENERIC CODE

ED Tracking Acuity : 4

Wilson RN, Katherine C - 07/10/2013 15:33

ED Triage Nurse : Wilson RN, Katherine C
Triage Date-Time : 07/10/2013 15:33

Wilson RN, Katherine C - 07/10/2013 15:33

Past Medical History

(As Of : 07/10/2013 15:34:28 EDT)

Past Medical History

Bipolar

Name of Problem: Bipolar ; Recorder: Nall RN, Kristee L;
Confirmation: Confirmed ; Classification: Medical ; Code:
388662014 ; Contributor System: PowerChart ; Last Updated:
01/30/2012 07:38 ; Life Cycle Date: 01/30/2012 ; Life Cycle
Status: Active ; Vocabulary: SNOMED CT

Oxygen Modality-ED

Oxygen Modality : Room Air

Wilson RN, Katherine C - 07/10/2013 15:33

Latex Screen

Diagnosed as Latex Allergic : No
Problem-Allergic Rxn to Rubber? : No
Medical Cond. Requiring Many Surgeries : No
Allergic Rxn to any foods : None listed below
Hx of Spina Bifida : No
Rxn During Surgery or Procedure : No

Wilson RN, Katherine C - 07/10/2013 15:33

Allergies

Allergy Information : Allergy Information Complete

Wilson RN, Katherine C - 07/10/2013 15:33
(As Of: 07/10/2013 15:34:28 EDT)

Allergies (Active)

NKA

Estimated Onset Date: Unspecified ; Created By: Sallings
RN, Alison H; Reaction Status: Active ; Category: Drug
Allergy : Substance: NKA ; Type: Allergy ; Updated By:
Sallings RN, Alison H; Reviewed Date: 08/31/2011 14:38

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D
Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE
1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years
Date of Birth: 3/10/1966
CMRN: 000117747

MRN: B000069420; R000080444
FIN: R1319102173
Admit Date: 7/10/2013
Admit Time: 15:19 EDT
Discharge Date: 7/10/2013
Discharge Time: 18:18 EDT

ED Documentation

DOCUMENT NAME: Emergency Dept
SERVICE DATE/TIME: 7/10/2013 18:21 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Brooks MD, Timothy M (7/10/2013 18:21 EDT)
ELECTRONICALLY SIGNED BY: Wade MD, Michael D (7/14/2013 23:42 EDT); Brooks MD,
Timothy M (7/14/2013 17:02 EDT)

Emergency Dept

PATIENT: CLARK, CRYSTAL
VR #: 000080444
ADMITTED: 07/10/2013
ACCOUNT #: 1319102173
DICT: Timothy Brooks, MD-R
DOB: 03/10/1966
PILOC: PD5

DATE OF VISITATION: 07/10/2013

ACCOUNT NUMBER: 1319102173

ATTENDING PHYSICIAN: Michael D. Wade, MD

CHIEF COMPLAINT: Neck pain and shoulder pain.

HISTORY OF PRESENT ILLNESS: This is a 45 year old African American female who presents to the emergency department with neck and shoulder pain after a mechanical fall. The patient tripped going down some stairs. She was able to grab onto the balcony, but hit her head on the wall. She denies any numbness or tingling, any upper or lower extremity neurological symptoms. She denies any loss of consciousness. She also complains of some left shoulder pain.

REVIEW OF SYSTEMS: Otherwise negative unless stated in the HPI.

MEDICATIONS: None.

ALLERGIES: None.

PAST SURGICAL HISTORY: Cesarean section.

SOCIAL HISTORY: The patient lives with her daughter. She denies illegal drugs other than marijuana. She is a smoker. She does not drink alcohol.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature is 97.8, pulse is 74 respiratory rate is 18, blood pressure is 117/82, pulse oximetry is 100 percent.

Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years

Date of Birth: 3/10/1966

CMRN: 000117747

MRN: B000069420; R000080444

FIN: R1319102173

Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

ED Documentation

GENERAL APPEARANCE: Awake, alert, oriented female. Full spinal precautions.

HEENT: Normocephalic, atraumatic. Extraocular muscles intact. Pupils equal, round, and reactive to light. She has moist mucous membranes. Midface is stable. Tympanic membranes are without signs of trauma.

NECK: In a C-collar.

LUNGS: Breath sounds are clear and equal bilaterally without wheezes, rales, or rhonchi.

HEART: Normal S1, S2. No rubs, murmurs, or gallops.

ABDOMEN: Soft, nontender, nondistended. Bowel sounds present. No rebound or guarding.

SKIN: Warm and dry, without bruising, rashes, or lesions.

NEUROLOGICAL: Awake, alert, and oriented. She has GCS of 15. She moves upper and lower extremities evenly and symmetrically.

MEDICAL DECISION MAKING/EMERGENCY DEPARTMENT COURSE: This 47-year-old female presents for a mechanical fall without loss of consciousness. She was unable to be cleared initially on exam. For that reason, she underwent CT scan of the neck that shows degenerative disk disease at C6-C7 with no other acute findings. She had a left scapular film secondary to pain on palpation of the medial scapular border. This showed no acute finding. The patient was moved from her C-collar. She ambulated, was given a dose of pain medication. I will be discharging her with a several day prescription of Flexeril. I will instruct her to use Motrin for the next 24-48 hours for pain. She may use a heating pad if she feels necessary, and she can follow up with her primary care physician in 4-5 days for a recheck if symptoms persist.

IMPRESSION:

1. Mechanical fall.
2. Neck strain.
3. History of marijuana abuse.

DISPOSITION: The patient was discharged with appropriate discharge and return precautions.

The patient seen and discussed with Dr. Michael Wade, who agrees with the assessment and plan as stated above.

DO: 07/10/2013 8:06 PM 07/10/2013 18:21 PM DO: 420 30

Job #: 36561 Doc #: 30205802

cc: Timothy Brooks, MD-R

cc: Michael D. Wade, MD

I saw and evaluated the patient. I discussed with resident and agree with resident's findings and plan as written. I supervised all above procedures done by the resident.

Facility Info: Paimetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years

Date of Birth: 3/10/1966

CMRN: 000117747

MRN: B000069420; R000080444

FIN: R1319102173

Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

ED Documentation

Electronically Signed & Verified on 07/14/2013 17:02
by Brooks MD, Timothy M

Electronically Signed & Verified on 07/14/13 23:42
by Wade MD, Michael D

ED Discharge Summary

DOCUMENT NAME: Discharge Summary PHED
SERVICE DATE/TIME: 7/10/2013 18:17 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Wilson RN, Katherine C (7/10/2013 18:17 EDT)
ELECTRONICALLY SIGNED BY:

Discharge Summary PHED
07/10/13 06:17 pm Performed by Wilson RN, Katherine C
Entered on 07/10/13 06:18 pm

Discharge Summary PHED

Patient Disposition Home or Self Care
Mode of Discharge Wheelchair
Assisted By Nurse Tech
Accompanied by-ED Child
Reassessment of Chief Complaint-ED Improved
Current Pain-Yes-No No
IV/INT Discontinued NA
Valuable-Belonging Return-ED None taken

Patient & Family Education

Charting Department Nursing
Person Educated Patient
Able to Read Yes
Patient Learning Preferences Written
Patient Willingness To Learn Consents to Education
Patient Readiness to Learn No Barriers
Patient Outcomes-Participation Verbalized Understanding
Education Method Verbal, Written
Patient Follow Up Needed After Discharge, As Ordered

Nursing-Nutrition-Surginet-L&D Pt-Fam Ed

Information Provided Disease/Diagnosis, Medication
Teaching, Patient Responsibilities

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT

APT L1

COLUMBIA, SC 29204-

Pt. Age: 47 years

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Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

ED Discharge Summary

DOCUMENT NAME:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

ELECTRONICALLY SIGNED BY:

Depart Summary

7/10/2013 18:09 EDT

Auth (Verified)

Brooks MD, Timothy M (7/10/2013 18:09 EDT)

Brooks MD, Timothy M (7/10/2013 18:09 EDT)

Depart Summary

Palmetto Health Emergency Department Depart Summary

PERSON INFORMATION

Name CLARK, CRYSTAL FAYE a

Sex Female

Marital Status Single

MRN R000080444

Visit Reason NECK, SHOULDER PAIN

Enc Type ERR-Emergency Room

Track Group R Tracking Group

Tracking Id 970709627

Checkin 7/10/2013 3:19 PM

Arrival 7/10/2013 3:19 PM

Address:

1810 ALLEN BENEDICT CT COLUMBIA SC 29204

Age 47 Years

Language English

Phone (803)673-5300

Visit Id

Specialty

Med Service Emergency Services

Discharge

Checkout

Acuity 4

Reg Status Cancelled

DOB 3/10/1966 12:00 AM

PCP

Acct# R1319102173

Referred by

Dispo Type

LOS 000 02:50

POWERFORMS

SCHEDULING

PHYS DOC NOTES

DEPART REASON INCOMPLETE INFORMATION

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
Brooks MD, Timothy M	ED Resident	7/10/2013 3:24 PM	
Wilson RN, Katherine C	ED RN/LPN	7/10/2013 3:34 PM	
Wade MD, Michael D	ED Physician	7/10/2013 4:02 PM	

Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

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FIN: R1319102173

Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

ED Discharge Summary

VITALS INFORMATION

Vital Sign	Triage	Latest
Job		
Involve Family		
Contact		
Pain Onset		
Temp Intravascular		
Pulse Rate		
Respiratory Rate		
Blood Pressure	117 mmHg / 82 mmHg	104 mmHg / 52 mmHg

EVENTS INFORMATION

Event Name	Event Status	Request Date/Time	Start Date/Time	Complete Date/Time
Arrival	Complete	7/10/2013 3:19 PM	7/10/2013 3:19 PM	7/10/2013 3:19 PM
Registration	Complete	7/10/2013 3:19 PM	7/10/2013 3:56 PM	7/10/2013 3:56 PM
Arrival	Complete	7/10/2013 3:19 PM	7/10/2013 3:19 PM	7/10/2013 3:19 PM
Med Hx	Request	7/10/2013 3:19 PM		
Triage	Complete	7/10/2013 3:19 PM	7/10/2013 3:34 PM	7/10/2013 3:34 PM
Reg Loc Change	Complete	7/10/2013 3:23 PM	7/10/2013 3:24 PM	7/10/2013 3:24 PM
ED Bed Assign	Complete	7/10/2013 3:23 PM	7/10/2013 3:23 PM	7/10/2013 3:23 PM
MD Exam	Complete	7/10/2013 3:23 PM	7/10/2013 3:25 PM	7/10/2013 3:25 PM
Nurse Exam	Complete	7/10/2013 3:23 PM	7/10/2013 3:50 PM	7/10/2013 3:50 PM
Radiology	Complete	7/10/2013 3:33 PM	7/10/2013 4:31 PM	7/10/2013 4:31 PM
Meds	Request	7/10/2013 6:07 PM		
Discharge	Request	7/10/2013 6:09 PM		

LOCATION INFORMATION

Arrival	Nurse Unit	Room	Bed
7/10/2013 3:19 PM	R ED Red Zone	Red WR	
7/10/2013 3:23 PM	R ED Red Zone	R	250

ORDERS INFORMATION

Start Time	Order	Type	Status	Stop Time	Provider
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Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT
APT L1

COLUMBIA, SC 29204-
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MRN: B000069420; R000080444

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Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

ED Discharge Summary

7/10/2013 6:09 PM	Discharge	Patient Care	Ordered	7/10/2013 6:09 PM	SYSTEM, SYSTEM
7/10/2013 3:34 PM	Evaluate Patient for Rhogam need	Patient Care	Ordered	7/10/2013 3:34 PM	SYSTEM, SYSTEM
7/10/2013 3:34 PM	Smoking Cessation	Patient Care	Ordered		SYSTEM, SYSTEM
7/10/2013 6:07 PM	acetaminophen -oxycodone	Pharmacy	Ordered	7/10/2013 6:07 PM	Brooks MD, Timothy M
7/10/2013 3:33 PM	CT Cervical Spine W/O IV Contrast	Radiology	Ordered	7/10/2013 3:33 PM	Brooks MD, Timothy M
7/10/2013 3:33 PM	CR Scapula Left	Radiology	Ordered	7/10/2013 3:33 PM	Brooks MD, Timothy M
7/10/2013 3:19 PM	Facility Charge Ticket	Health Information Management	Ordered	7/10/2013 3:19 PM	SYSTEM, SYSTEM

MEDICAL INFORMATION

Allergy Info:

NKA

Prescriptions Given

Prescription

Display

cyclobenzaprine (Flexeril 10 mg oral tablet)

10 mg - 1 tab, PO, 3xdaily, X 3 days, # 9 tab, 0 Refill(s)

ibuprofen (Motrin 800 mg oral tablet)

800 mg = 1 tab, PO, 3xdaily, # 90 tab, 0 Refill(s)

DISCHARGE INFORMATION

Discharge Disposition:

Discharge Location:

PATIENT EDUCATION INFORMATION

Instructions:

FALL, Mechanical

Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT
APT L1
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Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

ED Discharge Summary

Follow up:

With:

Address:

When:

Follow Up with primary care
provider

Within As Needed

Comments:

Call with any problems or questions.

Call/follow up with primary physician

Continue your current medications

Expect to be stiff & sore

DIAGNOSIS

Allergies

Substance	Updated Date/Time	Updated By	Allergy Type	Allergy Category	Severity	Recorded On Behalf Of	Reaction Status	Reaction Symptom	Reaction Onset	Informal Estimate	Reviewed Date/Time	Reviewed By	Data Source
NKA	1/7/2007 12:52 EST	Sallings RN, Alison H	Allergy	Drug Allergy		Sallings RN, Alison H	Active				8/31/2011 14:38 EDT	Acuff-Jarrell RN, Lori R	

Allergy History

Substance: NKA	Recorded Date/Time: 1/7/2007 12:52 EST	Recorded By: Sallings RN, Alison H	Allergy Type: Allergy; Recorded On Behalf Of: Sallings RN, Alison H, Reaction Status: Active; Reviewed Date/Time: 8/31/2011 14:38 EDT; Reviewed By: Acuff-Jarrell RN, Lori R; Category Drug Allergy
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Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD,Michael D

Admitting Physician: Wade MD,Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years

Date of Birth: 3/10/1966

CMRN: 000117747

MRN: B000069420; R000080444

FIN: R1319102173

Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

Non Medication Orders

Order: CR Scapula Left

Order Start Date/Time: 7/10/2013 15:33 EDT

Order Date/Time: 7/10/2013 15:33 EDT

Order Status: Completed

Department Status: Completed

Catalog Type: Radiology

Activity Type: Radiology

End-state Date/Time: 7/10/2013 18:57 EDT

End-state Reason:

Ordered and Electronically Signed By: Brooks MD Timothy M

Consulting Physician:

Entered By: Meredith MD,William D on 7/10/2013 18:57 EDT

Order Details: 07/10/13 15:33:00, Stat, Reason: pain after fall, Transport: Stretcher

Order Comment:

Action Type: Order

Action Date/Time: 7/10/2013 15:33 EDT

Action Personnel: Brooks MD, Timothy M

Responsible Provider: Brooks MD, Timothy M

Supervising Provider:

Communication Type: CPOE

Order Details: 07/10/13 15:33:00, Stat, Reason: pain after fall, Transport: Stretcher

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM, SYSTEM on 7/24/2013 23:06 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 7/10/2013 16:37 EDT

Action Personnel: Cook Willie M

Responsible Provider: Brooks MD, Timothy M

Supervising Provider:

Communication Type: CPOE

Order Details: 07/10/13 15:33:00, Stat, Reason: pain after fall, Transport: Stretcher

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 7/10/2013 16:59 EDT

Action Personnel: Cook, Willie M

Responsible Provider: Brooks MD, Timothy M

Supervising Provider:

Communication Type: CPOE

Order Details: 07/10/13 15:33:00, Stat, Reason: pain after fall, Transport: Stretcher

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete

Action Date/Time: 7/10/2013 18:57 EDT

Action Personnel: Meredith MD, William D

Responsible Provider: Brooks MD, Timothy M

Supervising Provider:

Communication Type: CPOE

Order Details: 07/10/13 15:33:00, Stat, Reason: pain after fall, Transport: Stretcher

Review Information:

Doctor Cosign: Not Required

Order Comment:

Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT
APT L1

COLUMBIA, SC 29204-
Pt. Age: 47 years

Date of Birth: 3/10/1966

CMRN: 000117747

MRN: B000069420; R000080444

FIN: R1319102173

Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

Non Medication Orders

Order: CT Cervical Spine W/O IV Contrast

Order Start Date/Time: 7/10/2013 15:33 EDT

Order Date/Time: 7/10/2013 15:33 EDT

Order Status: Completed

Department Status: Completed

Catalog Type: Radiology

Activity Type: Radiology

End-state Date/Time: 7/10/2013 18:57 EDT

End-state Reason:

Ordered and Electronically Signed By: Brooks MD Timothy M

Consulting Physician:

Entered By: Meredith MD, William D on 7/10/2013 18:57 EDT

Order Details: 07/10/13 15:33:00, Stat, Reason: pain after fall, Transport: Stretcher

Order Comment:

Action Type: Order

Action Date/Time: 7/10/2013 15:33 EDT

Action Personnel: Brooks MD Timothy M

Responsible Provider: Brooks MD, Timothy M

Supervising Provider:

Communication Type: CPOE

Order Details: 07/10/13 15:33:00, Stat, Reason: pain after fall, Transport: Stretcher

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM, SYSTEM on 7/24/2013 23:06 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 7/10/2013 16:12 EDT

Action Personnel: Boncordingo, Joseph L

Responsible Provider: Brooks MD, Timothy M

Supervising Provider:

Communication Type: CPOE

Order Details: 07/10/13 15:33:00, Stat, Reason: pain after fall, Transport: Stretcher

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 7/10/2013 16:12 EDT

Action Personnel: Boncordingo, Joseph L

Responsible Provider: Brooks MD, Timothy M

Supervising Provider:

Communication Type: CPOE

Order Details: 07/10/13 15:33:00, Stat, Reason: pain after fall, Transport: Stretcher

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete

Action Date/Time: 7/10/2013 18:57 EDT

Action Personnel: Meredith MD, William D

Responsible Provider: Brooks MD, Timothy M

Supervising Provider:

Communication Type: CPOE

Order Details: 07/10/13 15:33:00, Stat, Reason: pain after fall, Transport: Stretcher

Review Information:

Doctor Cosign: Not Required

Order Comment:

Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD,Michael D

Admitting Physician: Wade MD,Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years

Date of Birth: 3/10/1966

CMRN: 000117747

MRN: B000069420, R000080444

FIN: R1319102173

Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

Non Medication Orders

Order: Discharge

Order Start Date/Time: 7/10/2013 18:09 EDT

Order Date/Time: 7/10/2013 18:09 EDT

Order Status: Discontinued

Department Status: Discontinued

Catalog Type: Patient Care

Activity Type: Communication Orders

End-state Date/Time: 7/11/2013 15:04 EDT

End-state Reason:

Ordered and Electronically Signed By: SYSTEM,SYSTEM

Consulting Physician:

Entered By: SYSTEM,SYSTEM on 7/11/2013 15:04 EDT

Order Details: 07/10/13 18:09:31, Referral No, 07/10/13 18:09:31

Order Comment:

Action Type: Order

Action Date/Time: 7/10/2013 18:09 EDT

Action Personnel: SYSTEM,SYSTEM

Responsible Provider: SYSTEM,SYSTEM

Supervising Provider:

Communication Type: Discern Expert

Order Details: 07/10/13 18:09:31, Referral No, 07/10/13 18:09:31

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue

Action Date/Time: 7/11/2013 15:04 EDT

Action Personnel: SYSTEM,SYSTEM

Responsible Provider: SYSTEM,SYSTEM

Supervising Provider:

Communication Type:

Order Details: 07/10/13 18:09:31, Referral No, 07/10/13 18:09:31

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Evaluate Patient for Rhogam need

Order Start Date/Time: 7/10/2013 15:34 EDT

Order Date/Time: 7/10/2013 15:34 EDT

Order Status: Discontinued

Department Status: Discontinued

Catalog Type: Patient Care

Activity Type: Asmt/Tx/Monitoring

End-state Date/Time: 7/11/2013 15:04 EDT

End-state Reason:

Ordered and Electronically Signed By: SYSTEM,SYSTEM

Consulting Physician:

Entered By: SYSTEM,SYSTEM on 7/11/2013 15:04 EDT

Order Details: 07/10/13 15:34:29

Order Comment: From Admission History form

Action Type: Order

Action Date/Time: 7/10/2013 15:34 EDT

Action Personnel: SYSTEM,SYSTEM

Responsible Provider: SYSTEM,SYSTEM

Supervising Provider:

Communication Type: Discern Expert

Order Details: 07/10/13 15:34:29

Review Information:

Doctor Cosign: Not Required

Order Comment: From Admission History form

Action Type: Discontinue

Action Date/Time: 7/11/2013 15:04 EDT

Action Personnel: SYSTEM,SYSTEM

Responsible Provider: SYSTEM,SYSTEM

Supervising Provider:

Communication Type:

Order Details: 07/10/13 15:34:29

Review Information:

Doctor Cosign: Not Required

Order Comment:

Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT

APT L1

COLUMBIA, SC 29204-

Pt. Age: 47 years

Date of Birth: 3/10/1966

CMRN: 000117747

MRN: B000069420; R000080444

FIN: R1319102173

Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

Non Medication Orders

Order: Facility Charge Ticket

Order Start Date/Time: 7/10/2013 15:19 EDT

Order Date/Time: 7/10/2013 15:18 EDT

Order Status: Completed

Department Status: Completed

Catalog Type: Health Information
Management

Activity Type: Health Information
Management

End-state Date/Time: 7/11/2013 12:16 EDT

Ordered and Electronically Signed By: SYSTEM, SYSTEM

End-state Reason:

Entered By: Stout, Jennifer C on 7/11/2013 12:16 EDT

Consulting Physician:

Order Details: 07/10/13 15:19:53 Stop 07/10/13 15:19:53

Order Comment:

Action Type: Order

Action Date/Time: 7/10/2013 15:19 EDT

Action Personnel: SYSTEM, SYSTEM

Responsible Provider: SYSTEM, SYSTEM

Supervising Provider:

Communication Type: Discern Expert

Order Details: 07/10/13 15:19:53 Stop 07/10/13 15:19:53

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Complete

Action Date/Time: 7/11/2013 12:16 EDT

Action Personnel: Stout, Jennifer C

Responsible Provider: SYSTEM, SYSTEM

Supervising Provider:

Communication Type:

Order Details: 07/10/13 15:19:53 Stop 07/10/13 15:19:53

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: Smoking Cessation

Order Start Date/Time: 7/10/2013 15:34 EDT

Order Date/Time: 7/10/2013 15:34 EDT

Order Status: Discontinued

Department Status: Discontinued

Catalog Type: Patient Care

Activity Type: Communication Orders

End-state Date/Time: 7/11/2013 15:04 EDT

End-state Reason:

Ordered and Electronically Signed By: SYSTEM, SYSTEM

Consulting Physician:

Entered By: SYSTEM, SYSTEM on 7/11/2013 15:04 EDT

Order Details: 07/10/13 15:34:29 Routine

Order Comment: From Admission Referral Form

Action Type: Order

Action Date/Time: 7/10/2013 15:34 EDT

Action Personnel: SYSTEM, SYSTEM

Responsible Provider: SYSTEM, SYSTEM

Supervising Provider:

Communication Type: Discern Expert

Order Details: 07/10/13 15:34:29 Routine

Review Information:

Doctor Cosign: Not Required

Order Comment: From Admission Referral Form

Action Type: Discontinue

Action Date/Time: 7/11/2013 15:04 EDT

Action Personnel: SYSTEM, SYSTEM

Responsible Provider: SYSTEM, SYSTEM

Supervising Provider:

Communication Type:

Order Details: 07/10/13 15:34:29 Routine

Review Information:

Doctor Cosign: Not Required

Order Comment:

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-
Attending Physician: Wade MD,Michael D
Admitting Physician: Wade MD,Michael D

Patient Info: CLARK, CRYSTAL FAYE
1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years
Date of Birth: 3/10/1966
CMRN: 000117747

MRN: B000069420; R000080444
FIN: R1319102173
Admit Date: 7/10/2013
Admit Time: 15:19 EDT
Discharge Date: 7/10/2013
Discharge Time: 18:18 EDT

Medication Orders

Order: acetaminophen-oxycodone (Percocet 5/325)

Order Start Date/Time: 7/10/2013 18:07 EDT

Order Date/Time: 7/10/2013 18:07 EDT

Order Status: Completed

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 7/10/2013 18:14 EDT

End-state Reason:

Ordered and Electronically Signed By: Brooks MD Timothy M

Consulting Physician:

Entered By: Wilson RN,Katherine C on 7/10/2013 18:14 EDT

Order Details: 1 tab, Tab, PO, OT STAT, Start Date: 07/10/13 18:07:00, Stop date 07/10/13 18:07:00

Order Comment:

Order: Ibuprofen (Motrin 800 mg oral tablet)

Order Start Date/Time: 7/10/2013 18:08 EDT

Order Date/Time: 7/10/2013 18:08 EDT

Order Status: Completed

Clinical Category: Medications

Medication Type: Prescription

End-state Date/Time: 8/9/2013 18:08 EDT

End-state Reason:

Ordered and Electronically Signed By: Brooks MD Timothy M

Consulting Physician:

Entered By: SYSTEM,SYSTEM on 8/9/2013 18:10 EDT

Order Details: 800 mg = 1 tab, PO, 3xdaily, # 90 tab, 0 Refill(s)

Order Comment:

Order: cyclobenzaprine (Flexeril 10 mg oral tablet)

Order Start Date/Time: 7/10/2013 18:09 EDT

Order Date/Time: 7/10/2013 18:09 EDT

Order Status: Completed

Clinical Category: Medications

Medication Type: Prescription

End-state Date/Time: 7/13/2013 18:09 EDT

End-state Reason:

Ordered and Electronically Signed By: Brooks MD, Timothy M

Consulting Physician:

Entered By: SYSTEM,SYSTEM on 7/13/2013 18:10 EDT

Order Details: 10 mg = 1 tab, PO, 3xdaily, X 3 days, # 9 tab, 0 Refill(s)

Order Comment:

Immunizations

Vaccine:

tetanus-diphtheria toxoids

Date Given:

8/31/2011 15:40 EDT

Age:

45 years

Admin Person:

Templeton RN,David A

Site:

Left Deltoid

Route:

IM

Amount:

0.5mL

Manufacturer:

Sanofi Pasteur

Lot Number:

U3768AA

Expiration Date:

2/1/2013 00:00 EST

Data Source:

PowerChart

PowerChart

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-13-041761	7/10/2013 16:12 EDT	CT Cervical Spine W/O IV Contrast	Brooks MD,Timothy M	Auth (Verified)

Reason For Exam

(CT Cervical Spine W/O IV Contrast) pain after fall

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT

APT L1

COLUMBIA, SC 29204-

Pt. Age: 47 years

Date of Birth: 3/10/1966

CMRN: 000117747

MRN: B000069420; R000080444

FIN: R1319102173

Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CT-13-041761	7/10/2013 16:12 EDT	CT Cervical Spine W/O IV Contrast	Brooks MD, Timothy M	Auth (Verified)

Findings:

CERVICAL CT

HISTORY: Fell, with pain.

TECHNIQUE: Trauma protocol was used. Axial images were acquired followed by coronal and sagittal reconstructions.

FINDINGS: No fractures or dislocations are seen. There is advanced disc degeneration at C6-7, but this is similar to the previous study in 2011, with probably some progression.

Spondylosis at C6-7, slightly more advanced than the study in 2011. There is a prominent vein in the C4 vertebral body, but this has not changed in appearance from the previous exam.

IMPRESSION: There is some disc degeneration, slightly more progressed at the 6-7 level, with no acute findings otherwise and no changes since 2011.

*** Final ***

Trans On: 07/10/2013 18:00 by: WLC

Read by: Meredith MD, William D

Released By: Meredith MD, William D

Released on: 07/10/2013 18:56

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-13-108617	7/10/2013 16:59 EDT	CR Scapula Left	Brooks MD, Timothy M	Auth (Verified)

Reason For Exam

(CR Scapula Left) pain after fall

Facility Info: Palmetto Health Richland
5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D
Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE
1810 ALLEN BENEDICT CT
APT L1
COLUMBIA, SC 29204-
Pt. Age: 47 years
Date of Birth: 3/10/1966
CMRN: 000117747

MRN: B000069420; R000080444
FIN: R1319102173
Admit Date: 7/10/2013
Admit Time: 15:19 EDT
Discharge Date: 7/10/2013
Discharge Time: 18:18 EDT

Radiology

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS
CR-13-108617	7/10/2013 16:59 EDT	CR Scapula Left	Brooks MD, Timothy M	Auth (Verified)

Findings:

LEFT SHOULDER

HISTORY: Fell with pain.

Internally and externally rotated and scapular Y-views were obtained.

No fracture or dislocation is seen.

IMPRESSION: No acute finding.

*** Final ***

Trans On: 07/10/2013 17:26 by: SDH

Read by: Meredith MD, William D

Released By: Meredith MD, William D

Released on: 07/10/2013 18:56

Medication Administration

Medications

Admin Date/Time: 7/10/2013 18:14 EDT

Medication Name: acetaminophen-oxycodone (Percocet 5/325)

Charted Date/Time: 7/10/2013 18:14 EDT

Ingredients: Percocet 5/325 1 tab

Admin Details: (Auth) PO

Action Details: Order: Brooks MD, Timothy M 7/10/2013 18:07 EDT; Perform: Wilson RN, Katherine C 7/10/2013 18:14 EDT, VERIFY: Wilson RN, Katherine C 7/10/2013 18:14 EDT

Education

Patient Name: CLARK CRYSTAL FAYE
Date of Birth: 3/10/1986

MRN: B000069420; R000000444
FIN: R1319102173

* Auth (Verified) *

I, CRYSTAL CLARK, have received the Physician's Discharge Summary, my patient education materials, and have verbalized understanding

Crystal Clark
Patient Signature

Date

K. Carter
Provider Signature

Date

7/10/13

MRN: R000080444

FIN: R1319102173



Name: CLARK CRYSTAL FAYE
MRN: R000080444

5 of 5

Jul/10/2013 18:09:29

Facility Info: Palmetto Health Richland

5 Richland Medical Park
Columbia, SC 29203-

Attending Physician: Wade MD, Michael D

Admitting Physician: Wade MD, Michael D

Patient Info: CLARK, CRYSTAL FAYE

1810 ALLEN BENEDICT CT
APT L1

COLUMBIA, SC 29204-

Pt. Age: 47 years

Date of Birth: 3/10/1966

CMRN: 000117747

MRN: B000069420; R000080444

FIN: R1319102173

Admit Date: 7/10/2013

Admit Time: 15:19 EDT

Discharge Date: 7/10/2013

Discharge Time: 18:18 EDT

Administrative

Patient Name: CLARK CRYSTAL FAYE
Date of Birth: 3/10/1966

MRN: B000069420; R000000444
FIN: R1319102173

* Auth (Verified) *

CLARK, CRYSTAL FAYE
R1319102173
MR 000080444 EMS, EMS
03/10/1966 47Y F



CONSENT FOR EXAMINATIONS, TREATMENTS AND OPERATIONS

Consent for Examinations, Treatments, and Operations: I hereby consent to and authorize Palmetto Health and the physician or surgeon in charge of my case to perform such examinations, treatments, operations, diagnostic procedures, administration of blood and blood products and necessary anesthetics which may in his/her opinion be necessary.

I consent to the disposal by hospital authorities of any tissue or members which may be removed during the course of my treatment. I further understand if my tissue is used rather than destroyed, it will not be linked to my name or any other identifier that could be traced to me.

To protect myself and others, I also give permission to have blood drawn and tested for infectious diseases including, but not limited to, HIV (AIDS virus) and Hepatitis. I further understand that certain circumstances require mandatory disclosure to organizations such as the State Health Department.

Palmetto Health is a medical teaching institution; therefore, residents and other health providers in training may be involved in my care under the supervision of an attending physician. I further understand that video cameras may be used in patient rooms for observation purposes.

I understand that my medical records will be exchanged among my health care providers through a Health Information Exchange (HIE). Participating in the HIE is not a condition to receive healthcare. Palmetto Health will follow state and federal laws, including HIPAA, when protecting the release of sensitive information. Sensitive information includes but is not limited to behavioral health, drug/alcohol/substance, abuse treatment, sexual abuse, genetics testing, HIV/STD and adoption records.

PERSONAL VALUABLES RELEASE

I understand that Palmetto Health maintains an area for storage and safekeeping of my money and valuables, and that I may deposit such items with Palmetto Health for safekeeping. I further understand that the hospital will not be responsible or liable for the loss or damage to any money and valuables, which I do not deposit with the Hospital. I have voluntarily chosen not to deposit my money and valuables with the Hospital and assume full responsibility for any and all loss of or damage to my money and valuables, to include all electronic devices, and I further agree that Palmetto Health shall be held harmless for any and all such loss or damage.

I certify that I have read the foregoing Release and that I fully understand its provisions.

Acknowledgment of Notice of Privacy Practices

My signature acknowledges my receipt of the Notice of Privacy Practices from Palmetto Health.

Acknowledgement of Patient's Bill of Rights

My signature acknowledges the availability of the Patient's Bill of Rights (which includes provisions of the Lewis Blackman Patient Safety Act)

Directory Inclusion/Exclusion

I have chosen to opt out of the Palmetto Health directory: _____

I have been offered information or assistance regarding Advanced Directives:

Patient's Initials C.C.

I certify that I have read the Personal Valuables Release and fully understand its provisions: Patient's Initials C.C.

I have received a copy of the Lewis Blackman Patient Safety Act Letter

Patient's Initials C.C.

I give Palmetto Health permission to obtain all my medication/prescription history when using an electronic system to process prescriptions for my medical treatment. This would include Communicable disease, mental health and chemical dependency prescriptions.

Patient's Initials C.C.

Advanced Directives

Do you have an Advanced Directive?
(Living Will or Healthcare Power of Attorney)

No

Are you an Organ Donor?

NO



Crystal Faye Clark 7/10/13
Patient or Patient Designee/Representative Date

Vivian H. Hager 7/10/13
Witness Signature Date

Patient Name: CLARK CRYSTAL FAYE
Date of Birth: 3/10/1966

MRN: B000069420; R000000444
FIN: R1319102173

* Auth (Verified) *

CLARK, CRYSTAL FAYE
R1319102173
MR 000080444 EMS, EMS
03/10/1966 47Y F



GUARANTY AND ASSIGNMENT OF INSURANCE BENEFITS

I hereby guaranty payment to Palmetto Health d/b/a Palmetto Health Richland, d/b/a Palmetto Health Baptist, d/b/a Baptist Easley Hospital and my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists), for all charges and services incurred for the account(s) of the patient from date of admission until discharge. I do hereby assign to Palmetto Health and /or Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), any and all medical insurance, health benefits, hospital benefits, sick benefits, injury benefits and settlement proceeds due or payable because of liability of a third party, payable by any party, organization or insurance company, or other sources of payment, unless I pay the account(s) in full upon discharge, (the "Assignment").

If I fail to pay all charges when due I agree to pay all costs of collection, including attorneys fees, collection costs and court costs.

I hereby authorize and request Palmetto Health and/or Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists and anesthesiologists) to release and furnish medical information, necessary to support claims submitted, to any entities for payment, pursuant to the above Assignment.

In the event the undersigned is entitled to health care or medical benefits of any type whatsoever, arising out of any policy of insurance insuring the patient or any party liable to the patient, said benefits are hereby assigned to Palmetto Health and/or Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists), for application to the patient account(s) for services rendered.

I do hereby appoint and assign to Palmetto Health and /or Baptist Easley Hospital and/or my attending and consulting physician(s) (including, but not limited to, pathologists, radiologists, and anesthesiologists) as my true and lawful attorneys in fact, to act on my behalf, with the full power and authority to collect any and all charges incurred for the benefit of the patient pursuant to the assignment of benefits set forth above. I further authorize and appoint Palmetto Health / Baptist Easley Hospital as my agent to appeal any denial of insurance coverage by a third party. I understand that Palmetto Health / Baptist Easley Hospital does not accept responsibility for collecting any insurance proceeds or negotiating a settlement on a disputed claim nor is Palmetto Health / Baptist Easley Hospital required to appeal any denial of insurance benefits.

ACKNOWLEDGEMENT OF RECEIPT OF MEDICARE/TRICARE MEDICAL INFORMATION

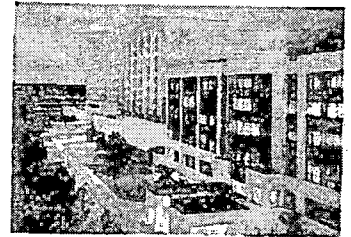
7/10/13
Date

Crystal Faye Clark
Patient (Parent or Guardian in case of minor)

Vina Quazir
Witness Signature

Spouse or Insured if other than Patient





Dear Crystal Faye Clark:

This account remains outstanding with Palmetto Health. If your account is not resolved within 20 days of the date of this letter, it will be considered for further collection activity, which may include placement with an outside collection agency.

If you wish to stop this action, please contact us immediately at (803) 296-7900 or 1-800-499-5962 to complete a payment arrangement.

Palmetto Health offers financial assistance to the underinsured and uninsured.

Thank You,
Patient Representative
Professional Hospital Services
Palmetto Health
(803) 296-7900
BD75

► ACCOUNT SUMMARY

Statement Date: 09/08/13
Service Date(s): 07/10/2013 - 07/10/2013
Account Number: R1319102173
Account Balance: \$4,719.00

► INSURANCE INFORMATION

Contact us if any of this information is incorrect. Please note only primary and secondary insurances are listed on this statement.

PRIMARY

Insurance: SELF-PAY
Name of Insured: CRYSTAL FAYE CLARK
ID Number:

SECONDARY

Insurance:
Name of Insured:
ID Number:

Para Asistencia en Español llamar a 800-499-5962

PALMETTO HEALTH
293 Greystone Blvd
First Floor
Columbia, SC 29210 B

STATEMENT DATE: 09/08/13

PAGE: 1 of 2

*  ADDRESSEE
CRYSTAL FAYE CLARK
1810 ALLEN BENEDICT CT APT L1
COLUMBIA SC 29204-1039

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

IF PAYING BY CREDIT CARD, FILL OUT BELOW.		
☐ 	☐ 	☐ 
CARD NUMBER		EXP. DATE
FULL NAME (Please Print)		CCV CODE
SIGNATURE		
PATIENT NAME AND ACCOUNT NUMBER		DATES OF SERVICE
CRYSTAL FAYE CLARK - R1319102173		07/10/2013 - 07/10/2013
ACCOUNT BALANCE	TOTAL CHARGES	AMOUNT PAID
\$4,719.00	\$4,719.00	\$

REMIT TO

PALMETTO HEALTH RICHLAND
C/O PAYMENT PROCESSING
PO BOX 402111
ATLANTA, GA 30384-2111

R09082013R131910217300004719006

TIN 0000000000000000

800152-20130908174514-5a-300184372

110062b

HOSPITAL SUMMARY OF CHARGES

Description	Amount	Description	Amount
DX X-RAY	215.00		
CT SCAN/BODY	3533.00		
EMERGENCY ROOM	950.00		
SELF ADMINISTERED DRUGS	21.00		
TOTAL CHARGES	4719.00		
TOTAL INSURANCE PAYMENTS	0.00		
TOTAL ADJUSTMENTS	0.00		
TOTAL PATIENT PAYMENTS	0.00		
ACCOUNT BALANCE	4,719.00		

Date(s) of Service	Location	Account Number
07/10/2013 - 07/10/2013	EMERGENCY ROOM	R1319102173

Customer Service

If you have any questions regarding this balance or would like an itemized statement, please contact our Patient Financial Services at 803-296-7900 or 800-499-5962. Monday through Friday, 8:30 a.m. to 5:00 p.m.. You may email questions to us at: www.palmettohealth.org. Written correspondence - Palmetto Health Richland, C/O Payment Processing, PO Box 402111, Atlanta, GA 30384-2111

Other Bills You May Receive

You may receive bills from your own doctor, doctors who assisted in your care, or from other facilities. The doctors and facilities bill for their services separately, and may include:

Radiology:	(803) 434-2600
Pathology:	(866) 252-1913
Anesthesiology:	(803) 434-6151
ER Doctor Billing:	(800) 877-7564

PITTS RADIOLOGY
PO BOX 602728
CHARLOTTE, NC 28260-2728



EZ
Ways To Pay...

CRYSTAL F CLARK
1810 ALLEN BENEDICT CT APT L1
COLUMBIA SC 29204-1039



www.ezmedinfo.com/pitts



Automated Attendant
866.481.7572 (24 hours a day)

For Payments Please Call: 888.960.6312 For Billing Questions Please Call: 866.481.7572

Account Number	Amount Due	Statement Date	Date Due
439439-QPITT	\$220.00	08/08/13	Upon Receipt

STATEMENT

Account Summary

Account Number	439439-QPITT
Patient Payments In Last 30 Days	0.00
Current Statement Balance	220.00
Charges Pending w/ Insurance	0.00
Total Account Balance	220.00

See Detail on Back

Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT
TO UPDATE GO TO www.ezmedinfo.com/pitts

PRIMARY

Insurance
Group/Plan
ID Number

SECONDARY

Insurance
Address
City/State/Zip
Group/Plan
ID Number



New & Improved Online Experience

Go Green

www.ezmedinfo.com/pitts

Pay Online | Update Info

Gain the power to pay your bill or update your information
at your convenience 24 hours a day. This not only
benefits the environment it benefits you and your time!

About Your Statement

Our records indicate there is still an outstanding
balance on this account. Please go online and make a
payment. If you have insurance and your statement
does not reflect your insurance information or that
the claim has been filed please go online and make
sure we have your correct insurance information. You
can also call our automated phone system 24 hours a
day at the number listed above to make a payment or
update your insurance. Thank you!

See Statement Details on Back

108043-241

1 JP 100

PITTS RADIOLOGY
PO BOX 602728
CHARLOTTE, NC 28260-2728



Patient Name: CRYSTAL CLARK
Invoice Number: 3623896
Billing Questions: 1.866.481.7572



CRYSTAL F CLARK
1810 ALLEN BENEDICT CT APT L1
COLUMBIA SC 29204-1039

108043 - 241

Please Pay!

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
08/08/13	\$220.00	439439-QPITT
CHARGES TO DATE STATEMENT DATE NEXT STATEMENT	DEBIT CREDIT PAID	SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

PITTS RADIOLOGY
PO BOX 602728
CHARLOTTE, NC 28260-2728



0362389600022000000000439439PITT7

Pay Online: www.ezmedinfo.com/pitts

Dowdy Rudolph Chiropractic LLC
1408 Elmwood Avenue
Columbia, SC 29201
803-376-6293
Thursday August 8, 2013

Billing Date: August 8, 2013
Patient : Crystal F Clark #466

Crystal F Clark #466
1810 Allendbent Ct apt h1
Columbia, SC 29204

Diagnosis:

847.0 Sprain/Strain Injury To Cervical Area
847.1 Thoracic Sprain/Strain
847.2 Lumbar Sprain/Strain
728.85 Spasm Of Muscles

Charges For Bill #1:

07/15/2013 - 07/15/2013	99203	New PT Exam 30 mins	115.00
07/15/2013 - 07/15/2013	72040	Xray cervical 2-3 view	90.00
07/15/2013 - 07/15/2013	98940	CMT 1-2 Regions	35.00
07/15/2013 - 07/15/2013	97012	Traction Mechanical	100.00
07/15/2013 - 07/15/2013	97032	Electrical StimulatioAttended	25.00
07/15/2013 - 07/15/2013	97035	Ultrasound	25.00
07/16/2013 - 07/16/2013	98940	CMT 1-2 Regions	35.00
07/16/2013 - 07/16/2013	97012	Traction Mechanical	100.00
07/16/2013 - 07/16/2013	97032	Electrical StimulatioAttended	25.00
07/16/2013 - 07/16/2013	97035	Ultrasound	25.00
07/17/2013 - 07/17/2013	98940	CMT 1-2 Regions	35.00
07/17/2013 - 07/17/2013	97012	Traction Mechanical	100.00
07/17/2013 - 07/17/2013	97032	Electrical StimulatioAttended	25.00
07/17/2013 - 07/17/2013	97035	Ultrasound	25.00
07/18/2013 - 07/18/2013	98940	CMT 1-2 Regions	35.00
07/18/2013 - 07/18/2013	97012	Traction Mechanical	100.00
07/18/2013 - 07/18/2013	97032	Electrical StimulatioAttended	25.00
07/18/2013 - 07/18/2013	97035	Ultrasound	25.00
07/23/2013 - 07/23/2013	98941	CMT 3-4 Regions	45.00
07/23/2013 - 07/23/2013	97012	Traction Mechanical	100.00
07/23/2013 - 07/23/2013	97032	Electrical StimulatioAttended	25.00
07/23/2013 - 07/23/2013	97035	Ultrasound	25.00
07/23/2013 - 07/23/2013	97010	Hot or cold pack	18.00
07/29/2013 - 07/29/2013	98941	CMT 3-4 Regions	45.00
07/29/2013 - 07/29/2013	97032	Electrical StimulatioAttended	25.00
07/29/2013 - 07/29/2013	97035	Ultrasound	25.00
07/29/2013 - 07/29/2013	97010	Hot or cold pack	18.00
07/31/2013 - 07/31/2013	98941	CMT 3-4 Regions	45.00
07/31/2013 - 07/31/2013	97032	Electrical StimulatioAttended	25.00
07/31/2013 - 07/31/2013	97035	Ultrasound	25.00
07/31/2013 - 07/31/2013	97010	Hot or cold pack	18.00
08/02/2013 - 08/02/2013	98941	CMT 3-4 Regions	45.00
08/02/2013 - 08/02/2013	97032	Electrical StimulatioAttended	25.00

Page 2 Crystal F Clark #466

08/02/2013 - 08/02/2013	97035	Ultrasound	25.00
08/02/2013 - 08/02/2013	97010	Hot or cold pack	18.00
08/06/2013 - 08/06/2013	99213	Established pt exam	40.00
08/06/2013 - 08/06/2013	98940	CMT 1-2 Regions	35.00
08/06/2013 - 08/06/2013	97014	Electrical Stimulation Unattended	25.00
08/06/2013 - 08/06/2013	97010	Hot or cold pack	18.00

Bill #1 totals:

Billed Charges	: \$1615.00
Ins. Co. Payments	: \$ 0.00
Patient Payments	: \$ 0.00
Adjustments	: \$ 0.00
Balance Due	: \$1615.00

Provider : Gerald Rudolph DC
Provider/Office Employer ID# : 364608133

RELEASE STATEMENT

08/06/13

Re: Crystal Clark

Crystal was released today from active care at 90-95% improvement from spinal injuries she sustained in a fall incident on 07/10/13 and has reached a stationary plateau with care. All treatment rendered to this patient has been wholly for the injuries she sustained on 07/10/13, and has been medically necessary to resolve these injuries.

Crystal sustained grade 2/3 injuries (See File Summary Sheet) in the above-mentioned accident. Crystal's subjective complaints were supported by objective exam findings of myospasm, decreased range of motion, and positive/ painful orthopedic tests (See Exam Forms) Crystal's activities of daily living were adversely affected by this injury (See Exam Forms). In addition, there have been a number of factors that have complicated both her injuries and her recovery from them (See Complicating Factors Sheet). Based on the above findings and the patient's response to care, it is my opinion that the prognosis for this patient is good. Residuals as a result of Crystal's injuries include neck, mid back, and low back pain. It is well documented that sprain/strain type injuries to the spine cause post-traumatic osteoarthritis and scar tissue formation in the injured areas creating a weakened soft tissue structure. Due to the nature and extent of her injuries, there is a probability that Crystal may experience exacerbations that will require additional treatment. Estimate of future cost of treatment is \$500 to 750.

The treatment rendered in my office was based on a detailed history, comprehensive examination and objective radio graphical studies. The treatment protocol followed is well established for resolution of spinal injuries. The chiropractic care provided is supported by both *The Guidelines for Chiropractic Quality Assurance and Practice Parameters* (the Mercy Guidelines), *Clinical Practice Guidelines*, and by the "Croft Guidelines." Fee for services are reasonable and customary for this community. Please refer to Primary Diagnosis and Significant Symptoms sheet for detailed ICD-9 codes.

Respectfully submitted,



Gerald D. Rudolph D.C.

Dr. Rudolph 7/15/13

PATIENT NAME: Crystal Clark

COMPLICATING FACTORS WITH SELECTED ICD-9 CODES

Note: All of the below may potentiate a greater need for care and an increase in the duration of care by up to 1.5 to 2 times.

- ☐ *Advanced Age (50+) (More susceptible to injury. Diminished healing potential)
 - ☐ Spinal Stenosis or Foraminal Encroachment (Nerves more susceptible to injury) 724.00
 - ☐ Additional Anomalies of The Spine (More susceptible to injury due to structural and functional disturbances) 756.10
 - ☐ *Degenerative Changes to The Spine (More susceptible to injury. More likely to have exacerbations) 721.90
 - ☐ *History of Rheumatoid Arthritis Affecting the Spine (More susceptible to injury and exacerbations) 720.0
 - ☐ Pagets Disease Affecting The Spine (More susceptible to injury) 731.0
 - ☐ Osteoporosis (More susceptible to injury) 733.0
 - ☐ Scoliosis (More susceptible to injury. Increased exacerbations due to less spinal stability) 737.30
 - ☐ Metabolic or Systemic Disorders (More susceptible to injury. Decreased healing potential)
 - ☐ History of Cigarette Smoking (Decreased healing potential)
 - ☐ Prior Spinal Surgery, Prior Spinal Fracture or Prior Spinal Injury (Weakened state potentiating>injury)
 - ☐ *Disc Injury (Greater structural and functional disturbances. Limited healing capacity) 722.0
 - ☒ Immediate AND Severe Pain (Greater likelihood of late "whiplash" symptoms. Likelihood of disability)
 - ☐ *Occupational Complications (Exacerbations that slow or impede healing progress)
 - ☒ Cervical Hypolordosis On X-ray (Reduced spinal strength potentiating greater damage with trauma) 737.40
 - ☒ Lower Body Mass (More easily injured. Greater chance for residuals)
 - ☐ Loss of Consciousness (More likely to have late "whiplash" symptoms) 850.9
 - ☐ *Insulin Dependent Diabetes (Decreased healing potential)
 - ☐ *Obesity or Significant Deconditioning (Slower Healing and an increased likelihood of exacerbation)
- *= Complicating Factors Which May Necessitate More Than Expected Care.

ADDITIONAL MODIFIERS THAT AFFECT RECOVERY

- ☐ Rear-End Collision (2.5-5x's greater acceleration force of the body in relation to the vehicle) E813
- ☐ Unaware of Impending Accident (Greater chance of long term disability)
- ☐ Ligamentous Instability or Definitive Neurological Injury (Greater potential for residuals) 728.4/(C)723.4 or (T/L) 724.4
- ☐ Out of Position at Time of Impact (Pre-stresses cervical joints, capsules and discs. More susceptible to injury)

CONTRAINDICATIONS:

- ☒ George's Maneuver:
 - ☐ (+): Date: _____ Dr. _____
 - ☒ (-): Date: 7-15-13 Dr. Rudolph
 - ☐ Unable to Perform: Date: _____ Dr. _____
- ☐ No Ultrasound Due To: _____ Date: _____ Dr. _____
- ☐ Other: _____

PATIENT RECORD

FOIA b 7 - D

DATE 7-15-83	PHYSICAL THERAPY	CERV	THOR	LUMB	MODALITIES	WET	COLD	ESS	INF	ST	DR. [Signature]
ADJUSTIVE PROCEDURE BY AREA	C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14 C15 C16 C17 C18 C19 C20 C21 C22 C23 C24 C25 C26 C27 C28 C29 C30 C31 C32 C33 C34 C35 C36 C37 C38 C39 C40 C41 C42 C43 C44 C45 C46 C47 C48 C49 C50 C51 C52 C53 C54 C55 C56 C57 C58 C59 C60 C61 C62 C63 C64 C65 C66 C67 C68 C69 C70 C71 C72 C73 C74 C75 C76 C77 C78 C79 C80 C81 C82 C83 C84 C85 C86 C87 C88 C89 C90 C91 C92 C93 C94 C95 C96 C97 C98 C99 C100										
SUBJECTIVE	Crystal presented to our office for TX of										
OBJECTIVE	Exam. Injuries sustained from a fall incident										
ASSESSMENT PLAN	Per DX / As Expected / Exacerbation / Adt.										
NEXT VISIT	M T W Th F S / Daily - Days / 2xWk - Visits / 1xWk - Visits / Other -										
ADT LK	NO WORK / LIGHT DUTIES										
DATE 7-16-83	PHYSICAL THERAPY	CERV	THOR	LUMB	MODALITIES	WET	COLD	ESS	INF	ST	DR. [Signature]
ADJUSTIVE PROCEDURE BY AREA	C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14 C15 C16 C17 C18 C19 C20 C21 C22 C23 C24 C25 C26 C27 C28 C29 C30 C31 C32 C33 C34 C35 C36 C37 C38 C39 C40 C41 C42 C43 C44 C45 C46 C47 C48 C49 C50 C51 C52 C53 C54 C55 C56 C57 C58 C59 C60 C61 C62 C63 C64 C65 C66 C67 C68 C69 C70 C71 C72 C73 C74 C75 C76 C77 C78 C79 C80 C81 C82 C83 C84 C85 C86 C87 C88 C89 C90 C91 C92 C93 C94 C95 C96 C97 C98 C99 C100										
SUBJECTIVE	Crystal has c/e of LT Neck (P) LT radiating										
OBJECTIVE	arm (P) and LB (P) on LT side. Pt is unimpaired										
ASSESSMENT PLAN	Per DX / As Expected / Exacerbation / Adt.										
NEXT VISIT	M T W Th F S / Daily - Days / 2xWk - Visits / 1xWk - Visits / Other -										
ADT LK	NO WORK / LIGHT DUTIES										
DATE 7-17-83	PHYSICAL THERAPY	CERV	THOR	LUMB	MODALITIES	WET	COLD	ESS	INF	ST	DR. [Signature]
ADJUSTIVE PROCEDURE BY AREA	C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14 C15 C16 C17 C18 C19 C20 C21 C22 C23 C24 C25 C26 C27 C28 C29 C30 C31 C32 C33 C34 C35 C36 C37 C38 C39 C40 C41 C42 C43 C44 C45 C46 C47 C48 C49 C50 C51 C52 C53 C54 C55 C56 C57 C58 C59 C60 C61 C62 C63 C64 C65 C66 C67 C68 C69 C70 C71 C72 C73 C74 C75 C76 C77 C78 C79 C80 C81 C82 C83 C84 C85 C86 C87 C88 C89 C90 C91 C92 C93 C94 C95 C96 C97 C98 C99 C100										
SUBJECTIVE	Pt has c/e of LT arm (P) and LT Neck and										
OBJECTIVE	upper back (P) crystal is improving to TX										
ASSESSMENT PLAN	Per DX / As Expected / Exacerbation / Adt.										
NEXT VISIT	M T W Th F S / Daily - Days / 2xWk - Visits / 1xWk - Visits / Other -										
ADT LK	NO WORK / LIGHT DUTIES										

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Vipin Chiropractic LLC

PATIENT RECORD

Form 1

PATIENT'S NAME: Crystal Clark

DATE 7-18-13	PHYSICAL THERAPY: ☒ CHIRO ☒ THER ☒ MASS ☒ STRETCH ☒ COLD ☒ EHS ☒ INF ☒ ST	PROCESSES: ☒ C1 ☒ C2 ☒ C3 ☒ C4 ☒ C5 ☒ C6 ☒ C7 ☒ T1 ☒ T2 ☒ T3 ☒ T4 ☒ T5 ☒ T6 ☒ T7 ☒ T8 ☒ T9 ☒ T10 ☒ T11 ☒ T12 ☒ L1 ☒ L2 ☒ L3 ☒ L4 ☒ L5 ☒ S1 ☒ S2 ☒ S3 ☒ S4 ☒ S5 ☒ S6 ☒ S7 ☒ S8 ☒ S9 ☒ S10 ☒ S11 ☒ S12 ☒ S13 ☒ S14 ☒ S15 ☒ S16 ☒ S17 ☒ S18 ☒ S19 ☒ S20 ☒ S21 ☒ S22 ☒ S23 ☒ S24 ☒ S25 ☒ S26 ☒ S27 ☒ S28 ☒ S29 ☒ S30 ☒ S31 ☒ S32 ☒ S33 ☒ S34 ☒ S35 ☒ S36 ☒ S37 ☒ S38 ☒ S39 ☒ S40 ☒ S41 ☒ S42 ☒ S43 ☒ S44 ☒ S45 ☒ S46 ☒ S47 ☒ S48 ☒ S49 ☒ S50 ☒ S51 ☒ S52 ☒ S53 ☒ S54 ☒ S55 ☒ S56 ☒ S57 ☒ S58 ☒ S59 ☒ S60 ☒ S61 ☒ S62 ☒ S63 ☒ S64 ☒ S65 ☒ S66 ☒ S67 ☒ S68 ☒ S69 ☒ S70 ☒ S71 ☒ S72 ☒ S73 ☒ S74 ☒ S75 ☒ S76 ☒ S77 ☒ S78 ☒ S79 ☒ S80 ☒ S81 ☒ S82 ☒ S83 ☒ S84 ☒ S85 ☒ S86 ☒ S87 ☒ S88 ☒ S89 ☒ S90 ☒ S91 ☒ S92 ☒ S93 ☒ S94 ☒ S95 ☒ S96 ☒ S97 ☒ S98 ☒ S99 ☒ S100 ☒ S101 ☒ S102 ☒ S103 ☒ S104 ☒ S105 ☒ S106 ☒ S107 ☒ S108 ☒ S109 ☒ S110 ☒ S111 ☒ S112 ☒ S113 ☒ S114 ☒ S115 ☒ S116 ☒ S117 ☒ S118 ☒ S119 ☒ S120 ☒ S121 ☒ S122 ☒ S123 ☒ S124 ☒ S125 ☒ S126 ☒ S127 ☒ S128 ☒ S129 ☒ S130 ☒ S131 ☒ S132 ☒ S133 ☒ S134 ☒ S135 ☒ S136 ☒ S137 ☒ S138 ☒ S139 ☒ S140 ☒ S141 ☒ S142 ☒ S143 ☒ S144 ☒ S145 ☒ S146 ☒ S147 ☒ S148 ☒ S149 ☒ S150 ☒ S151 ☒ S152 ☒ S153 ☒ S154 ☒ S155 ☒ S156 ☒ S157 ☒ S158 ☒ S159 ☒ S160 ☒ S161 ☒ S162 ☒ S163 ☒ S164 ☒ S165 ☒ S166 ☒ S167 ☒ S168 ☒ S169 ☒ S170 ☒ S171 ☒ S172 ☒ S173 ☒ S174 ☒ S175 ☒ S176 ☒ S177 ☒ S178 ☒ S179 ☒ S180 ☒ S181 ☒ S182 ☒ S183 ☒ S184 ☒ S185 ☒ S186 ☒ S187 ☒ S188 ☒ S189 ☒ S190 ☒ S191 ☒ S192 ☒ S193 ☒ S194 ☒ S195 ☒ S196 ☒ S197 ☒ S198 ☒ S199 ☒ S200 ☒ S201 ☒ S202 ☒ S203 ☒ S204 ☒ S205 ☒ S206 ☒ S207 ☒ S208 ☒ S209 ☒ S210 ☒ S211 ☒ S212 ☒ S213 ☒ S214 ☒ S215 ☒ S216 ☒ S217 ☒ S218 ☒ S219 ☒ S220 ☒ S221 ☒ S222 ☒ S223 ☒ S224 ☒ S225 ☒ S226 ☒ S227 ☒ S228 ☒ S229 ☒ S230 ☒ S231 ☒ S232 ☒ S233 ☒ S234 ☒ S235 ☒ S236 ☒ S237 ☒ S238 ☒ S239 ☒ S240 ☒ S241 ☒ S242 ☒ S243 ☒ S244 ☒ S245 ☒ S246 ☒ S247 ☒ S248 ☒ S249 ☒ S250 ☒ S251 ☒ S252 ☒ S253 ☒ S254 ☒ S255 ☒ S256 ☒ S257 ☒ S258 ☒ S259 ☒ S260 ☒ S261 ☒ S262 ☒ S263 ☒ S264 ☒ S265 ☒ S266 ☒ S267 ☒ S268 ☒ S269 ☒ S270 ☒ S271 ☒ S272 ☒ S273 ☒ S274 ☒ S275 ☒ S276 ☒ S277 ☒ S278 ☒ S279 ☒ S280 ☒ S281 ☒ S282 ☒ S283 ☒ S284 ☒ S285 ☒ S286 ☒ S287 ☒ S288 ☒ S289 ☒ S290 ☒ S291 ☒ S292 ☒ S293 ☒ S294 ☒ S295 ☒ S296 ☒ S297 ☒ S298 ☒ S299 ☒ S300 ☒ S301 ☒ S302 ☒ S303 ☒ S304 ☒ S305 ☒ S306 ☒ S307 ☒ S308 ☒ S309 ☒ S310 ☒ S311 ☒ S312 ☒ S313 ☒ S314 ☒ S315 ☒ S316 ☒ S317 ☒ S318 ☒ S319 ☒ S320 ☒ S321 ☒ S322 ☒ S323 ☒ S324 ☒ S325 ☒ S326 ☒ S327 ☒ S328 ☒ S329 ☒ S330 ☒ S331 ☒ S332 ☒ S333 ☒ S334 ☒ S335 ☒ S336 ☒ S337 ☒ S338 ☒ S339 ☒ S340 ☒ S341 ☒ S342 ☒ S343 ☒ S344 ☒ S345 ☒ S346 ☒ S347 ☒ S348 ☒ S349 ☒ S350 ☒ S351 ☒ S352 ☒ S353 ☒ S354 ☒ S355 ☒ S356 ☒ S357 ☒ S358 ☒ S359 ☒ S360 ☒ S361 ☒ S362 ☒ S363 ☒ S364 ☒ S365 ☒ S366 ☒ S367 ☒ S368 ☒ S369 ☒ S370 ☒ S371 ☒ S372 ☒ S373 ☒ S374 ☒ S375 ☒ S376 ☒ S377 ☒ S378 ☒ S379 ☒ S380 ☒ S381 ☒ S382 ☒ S383 ☒ S384 ☒ S385 ☒ S386 ☒ S387 ☒ S388 ☒ S389 ☒ S390 ☒ S391 ☒ S392 ☒ S393 ☒ S394 ☒ S395 ☒ S396 ☒ S397 ☒ S398 ☒ S399 ☒ S400 ☒ S401 ☒ S402 ☒ S403 ☒ S404 ☒ S405 ☒ S406 ☒ S407 ☒ S408 ☒ S409 ☒ S410 ☒ S411 ☒ S412 ☒ S413 ☒ S414 ☒ S415 ☒ S416 ☒ S417 ☒ S418 ☒ S419 ☒ S420 ☒ S421 ☒ S422 ☒ S423 ☒ S424 ☒ S425 ☒ S426 ☒ S427 ☒ S428 ☒ S429 ☒ S430 ☒ S431 ☒ S432 ☒ S433 ☒ S434 ☒ S435 ☒ S436 ☒ S437 ☒ S438 ☒ S439 ☒ S440 ☒ S441 ☒ S442 ☒ S443 ☒ S444 ☒ S445 ☒ S446 ☒ S447 ☒ S448 ☒ S449 ☒ S450 ☒ S451 ☒ S452 ☒ S453 ☒ S454 ☒ S455 ☒ S456 ☒ S457 ☒ S458 ☒ S459 ☒ S460 ☒ S461 ☒ S462 ☒ S463 ☒ S464 ☒ S465 ☒ S466 ☒ S467 ☒ S468 ☒ S469 ☒ S470 ☒ S471 ☒ S472 ☒ S473 ☒ S474 ☒ S475 ☒ S476 ☒ S477 ☒ S478 ☒ S479 ☒ S480 ☒ S481 ☒ S482 ☒ S483 ☒ S484 ☒ S485 ☒ S486 ☒ S487 ☒ S488 ☒ S489 ☒ S490 ☒ S491 ☒ S492 ☒ S493 ☒ S494 ☒ S495 ☒ S496 ☒ S497 ☒ S498 ☒ S499 ☒ S500 ☒ S501 ☒ S502 ☒ S503 ☒ S504 ☒ S505 ☒ S506 ☒ S507 ☒ S508 ☒ S509 ☒ S510 ☒ S511 ☒ S512 ☒ S513 ☒ S514 ☒ S515 ☒ S516 ☒ S517 ☒ S518 ☒ S519 ☒ S520 ☒ S521 ☒ S522 ☒ S523 ☒ S524 ☒ S525 ☒ S526 ☒ S527 ☒ S528 ☒ S529 ☒ S530 ☒ S531 ☒ S532 ☒ S533 ☒ S534 ☒ S535 ☒ S536 ☒ S537 ☒ S538 ☒ S539 ☒ S540 ☒ S541 ☒ S542 ☒ S543 ☒ S544 ☒ S545 ☒ S546 ☒ S547 ☒ S548 ☒ S549 ☒ S550 ☒ S551 ☒ S552 ☒ S553 ☒ S554 ☒ S555 ☒ S556 ☒ S557 ☒ S558 ☒ S559 ☒ S560 ☒ S561 ☒ S562 ☒ S563 ☒ S564 ☒ S565 ☒ S566 ☒ S567 ☒ S568 ☒ S569 ☒ S570 ☒ S571 ☒ S572 ☒ S573 ☒ S574 ☒ S575 ☒ S576 ☒ S577 ☒ S578 ☒ S579 ☒ S580 ☒ S581 ☒ S582 ☒ S583 ☒ S584 ☒ S585 ☒ S586 ☒ S587 ☒ S588 ☒ S589 ☒ S590 ☒ S591 ☒ S592 ☒ S593 ☒ S594 ☒ S595 ☒ S596 ☒ S597 ☒ S598 ☒ S599 ☒ S600 ☒ S601 ☒ S602 ☒ S603 ☒ S604 ☒ S605 ☒ S606 ☒ S607 ☒ S608 ☒ S609 ☒ S610 ☒ S611 ☒ S612 ☒ S613 ☒ S614 ☒ S615 ☒ S616 ☒ S617 ☒ S618 ☒ S619 ☒ S620 ☒ S621 ☒ S622 ☒ S623 ☒ S624 ☒ S625 ☒ S626 ☒ S627 ☒ S628 ☒ S629 ☒ S630 ☒ S631 ☒ S632 ☒ S633 ☒ S634 ☒ S635 ☒ S636 ☒ S637 ☒ S638 ☒ S639 ☒ S640 ☒ S641 ☒ S642 ☒ S643 ☒ S644 ☒ S645 ☒ S646 ☒ S647 ☒ S648 ☒ S649 ☒ S650 ☒ S651 ☒ S652 ☒ S653 ☒ S654 ☒ S655 ☒ S656 ☒ S657 ☒ S658 ☒ S659 ☒ S660 ☒ S661 ☒ S662 ☒ S663 ☒ S664 ☒ S665 ☒ S666 ☒ S667 ☒ S668 ☒ S669 ☒ S670 ☒ S671 ☒ S672 ☒ S673 ☒ S674 ☒ S675 ☒ S676 ☒ S677 ☒ S678 ☒ S679 ☒ S680 ☒ S681 ☒ S682 ☒ S683 ☒ S684 ☒ S685 ☒ S686 ☒ S687 ☒ S688 ☒ S689 ☒ S690 ☒ S691 ☒ S692 ☒ S693 ☒ S694 ☒ S695 ☒ S696 ☒ S697 ☒ S698 ☒ S699 ☒ S700 ☒ S701 ☒ S702 ☒ S703 ☒ S704 ☒ S705 ☒ S706 ☒ S707 ☒ S708 ☒ S709 ☒ S710 ☒ S711 ☒ S712 ☒ S713 ☒ S714 ☒ S715 ☒ S716 ☒ S717 ☒ S718 ☒ S719 ☒ S720 ☒ S721 ☒ S722 ☒ S723 ☒ S724 ☒ S725 ☒ S726 ☒ S727 ☒ S728 ☒ S729 ☒ S730 ☒ S731 ☒ S732 ☒ S733 ☒ S734 ☒ S735 ☒ S736 ☒ S737 ☒ S738 ☒ S739 ☒ S740 ☒ S741 ☒ S742 ☒ S743 ☒ S744 ☒ S745 ☒ S746 ☒ S747 ☒ S748 ☒ S749 ☒ S750 ☒ S751 ☒ S752 ☒ S753 ☒ S754 ☒ S755 ☒ S756 ☒ S757 ☒ S758 ☒ S759 ☒ S760 ☒ S761 ☒ S762 ☒ S763 ☒ S764 ☒ S765 ☒ S766 ☒ S767 ☒ S768 ☒ S769 ☒ S770 ☒ S771 ☒ S772 ☒ S773 ☒ S774 ☒ S775 ☒ S776 ☒ S777 ☒ S778 ☒ S779 ☒ S780 ☒ S781 ☒ S782 ☒ S783 ☒ S784 ☒ S785 ☒ S786 ☒ S787 ☒ S788 ☒ S789 ☒ S790 ☒ S791 ☒ S792 ☒ S793 ☒ S794 ☒ S795 ☒ S796 ☒ S797 ☒ S798 ☒ S799 ☒ S800 ☒ S801 ☒ S802 ☒ S803 ☒ S804 ☒ S805 ☒ S806 ☒ S807 ☒ S808 ☒ S809 ☒ S810 ☒ S811 ☒ S812 ☒ S813 ☒ S814 ☒ S815 ☒ S816 ☒ S817 ☒ S818 ☒ S819 ☒ S820 ☒ S821 ☒ S822 ☒ S823 ☒ S824 ☒ S825 ☒ S826 ☒ S827 ☒ S828 ☒ S829 ☒ S830 ☒ S831 ☒ S832 ☒ S833 ☒ S834 ☒ S835 ☒ S836 ☒ S837 ☒ S838 ☒ S839 ☒ S840 ☒ S841 ☒ S842 ☒ S843 ☒ S844 ☒ S845 ☒ S846 ☒ S847 ☒ S848 ☒ S849 ☒ S850 ☒ S851 ☒ S852 ☒ S853 ☒ S854 ☒ S855 ☒ S856 ☒ S857 ☒ S858 ☒ S859 ☒ S860 ☒ S861 ☒ S862 ☒ S863 ☒ S864 ☒ S865 ☒ S866 ☒ S867 ☒ S868 ☒ S869 ☒ S870 ☒ S871 ☒ S872 ☒ S873 ☒ S874 ☒ S875 ☒ S876 ☒ S877 ☒ S878 ☒ S879 ☒ S880 ☒ S881 ☒ S882 ☒ S883 ☒ S884 ☒ S885 ☒ S886 ☒ S887 ☒ S888 ☒ S889 ☒ S890 ☒ S891 ☒ S892 ☒ S893 ☒ S894 ☒ S895 ☒ S896 ☒ S897 ☒ S898 ☒ S899 ☒ S900 ☒ S901 ☒ S902 ☒ S903 ☒ S904 ☒ S905 ☒ S906 ☒ S907 ☒ S908 ☒ S909 ☒ S910 ☒ S911 ☒ S912 ☒ S913 ☒ S914 ☒ S915 ☒ S916 ☒ S917 ☒ S918 ☒ S919 ☒ S920 ☒ S921 ☒ S922 ☒ S923 ☒ S924 ☒ S925 ☒ S926 ☒ S927 ☒ S928 ☒ S929 ☒ S930 ☒ S931 ☒ S932 ☒ S933 ☒ S934 ☒ S935 ☒ S936 ☒ S937 ☒ S938 ☒ S939 ☒ S940 ☒ S941 ☒ S942 ☒ S943 ☒ S944 ☒ S945 ☒ S946 ☒ S947 ☒ S948 ☒ S949 ☒ S950 ☒ S951 ☒ S952 ☒ S953 ☒ S954 ☒ S955 ☒ S956 ☒ S957 ☒ S958 ☒ S959 ☒ S960 ☒ S961 ☒ S962 ☒ S963 ☒ S964 ☒ S965 ☒ S966 ☒ S967 ☒ S968 ☒ S969 ☒ S970 ☒ S971 ☒ S972 ☒ S973 ☒ S974 ☒ S975 ☒ S976 ☒ S977 ☒ S978 ☒ S979 ☒ S980 ☒ S981 ☒ S982 ☒ S983 ☒ S984 ☒ S985 ☒ S986 ☒ S987 ☒ S988 ☒ S989 ☒ S99
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PATIENT RECORD

Form 10-68

PATIENT'S NAME Crystal Clark

DATE 7-3-13	PHYSICAL THERAPY	CERV	THOR	LUMB	NECK	HEAD	EYES	EAR	NOSE	MOUTH
VISIT 7	PROCEDURES	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)
ADJUSTIVE PROCEDURE BY AREA	C1-C6 C7-T1 T2-T9 T10-T12 L1-L5 S1-S2									
SUBJECTIVE	Crystal has c/c of LT neck @ and LT low back pain. PT is improving w TX									
OBJECTIVE	Ms. Spine: School R A Person R A SCMR A Trap R A Rhomboid R A Paraspino R A Paraspino R A Paraspino R Ms. Neck: School R A Person R A SCMR A Trap R A Rhomboid R A Paraspino R A Paraspino R A Paraspino R ISO: O/C/T/L/S/Ps Rom / Ortho / Neuro / TP / Other:									
ASSESSMENT PLAN	Per DX / As Expected / Exacerbation / Adlt PER TX PLAN (See Current Form AP-100) / EX-I instruction / EX-II instruction / Adlt									
NEXT VISIT	M T W Th F S / Day Days / 3xWk 2 Visits / 2xWk Visits / 1xWk Visits / Other / REEVAL									
ADT/RX	NO WORK LIGHT DUTIES DR									
DATE 8-13-13	PHYSICAL THERAPY	CERV	THOR	LUMB	NECK	HEAD	EYES	EAR	NOSE	MOUTH
VISIT 8	PROCEDURES	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)
ADJUSTIVE PROCEDURE BY AREA	C1-C6 C7-T1 T2-T9 T10-T12 L1-L5 S1-S2									
SUBJECTIVE	PT has c/c of slight Low back stiffness and increased C-T-L ROM. PT is improving w TX									
OBJECTIVE	Ms. Spine: School R A Person R A SCMR A Trap R A Rhomboid R A Paraspino R A Paraspino R A Paraspino R Ms. Neck: School R A Person R A SCMR A Trap R A Rhomboid R A Paraspino R A Paraspino R A Paraspino R ISO: O/C/T/L/S/Ps Rom / Ortho / Neuro / TP / Other:									
ASSESSMENT PLAN	Per DX / As Expected / Exacerbation / Adlt PER TX PLAN (See Current Form AP-100) / EX-I instruction / EX-II instruction / Adlt									
NEXT VISIT	M T W Th F S / Day Days / 3xWk 2 Visits / 2xWk Visits / 1xWk Visits / Other / REEVAL									
ADT/RX	NO WORK LIGHT DUTIES DR									
DATE 8-20-13	PHYSICAL THERAPY	CERV	THOR	LUMB	NECK	HEAD	EYES	EAR	NOSE	MOUTH
VISIT 9	PROCEDURES	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)	(C) (P) (S)
ADJUSTIVE PROCEDURE BY AREA	C1-C6 C7-T1 T2-T9 T10-T12 L1-L5 S1-S2									
SUBJECTIVE	Crystal was released today @ 90%-95% improvement of injuries sustained from last fall									
OBJECTIVE	Ms. Spine: School R A Person R A SCMR A Trap R A Rhomboid R A Paraspino R A Paraspino R A Paraspino R Ms. Neck: School R A Person R A SCMR A Trap R A Rhomboid R A Paraspino R A Paraspino R A Paraspino R ISO: O/C/T/L/S/Ps Rom / Ortho / Neuro / TP / Other: incident.									
ASSESSMENT PLAN	Per DX / As Expected / Exacerbation / Adlt PER TX PLAN (See Current Form AP-100) / EX-I instruction / EX-II instruction / Adlt									
NEXT VISIT	M T W Th F S / Day Days / 3xWk 2 Visits / 2xWk Visits / 1xWk Visits / Other / REEVAL									
ADT/RX	NO WORK LIGHT DUTIES DR									

Patient's Name: Crystal Clark Doctor: G. Rudolph Date: 7-15-13

ASSESSMENT AND PLAN

☒ Initial Exam

☐ Re-evaluation

☐ Other _____

Assessment:

7-10-13 Presenting Stage: Acute (Unresolved) Sub-Acute - Strengthening

History of Injuries: Car accident (See Report)

Crystal has no other significant findings and M.O.I.

Frequency of symptoms: Not specified

Based on my evaluation, 100% of injuries are direct results of this accident.

Response to care (Re-evaluation): As expected as / better than expected / slower than expected

Crystal has T/H in C-T-L & ↓ ROM in C-T-L and LT radicular arm @. Crystal is a chiropractic candidate

Treatment Plan:

1. Chiropractic (CMT) / Cold / 15 Min. EMS (80 pps / 1000 Hz) / 15 Min. US (1.5 / 1.0 / 1.0) / 15 Min. Sp. Decompression / Cervical / Lumbar / 10 Min.
2. Extremity CMT / PT
3. Stretching (Ex 1) / Strengthening (Ex 2)
4. Treatment Goals: T/H & ROM
5. Treatment Frequency: Daily for 2 wks approx then Re-eval
6. Home Rx: Heat/Ice/Heat/Contrast / K/F/N/H / Bio Freeze / cervical collar / lumbar support / knee brace
7. Work Restrictions:
8. Referral/Consult:

Crystal will be treated as prescribed above and re-eval in approx 2 wks

Continued on Back of Form

G. Rudolph D.C.

Doctor's Signature

Palmetto Health Richland

Emergency Department, 5 Richland Medical Park Drive
Columbia, SC 29203 (803) 434 1663



Device: RED03MPPD5P001

Patient Name: CLARK, CRYSTAL FAYE

Birthdate: 03/10/1966

Age: 47 Years

Sex: Female

MRN: R000080444

Allergies: NKA

Patient Address:

Pharmacist please note--Allergy list may be incomplete.
1810 ALLEN BENEDICT CT, APT E1 Home Phone: (803) 673-5300
COLUMBIA, SC 29204 Work Phone:

Prescription Details:

Date Issued: 07/10/2013

Rx: Flexeril 10 mg oral tablet

SIG: 1 tab PO 3x daily for 3 days

Start Date: 07/10/2013

Dispense/Supply: <9 (nine) tab>

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

Prescribed by: Timothy M Brooks, MD

NPI #: 1477849378

ATTENTION: THIS RX NOT VALID FOR CONTROLLED SUBSTANCES

Security features: (<, >) bordered and spelled quantities, microprint signature line visible at 5x or greater
Magnification that must show **THIS IS AN ORIGINAL PRESCRIPTION** and this description of features.

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TROYmark™

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Micro Print

Area of very small print which must be read under magnification found wherever the MP symbol appears

Security Features Warning Box

Warning Box describing the security features contained within this document

Palmetto Health Richland

Emergency Department, 5 Richland Medical Park Drive
Columbia, SC 29203 (803) 434 1663



Device: RED05MPPD5P001

Patient Name: CLARK, CRYSTAL FAYE

Birthdate: 03/10/1966

Age: 47 Years

Sex: Female

MRN: R000080444

Allergies: NKA

Patient Address:

Pharmacist please note--Allergy list may be incomplete.
1810 ALLEN BENEDICT CT, APT 11 Home Phone: (803) 673-5300
COLUMBIA, SC 29204 Work Phone:

Prescription Details:

Date Issued: 07/10/2013

Rx: Motrin 800 mg oral tablet

SIG: 1 tab PO 3x daily

Start Date: 07/10/2013

Dispense/Supply: <90 (ninety) tabs

DISPENSE AS WRITTEN

SUBSTITUTION PERMITTED

Prescribed by: Timothy M Brooks, MD

NPI #: 1477849578

ATTENTION: THIS RX NOT VALID FOR CONTROLLED SUBSTANCES

Security features: (<, >) bordered and spelled quantities; microprint signature line visible at 5x or greater.
Magnification that must show "THIS IS AN ORIGINAL PRESCRIPTION" and this description of features.

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Copy Void Pentagraph When copying is attempted on many copiers or
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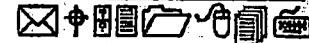
nt security features.
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document

EXHIBIT 7

Page: 1 of 1
Status: Closed

WORK ORDER
Columbia Housing Authority

WORK ORDER
NO 331847



Date/Times
Call In DT: 06/27/2013 2:29 PM
Submitted DT: 06/27/2013 2:29 PM
Work Begin DT: 07/01/2013 10:35 AM
Work End DT: 07/01/2013 11:07 AM
Maint. Turn. DT: 07/01/2013 11:07 AM
Close DT: 07/01/2013 11:07 AM

Tenant Name
Crystal F Clark

Unit # & Address
01020L01-7
1810 Allen Benedict Ct Apt L1
Columbia, SC 29204
803-250-8046
PH AMP 2

Priority: Routine
Category: General
Originator: Housing Authority

Assigned To:
Taken By: Aubriana Cox
Permissions:

Instructions: repair comode- water coming through wall- wall is molded
comode not flushing

Close Cmmts:

Notes:

WORK TO BE DONE	
Task	Pre-Work Notes/Post-Work Notes

Date	Time	Employee	Task	Hours	Rate	HA Cost	Chg. Rate	Tax	Surchg.	Ten. Chg.
07/01/13	10:35 AM	ld	CHECK SMOKE DETE	0.1	20.0	1.60	20.00	0.00	0.00	0.00
07/01/13	10:39 AM	ld	CHECK FIRE EXTINGU	0.1	20.0	1.60	20.00	0.00	0.00	0.00
07/01/13	10:43 AM	ld	Check GFI in unit (All)	0.2	20.0	3.20	20.00	0.00	0.00	0.00
07/01/13	10:52 AM	ld	TANK BALL OR FLAP	0.25	20.0	5.00	20.00	0.00	0.00	0.00
Totals:				0.6		11.40		0.00	0.00	0.00

Part	Employee	Task	QTY	Unit Cost	HA Cost	Unit Chg.	Tax	Surchg.	Ten. Chg.
10-040-01 FLAPPER, RED/ KORK	ld		1	1.65	1.65	1.65	0.00	0.00	
10-065-02 ANGLE STOP 1/2 FIP X	ld		1	2.04	2.04	2.04	0.00	0.00	
Totals					3.69		0.00	0.00	0.00
Grand Totals					15.09			0.00	0.00

HA Staff Signature	Date	Tenant Signature	Date
--------------------	------	------------------	------

EXHIBIT 8

Adair Horne & Associates

300 Long Ridge Drive
Columbia, SC 29229
Phone # (803) 736-7632 Fax # (803) 736-7643

INTERVIEW SUMMARY

Re: Insured: The Housing Authority of the City of Columbia
Claim Number: 98658
File #: 131364
Date of Loss: 7/10/2013

Statement: Crystal Faye Clark August 9, 2013 Claimant
(Name) (Date Taken) (Rel to Accident)

Address: 4057 Charleston Highway, West Columbia, SC 29172

Employment: unemployed (SSN 248-33-8179)

Age: 3-10-1966 **Marital Status:** single **Spouse:**

BRIEF FACTS:

Claimant: Crystal Faye Clark
11:30 am)

Incident Date: July 10, 2013 (10:30 am -

On July 10, 2013 between 10:30 am and 11:30 am, the claimant was leaving her apartment at 1810 Allen Bennett Court Apt L-1, Columbia, SC 29204. The claimant was descending the stairs on the interior of the apartment toward the front door. The claimant was carrying a soda and her phone. As the claimant descended the stairs, her right foot got struck on a defect in one of the step coverings. The covering had come loose and the claimant did not notice the defect. The claimant tripped and fell injuring her left shoulder, left hip, head and neck. The claimant was wearing sandals at the time. The claimant was taken by ambulance to Palmetto Health Richland ER. The claimant is now under the care of a chiropractor Dr. Geraldine Rudolph. The claimant had a similar problem several months before on a different step and she registered a complaint to the Housing Authority. The Housing Authority came at that time and repaired the step.

Marty Roberson

Adjuster

EXHIBIT 9



9

Photo 9

Date Taken: 7/11/2013

Taken By: Insured

Photo of damage to stairs taken by Housing Authority prior to repairs

**Deposition Excerpt of
Crystal Faye Clark p. 23**

1 Q. Okay. When did you fall?

2 A. 2013, July the 10th.

3 Q. And where did you fall?

4 A. In apartment L-1, falling from down my
5 steps.

6 Q. Down your steps.

7 Okay. And how did that happen?

8 A. Well, that morning I was getting ready. I
9 had been grocery shopping already. I didn't fall when I
10 left out that morning.

11 And I had went to BI-LO on Beltline. He
12 took me to get my groceries. He always takes me around
13 the 6th or the 7th.

14 Q. Who?

15 A. Matthew Dawson.

16 Q. Matthew Dawson.

17 Okay. And so Matthew Dawson was with you
18 when you fell?

19 A. He was outside.

20 Q. He was outside.

21 A. Uh-huh.

22 Q. Was anybody else inside this apartment when
23 you fell?

24 A. He had left already. He had dropped me off
25 from getting groceries.

**Deposition Excerpt of
Crystal Faye Clark p. 27**

1 times, three or four times.

2 Q. Three or four times you've made reports on
3 loose --

4 A. On my steps.

5 Q. On the steps.

6 A. Since I've been living out there with
7 steps.

8 Q. And how did you make the reports?

9 A. We're supposed to call in and do a work
10 order.

11 Q. And you have a call in and a work order on
12 each of those four times?

13 A. You have to call the housing maintenance
14 across the street where the main office is. They have a
15 maintenance -- where their maintenance men get their
16 work orders, and that's how they come out to the
17 apartment. We have to call in as tenants and make them
18 do a work report.

19 Q. And you said you did that three or four
20 times for L-1 alone?

21 A. Yeah.

22 Q. And you said you were there two years or
23 two and a half years or --

24 A. It might have been two. I'm not sure. I
25 can't say exactly two. I'm going to be honest with you.

**Deposition Excerpt of
Crystal Faye Clark p. 28**

1 I think it's around two.

2 Q. Okay.

3 A. I'm not -- around, about.

4 Q. Okay. So three or four times you made

5 calls?

6 A. Yeah. Probably more than that. I just

7 can't remember.

8 Q. Okay. All right.

9 A. If anything goes wrong, I'm always

10 making -- doing reports.

11 Q. Do you remember who you might have talked

12 to when you called?

13 A. I know there'd normally be a man or lady

14 that answers. We can't -- we don't really know who it

15 is that's answering the phone over there.

16 Q. Okay.

17 A. They tell us to do work orders, and I don't

18 know who's over there.

19 Q. Okay.

20 A. But they should have records of it, how

21 many times I've had repairs in the apartment.

22 Q. Okay. So this incident in July of 2013,

23 what time of the day was it?

24 A. Really, to be honest, it's been two years

25 ago when I fell.

STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM THE FIFTH JUDICIAL CIRCUIT
Honorable Alison Renee Lee, Presiding

Case No. 2014-CP-40-07011

RECEIVED

SEP 14 2016

SC Court of Appeals

Crystal Faye Clark.....Appellant,

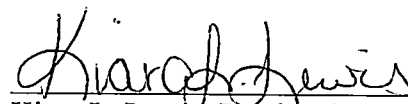
V.

Housing Authority of the City of Columbia.....Respondent

PROOF OF SERVICE

I certify that I have served the **INITIAL BRIEF OF RESPONDENT** in the above-referenced matter on all opposing counsel of record, by mailing a copy of same, postage prepaid and return address clearly indicated, to the following on this 14th day of September:

Johnny Elliot Watson, Sr., Esq.
P.O. Box 2305
Columbia, South Carolina 29202


Kiara L. Lewis, Paralegal

BOYKIN & DAVIS, LLC

Attorneys and Counselors at Law

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COLUMBIA, SOUTH CAROLINA 29210

Kenneth A. Davis

kdavis@boykinlawsc.com

TELEPHONE: 803-254-0707
FACSIMILE: 803-254-5609

POST OFFICE BOX 11844
COLUMBIA, SOUTH CAROLINA 29211

September 14, 2016

VIA HAND-DELIVERY

The Honorable Jenny Kitchings
Clerk of Court
1220 Senate Street
Columbia, South Carolina 29211

RECEIVED
SEP 14 2016
SC Court of Appeals

Re: Crystal Faye Clark vs. Housing Authority of The City of Columbia
C.A. No.: 2014-CP-40-07011

Dear Ms. Kitchings:

Please find enclosed the original and two (2) copies of the Initial Brief of Respondent and the Designation of Matters to Be Included in the Record on Appeal in the above-referenced matter. Please return a time-stamped copy to our courier.

Thank you for your assistance in this matter.

Sincerely,



Kenneth A. Davis

/kll

Enclosures

cc: Johnny E. Watson, Esq. (w/ encls.)
Shawn D. Eubanks, Esq. (w/o encls.)
Adam J. Mandell, Esq. (w/o encls.)