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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE ADMINISTRATIVE LAW COURT
John D. McLeod, Administrative Law Judge
Case No.: 15-ALJ-22-0497-AP

South Carolina Department of Employment & Workforce, Respondent

v.

Billie D. Mueller, Appellant

Appellate Case No.: 2016-000037

BRIEF OF APPELLANT

Billie D. Mueller
1341 Rockfish Drive
Manning, SC 29102
Telephone: 803-410-6935
E-mail address: dinkerboy49@gmail.com
Appellant has no Attorney

Trey McLeod
Office of General Counsel
SC Dept. of Employment and Workforce
PO Box 8597
Columbia, SC 29202
legal@dew.sc.gov
Attorney for Respondent SCDEW

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2 **APPELLATE'S BRIEF**
3

4
5 **STATEMENT OF THE CASE**

6 **The Nature of the Proceeding and the Relief Sought**

7 This is a Petition for Review of a decision of the Administrative Law Court
8 affirming the decision of a Court of Appeals Judge decision denying unemployment
9 benefits to Appellate. Appellate requests that the decision be reversed.

10 **The Nature of the Decision To Be Reviewed**

11 A final decision made and entered on January 4, 2016 by the Administrative Law
12 Court.

13 **Statement of the Statutory Basis for Appellate Jurisdiction**

14 This court has appellate jurisdiction over this matter pursuant to S.C.
15 Code Ann. 41-35-750

16 **Statement of Appellate Jurisdiction**

17 The Administrative Law Court entered its decision on January 4, 2016. The
18 Petition for Judicial Review was filed on January 6, 2016.

19 **Questions Presented on Review**

- 20 A. Did the SCDEW Appellate Panel err in finding the
21 Appellant neglected to file her appeal in a timely manner?
22 B. Did the SCDEW Appellate Panel err in finding that
23 Appellant received the decision in a timely manner?
24
25

1 C. Did the Appellate Panel and Appeal Tribunal err in the decision on Severance
2 payments and bonus not being wages for which the Appellant paid all Federal,
3 State and FICA taxes?

4 **Summary of Argument**

5 I checked my mail on May 13, 2015 and my mail did not contain a letter from
6 SCDEW. I was staying with a friend while undergoing several medical procedures. Cancer and
7 Foot surgery so at the time I could not drive. I was receiving the radiation treatments in Sumter
8 and had foot surgery in Florence. Went to check the mail again on May 20, 2015 and the letter
9 from SCDEW was obtained. The 10 day filing period had already passed so I submitted my
10 appeal as timely as possible. SCDEW has no certified proof that the decision was mailed in a
11 timely manner or that it was received in a timely manner. I am asking the court to reconsider the
12 decision of the Appellate Panel in this case. Again the SCDEW mailed me their Brief
13 postmarked Dec. 11, 2015 and it was not received in my mail box until Dec. 22, 2015 which was
14 11 days later so how can they state that the Appellate Panel's decision was received in a timely
15 manner. Also South Carolina is the only state that I have researched that does not extend the
16 appeal time for illness or incapacitation.

17 According to U.S. Supreme Court Certiorari To The United States Court Of
18 Appeals For The Sixth Circuit # 12-1408 (a) FICA defines "wages" broadly as "all
19 remuneration for employment." §3121(a). As a matter of plain meaning, severance payments fit
20 this definition: They are a form of remuneration made only to employees in consideration for
21 employment. "Employment" is "any service . . . performed . . . by an employee" for an
22 employer. §3121(b). By varying according to a terminated employee's function and seniority, the
23 severance payments at issue confirm the principle that "service" "mean[s] not only work actually
24 done but the entire employer employee relationship for which compensation is paid." The
25

1 Severance constituted 26 weeks pay for 26 years of service to the employer. I am asking the
2 court to reconsider the decision of the Appellate Panel and the Appeal Tribunal in this case.
3

4 Dated this 1st day of July, 2016

5 Billie D. Mueller
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Void <input type="checkbox"/>		Employee's social security number 527-76-0453		OMB No. 1545-0008 X4A		006115		000150		
b Employer identification number (EIN) 22-2455232				1 Wages, tips, other compensation 48327.85		2 Federal income tax withheld 6271.81				
c Employer's name, address, and ZIP code EBTRON INC 1663 HIGHWAY 701 S LORIS SC 29569				3 Social security wages 48327.85		4 Social security tax withheld 2996.33				
				5 Medicare wages and tips 48327.85		6 Medicare tax withheld 700.75				
				7 Social security tips		8 Allocated tips				
d Control number 000150 CHAR/X4A				9		10 Dependent care benefits				
e Employee's first name and initial BILLIE		Last name MUELLER		Suff.		11 Nonqualified plans		12a See instructions for box 12 W 446.15		
f Employee's address and ZIP code POST OFFICE BOX 98 DAVIS STATION SC 29401				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b				
				14 Other		12c				
						12d				
15 State Employer's state ID number SC 25319905 1		16 State wages, tips, etc. 48327.85		17 State income tax 3180.96		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

Form **W-2** Wage and Tax Statement
 Copy D - For Employer

2014

Department of the Treasury - Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

(Slip Opinion)

OCTOBER TERM, 2013

1

Syllabus

NOTE: Where it is feasible, a syllabus (headnote) will be released, as is being done in connection with this case, at the time the opinion is issued. The syllabus constitutes no part of the opinion of the Court but has been prepared by the Reporter of Decisions for the convenience of the reader. See *United States v. Detroit Timber & Lumber Co.*, 200 U. S. 321, 337.

SUPREME COURT OF THE UNITED STATES

Syllabus

UNITED STATES *v.* QUALITY STORES, INC., ET AL.CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR
THE SIXTH CIRCUIT

No. 12–1408. Argued January 14, 2014—Decided March 25, 2014

Respondent Quality Stores, Inc., and its affiliates (collectively Quality Stores) made severance payments to employees who were involuntarily terminated as part of Quality Stores' Chapter 11 bankruptcy. Payments—which were made pursuant to plans that did not tie payments to the receipt of state unemployment insurance—varied based on job seniority and time served. Quality Stores paid and withheld, *inter alia*, taxes required under the Federal Insurance Contributions Act (FICA), 26 U. S. C. §3101 *et seq.* Later believing that the payments should not have been taxed as wages under FICA, Quality Stores sought a refund on behalf of itself and about 1,850 former employees. When the Internal Revenue Service (IRS) did not allow or deny the refund, Quality Stores initiated proceedings in the Bankruptcy Court, which granted summary judgment in its favor. The District Court and Sixth Circuit affirmed, concluding that severance payments are not wages under FICA.

Held: The severance payments at issue are taxable wages for FICA purposes. Pp. 4–15.

(*u*) FICA defines "wages" broadly as "all remuneration for employment." §3121(a). As a matter of plain meaning, severance payments fit this definition: They are a form of remuneration made only to employees in consideration for employment. "Employment" is "any service . . . performed . . . by an employee" for an employer. §3121(b). By varying according to a terminated employee's function and seniority, the severance payments at issue confirm the principle that "service" "mea[ns] not only work actually done but the entire employer-employee relationship for which compensation is paid." *Social Security Bd. v. Nierotko*, 327 U. S. 358, 365–366. This broad definition is reinforced by the specificity of FICA's lengthy list of exemptions. The

Syllabus

exemption for severance payments made "because of . . . retirement for disability," §3121(a)(13)(A), would be unnecessary were severance payments generally not considered wages. FICA's statutory history sheds further light on the definition. FICA originally contained definitions of "wages" and "employment" identical in substance to the current ones, but in 1939, Congress excepted from "wages" "[d]ismissal payments" not legally required by the employer, 53 Stat. 1384. *Since that exception was repealed in 1950, FICA has contained no general exception for severance payments.* Pp. 4–7.

(b) The Internal Revenue Code chapter governing income-tax withholding does not limit the meaning of "wages" for FICA purposes. Like FICA's definitional section, §3401(a) has a broad definition of "wages" and contains a series of specific exemptions. Section 3402(o) instructs that "supplemental unemployment compensation benefits" or SUBs, which include severance payments, be treated "as if" they were wages. Contrary to Quality Stores' reading, this "as if" instruction does not mean that severance payments fall outside the definition of "wages" for income-tax withholding purposes and, in turn, are not covered by FICA's definition. Nor can Quality Stores rely on §3402(o)'s heading, which refers to "certain payments other than wages." To the extent statutory headings are useful in resolving ambiguity, see *FTC v. Mandel Brothers, Inc.*, 359 U. S. 385, 388–389, §3402(o)'s heading falls short of declaring that all the payments listed in §3402(o) are "other than wages." Instead, §3402(o) must be understood in terms of the regulatory background against which it was enacted. In the 1950's and 1960's, because some States provided unemployment benefits only to terminated employees not earning wages, IRS Rulings took the position that severance payments tied to the receipt of state benefits were not wages. To address the problem that severance payments were still considered taxable income, which could lead to large year-end tax liability for terminated workers, Congress enacted §3402(o), which treats both SUBs and severance payments the IRS considered wages "as if" they were wages subject to withholding. By extending this treatment to all SUBs, Congress avoided the practical problems that might arise if the IRS later determined that SUBs besides severance payments linked to state benefits should be exempt from withholding. Considering this regulatory background, the assumption that Congress meant to exclude all SUBs from the definition of "wages" is unsustainable. That §3402(o) does not narrow FICA's "wages" definition is also consistent with the major principle of *Rowan Cos. v. United States*, 452 U. S. 247: that simplicity of administration and consistency of statutory interpretation instruct that the meaning of "wages" should be in general the same for income-tax withholding and for FICA calculations. Pp. 7–

SOUTH CAROLINA DEPARTMENT OF EMPLOYMENT AND WORKFORCE

P.O. BOX 1752, COLUMBIA, SC 29202

Exhibit D

APPLICATION FOR LEAVE TO APPEAL TO THE APPELLATE PANEL

Claimant's Name: Billie d Mueller Social Security Number:
Address: Date of Initial Claim: 5/29/2015
Telephone Number:
Employer's Name: N/A Address: N/A
Party Appealing: Claimant

On 5/21/2015, I received Appeal Tribunal Decision Number 2015-A-4817 mailed to me on
(Date of Receipt)
5/7/2015 and ask for review of the record on the following grounds:
(Mailing Date on Decision)

The Supreme Court found that severance payments is subject to FICA tax. FICA defines employment as any service of whatever nature, performed by an employee for the person employing him/her. The IRS Code in the context of federal withholding defines Severance amounts paid to an employee. A unanimous Court found that severance payments are wages under FICA as they are clearly "remuneration for employment"

*If appeal is untimely, state the reason. If appellant failed to attend Appeal Tribunal hearing, state the reason and whether postponement was requested:

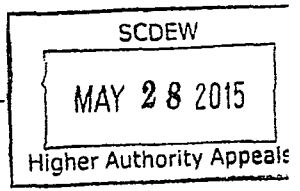
Had a few medical procedures during the last 3 to 4 weeks

I know that I must continue to file my claims for each week of unemployment during the pendency of this appeal. I know that I can only be paid for those weeks that I have timely claimed. If I have received benefits and am ruled disqualified or ineligible, I know that I will be required to repay the benefits I have received for that time period.
X I Agree

**As a Board of Review, the Appellate Panel is confined solely to the record submitted by the Appeal Tribunal and does not accept additional evidence or testimony in its consideration of the appeal.
Appellant: Claimant
Title: Billie D Mueller
Date: 5/29/2015

Does claimant need an interpreter? Yes X No What language/dialect?

Claimant is Deaf Mute



10 EXHIBIT

A# 2

FILE NO: 1505254-150765

add 5/7

Celebrate

We Celebrate the Completion of your
Radiation Therapy Treatment.

Congratulations: Billie Mueller 5/13/15

"Because, nothing great has ever been achieved except by those who dared to believe that something inside them was superior to circumstance." -- Bruce Barton

Norma
Loraine Z
A. Q. Nadeau
M. D. Moore

my
my again
Nadeau
Moore

Darlene W.

Brittany Sandy Bryan Cohen

Texin Li

Julia D. Tuomey
HEALTHCARE SYSTEM
Bringing more to life.
www.tuomey.com

Lorraine Z.

Lorraine Z.

Radiation Oncology Department, 130 North Washington Street, Sumter, South Carolina 29150

Exhibit D



We are pleased that you and your physician have chosen Carolinas Hospital System for your upcoming procedure. Please follow all instructions carefully.

You are scheduled to have surgery/procedure on: THURSDAY (Day), 4/30/15 (Date).

Please arrive to: Central Registration of Carolinas Hospital System at 10 AM (time).

1. Dietary instructions prior to surgery: _____
2. **DO NOT eat or drink anything, including water, gum and hard candy, after:** 12:00 PM (date/time): 4/29/15
You may brush your teeth and gargle on the morning of surgery, but do not swallow any water.
3. Do not drink any alcoholic beverages 24 hours before your surgery or procedure.
4. Please leave all jewelry and valuables at home. **Jewelry cannot be worn to the Operating Room.**
5. Please do not wear contact lenses, nail polish, makeup, or hairpins. If you have long hair, please braid it or secure it with either a cloth or rubber band. (Be sure to bring your container for contact lenses, if you wear them.)
6. Please take a bath or shower before coming to the facility. Remember to wear comfortable, loose-fitting clothing and low, comfortable shoes for your transport home. (You may bring a robe/housecoat if you desire.)
7. **A responsible adult, who is licensed to drive, must be present to accompany you home.** After your arrival home, we recommend you have a responsible person stay with you the first night following your procedure.
8. A parent or legal guardian must accompany a minor scheduled for surgery. Carolinas Hospital System requires all siderails to be up and locked at all times when a pediatric patient is in a crib or adult bed. Carolinas Hospital System is not responsible for siderails being left down by parents, guardians or other visitors. Carolinas Hospital System requires that a parent, guardian, or other adult remain in the room with all pediatric patients.
9. For babies or small children, we recommend night clothes. We also recommend bringing your child's favorite toy, stuffed animal, or blanket. Also, if indicated, bring diapers, formula, personal toddler cups, etc.
10. Notify your physician if you develop any sign of illness before the date of your surgery. Report symptoms such as high fever, sore throat, or other infection, breathing difficulties or chest pain.
11. **Due to space limitations and to ensure the comfort of our patients, please limit visitors and do not bring children into Day Hospital. Lobby areas are conveniently located directly outside Day Hospital to the left and right of the elevators.**
12. You will be allowed to take the following medications with a sip of water on the morning of surgery before coming to the facility: ~~_____~~
13. If you are to be admitted, bring an overnight bag for _____ to _____ days.
Further Instructions: _____

Special Note: Carolinas Hospital System is a smoke-free environment.

I understand, can verbalize, and will follow these instructions. All my questions have been answered in language that I can understand.

Nurse Signature: [Signature] Date: 4/23/15 Time: 1405
 Patient/Other Signature: [Signature] Date: 4/23/15 Time: 1405
 Relationship: _____

Pre-Procedural Instructions
 1595-013715 03/05 (Rev. 06/10, 11/10) Page 1 of 1
 WHITE - Medical Record CANARY - Recipient

Patient Label
 CAROLINAS HOSPITAL SYSTEM
 MUELLER BILLIE D HSV:SOP
 Admit: 04/30/15 MedRec:000685227
 Att Dr.: BAKER JORDANNA
 DOB:06/08/1949 Age: 65 Y
 Sex:F Pat #:3801878



FAQs

(frequently asked questions)

about
"Surgical Site Infections"

What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.

- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

If you do not see your providers clean their hands, please ask them to do so.

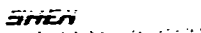
- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

Cosponsored by:



Patient Label

CAROLINAS HOSPITAL SYSTEM
 MUELLER BILLIE D HSV:SOP
 Admit: 04/30/15 MedRec:000685227
 Att Dr.: BAKER JORDANNA
 DOB:06/08/1949 Age: 65 Y
 Sex:F Pat #:3801878



THE FOOT INSTITUTE

Exhibit D

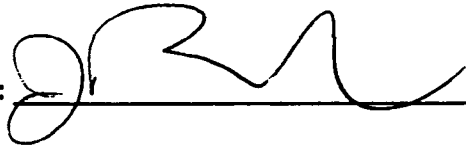
1730 Saint Julian Place Columbia 803.256.6776p# 803.256.6778f#
 901 12th Street Cayce 803.796.0616p# 803.796-6771f#
 709 West Evans Street Florence 843.665.4567p# 843-665-4448f#
 3471 West Montague Ave N.Charleston 843.553.2235p# 843.553.2275f#
 701 Medical Park Dr. Hartsville 843.339.4709f# Mon/Tues only 843.665.4448f#

Carolinas HOSPITALS SYSTEM

Billie Mueller
DOB-6-8-49

PHYSICIAN'S ORDER SHEET

Indicate choice when options are available by placing a check () in the parenthesis	
1. Diagnosis	Left foot hallux abducto-valgus
2. Consent For:	Bunionectomy + Skin
3. Allergies:	none
4. Nursing: vital signs every 4 hours	
5. Intake and Output every 8 hours	
6. Bed rest with () Left Foot () Right Foot Elevated	
7. Diet () 800 calories ADA () Other	
8. Labs () BMP () CBC w/diff () ESR () CRP () UA () HgbA1c () PT () INR () PTT	
9. () FSBS qid AC and HS and cover with Insulin Sliding Scale (PPO)210	
10. Cardiopulmonary Services: () EKG () ABI (Ankle Brachial Index)	
() Arterial Lower Extremity Segmental Pressures (without digits) () With digits	
11. Radiology: Study of () Left foot () Right foot () Bilateral	
() CXR () MRI () CT SCAN () Indium Scan	
() Arterial/Venous Doppler () Foot X-ray () Ankle X-ray () Cerex Scan Foot/Ankle	
12. Wound Care:	
13. Medications:	
() Phenergan (Promethazine) () 25mg PO () 12.5mg IV every 6-Hour PRN Nausea () Post-OP	
Dilute IV Phenergan in 20 ml of Normal Saline and give slowly over 3 minutes. Avoid hand/wrists sites if possible	
() Tylenol (Acetaminophen) 650mg PO every 4 hours PRN pain	
() Zolpidem (Ambien): age >65 give 5mg PO at bedtime if needed for sleep	
age <65 give 10mg PO at bedtime if needed for sleep	
() Antibiotics: 1gm Ancef Pre-OP	
() Analgesics:	
() Other:	
14. Additional Orders:	

Provider's Signature: 

Date: 4/13/15 Time: _____

Nurse's Signature: _____
(Indicates signing off orders)

Date: _____ Time: _____

410 - 2535

410

Exhibit D

Carolinas Hospital System

805 Pamplico Highway, Florence, SC 29505

(843) 674-5000

Patient Discharge Instructions

Name: MUELLER, BILLIE D

Current Date: 04/30/2015 16:57:15

DOB: 6/8/1949 **MRN:** 685227 **FIN:** 3801878

Patient Address: 1341 ROCKFISH DR MANNING SC 29102

Patient Phone: 8034106935

Primary Care Provider:

Name: UNKNOWN, PRIMARY

Phone: () - 0

Immunizations Provided:

Discharge Diagnosis:

Discharged To:

Home Treatments:

Devices/Equipment:

Notify Provider if: Chest pain, Fever greater than 101F, Redness at site, Swelling at site, Short of breath, Symptoms worsen, Unrelieved nausea, Unable to eat, Unable to void

Bathing Restrictions: No Restrictions

Professional Skilled Services:

Special Services and Community Resources:

Mode of Discharge Transportation:

Private vehicle

Post Hospital Arrangements:

Exhibit D

Discharge Orders::

Order Name Order Details

Additional Discharge Instructions:

Carolinas Hospital System would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

MUELLER, BILLIE D has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions:

With:	Address:	When:
JORDANNA BAKER	709 W EVANS ST FLORENCE, SC 29501 (843) 665-4567 Business (1)	

Comments:

Exhibit D

All of the medications you were taking *before* and *after* your hospitalization have been reviewed by your health care provider. After this list review, your health care provider has determined that **the list below contains the medications and doses you should be taking**. This medication list is the result of the electronically signed discharge medication reconciliation performed by your health care provider.

Medications to Continue with No Changes

Other Medications

letrozole (letrozole 2.5 mg oral tablet) 1 tab(s), Oral, every day, 7 day(s), Refills: 0

Last Dose: _____

pantoprazole (pantoprazole 40 mg oral delayed release tablet) 1 tab(s), Oral, every day, Refills: 0

Last Dose: _____

pravastatin (pravastatin 40 mg oral tablet) 1 tab(s), Oral, once a day (at bedtime), Refills: 0

Last Dose: _____

tiotropium (Spiriva 18 mcg inhalation capsule) 18 mcg, Inhalation, every day, Refills: 0

Last Dose: _____

Take only the medications listed above. Contact your doctor prior to taking any medications not on this list.

Medication leaflets, if any, will display below

Patient education materials, if any, will display below

Bunionectomy, Care After

Refer to this sheet for the next few weeks. These discharge instructions provide you with general information on caring for yourself after you leave the hospital. Your caregiver may also give you specific instructions. Your treatment has been planned according to the most current medical practices available, but unavoidable complications sometimes occur. If you have any problems or questions after discharge, please call your caregiver.

HOME CARE INSTRUCTIONS

- Resume normal diet and activities as directed or allowed.
- Put ice on the affected area.
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 15-20 minutes each hour while awake for the first couple days following surgery.

Person Full Name MUELLER, BILLIE D

Exhibit D

- Change bandages (*dressings*) if necessary or as directed.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Make an appointment to see your caregiver for stitches (*sutures*) or staple removal as directed.
- Put weight on the foot as your caregiver tells you. Most people are on crutches for the first week.
- **Do not** wear high heels.
- Wear your boot for 6 weeks or as directed by your caregiver. If you are told to use a splint or special shoe, do so until instructed otherwise.
- Keep your foot raised (*elevated*).

SEEK MEDICAL CARE IF:

- You have increased bleeding from the wound.
- You have redness, swelling, or increasing pain in the wound.
- You have pus coming from the wound.
- You have a fever.
- You notice a bad smell coming from the wound or dressing.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have a rash.
- You have difficulty breathing.
- You have any reaction or side effects to medicines given.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 07/07/2006 Document Revised: 10/08/2014 Document Reviewed: 01/05/2009

ExitCare® Patient Information ©2014 ExitCare, LLC.

General Anesthesia, Adult, Care After

Refer to this sheet in the next few weeks. These instructions provide you with information on caring for yourself after your procedure. Your health care provider may also give you more specific instructions. Your treatment has been planned according to current medical practices, but problems sometimes occur. Call your health care provider if you have any problems or questions after your procedure.

WHAT TO EXPECT AFTER THE PROCEDURE

After the procedure, it is typical to experience:

- Sleepiness.
- Nausea and vomiting.

HOME CARE INSTRUCTIONS

- For the first 24 hours after general anesthesia:
 - Have a responsible person with you.
 - **Do not** drive a car. If you are alone, **do not** take public transportation.
 - **Do not** drink alcohol.

Person Full Name MUELLER, BILLIE D

- **Do not** take medicine that has not been prescribed by your health care provider.
- **Do not** sign important papers or make important decisions.
- You may resume a normal diet and activities as directed by your health care provider.
- Change bandages (*dressings*) as directed.
- If you have questions or problems that seem related to general anesthesia, call the hospital and ask for the anesthetist or anesthesiologist on call.

SEEK MEDICAL CARE IF:

- You have nausea and vomiting that continue the day after anesthesia.
- You develop a rash.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have difficulty breathing.
- You have chest pain.
- You have any allergic problems.

Document Released: 03/26/2002 Document Revised: 08/20/2014 Document Reviewed: 07/03/2014

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Healthy Lifestyle Suggestions

Diet: Reduce the amount of saturated fats and trans fats (called hydrogenated fats) in your diet. A diet high in these fats increase your risk for BAD cholesterol. If you have congestive heart failure (CHF), eat a low sodium diet (do NOT add salt). Weigh daily and call your doctor if you gain two or more pounds in one day or five or more pounds in one week. Call your doctor if you experience increased shortness of breath, extreme fatigue with regular activities, swelling in legs, ankles, feet or stomach, frequent coughing, frequent urination at night, chest pain or pressure, irregular heartbeats, nausea or loss of appetite. Conserve energy with rest periods throughout the day. Schedule a follow-up appointment with your doctor(s).

Activity: Physical activity decreases your risk for heart disease and stroke. Your activity is as tolerated or as directed by your doctor. Regular exercise is a good way to help your body control cholesterol, blood pressure and blood sugar. Walking is an excellent form of exercise. Please check with your doctor before beginning any exercise program.

Smoking: Smoking increases your risk of heart disease, stroke, lung disease and cancer. If you are a current smoker, you are encouraged to stop smoking. There are many community resources to assist you in your efforts to stop smoking. You can contact the American Cancer Society at 800-277-2345 (855-228-4327 for TTY) or visit their website at www.cancer.org to obtain information about your community resources.

Weight: Excess weight increase the risk of developing other risk factors such as diabetes and high blood pressure which may lead to heart disease or stroke.

IF you Have Had A Stroke: Within the first weeks and months after a stroke, it is not uncommon to feel fear, anger and loneliness. Depression is easily treated so, call physician immediately if symptoms develop. Symptoms include sadness, anxiety, hopelessness, restlessness or thoughts of dying.

Call Physician For Adverse Drug Reaction: Be alert for possible adverse drug reactions and notify MD if they occur.

If you have been discharged home on Coumadin/warfarin it is very important that you take medication as prescribed. Your physician will provide instructions regarding the follow up needed to monitor PT/INR blood draws. Avoid adding any medications except on the advice of your physician. Diet and medication changes can affect the PT/INR level. Avoid major changes in your diet, a consistent amount of foods with Vitamin K (green leafy vegetables, soybean, canola olive oils, cranberries) rather than avoidance is advised. Coumadin/Warfarin increase the risk of bleeding so report bleeding of any sort to your physician. **IF You Are On Anti-Coagulants (Blood Thinners):** Carry an ID card that states you are on anticoagulants. Notify dentists, podiatrists and other health care providers that you are at risk for bleeding. *Follow-up monitoring is very important.*

Call 911 to activate Emergency Medical System (EMS) if you experience:

- extreme shortness of breath or chest pain.
- sudden numbness or weakness of the face, arm or leg.
- sudden confusion, trouble speaking or understanding.
- sudden trouble seeing in one or both eyes.
- sudden trouble walking, dizziness, loss of balance or coordination.
- sudden severe headache with no known cause.

FORM 7
PROOF OF SERVICE OF A NOTICE OF APPEAL

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THE STATE OF SOUTH CAROLINA
In The Court of Appeals
[In The Supreme Court]

JUL 06 2016
SC Court of Appeals

APPEAL FROM SOUTH CAROLINA ADMINISTRATIVE LAW COURT

John D. McLeod, Administrative Law Judge
Case No.: 15-ALJ-22-0497-AP

Appellate Case No. 2016-000037

Trey McLeod, South Carolina
DEW's & John D. McLeod,
South Carolina ALC

Respondent,

v.

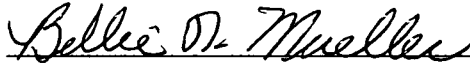
Billie D. Mueller,

Appellant.

PROOF OF SERVICE

I certify that I have served the Appellant's complete Record on Appeal per your request dated June 20, 2016 and received June 28, 2016 on Trey McLeod by depositing a copy of it in the United States Mail, postage prepaid on July 4, 2016, addressed to his Office of Record, Trey McLeod, Post Office Box 8597, Columbia, SC 29202, legal@dew.sc.gov.

July 4, 2016



Billie D. Mueller
1341 Rockfish Drive
Manning, SC 29102
(803) 410-6935
Dinkerboy49@gmail.com

Other Counsel of Record:
Trey McLeod
Office of General Counsel SCDEW
Post Office Box 8597
Columbia, SC 29202
legal@dew.sc.gov
Attorney for Respondent