

22901

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED
NOV 28 2016
SC Court of Appeals

APPEAL FROM CHARLESTON COUNTY
Court of Common Pleas

R. MARKLEY DENNIS, Jr., Circuit Court Judge

Case No. 2015-CP-10-5000
Appellate Case No. 2016-000495

Jim Washington,-----Appellant,

V.

Trident Medical Center,-----Respondent.

RECORD ON APPEAL

November 28, 2016

Jim Washington
S/ *Jim Wash*
209 Signet Drive
Eutawville, S.C. 29048
(803)496-4655

Appellant / Pro Se

C. Mitchell Brown & Michael Anzelmo
Nelson, Mullins, Riley &
Scarborough LLP
1320 Main Street 17th Floor
Columbia, S.C. 29201
(803)799-2000 and

David H. Batten, Esquire
4141 Parklake Avenue
Suite 350
Raleigh, N.C. 27612
(919)439-2221
Attorneys For Respondent

INDEX

Order of February 5, 2016.....	1-5
Order of January 14, 2016.....	6
Complaint	7-14
Answer	15-19
Trident Medical Center-Medical Records.....	20-55
Transcript	56-61
Respondent Memorandum of Law & Exhibits.....	62-96
A S.C. Statutes 15-79-125 (A) Notice of Intent and 15-36-100 Affidavit of Expert Witness of Dr. M.K. Greene.....	70-88
S.C. Statutes 15-79-125 (A) Notice of Intent and 15-36-100 Affidavit of Expert Witness of Dr. Sarah Anne Ludington...	89-96
Appellant Memorandum of Law-----	97-107
Appellant Opposition To Motion To Dismiss.....	108-120
Certificate of Appellant.....	121
Certificate of Service.....	122

Order of February 5, 2016

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT
CASE NO.: 2015-CP-10-5000

JIM WASHINGTON,

Plaintiff,

v.

TRIDENT MEDICAL CENTER,

Defendant.

ORDER

FILED
2016 FEB -5 AM 11:56
JULIE J. ARMSTRONG
CLERK OF COURT

This matter came before the Court on the Motion to Dismiss filed by the Defendant Trident Medical Center, LLC. A hearing was held on January 7, 2016. The Plaintiff, Jim Washington, appeared *pro se*. William H. Harkins, Jr. appeared on behalf of the Defendant Trident Medical Center, LLC.

Memoranda of law were submitted by all parties and incorporated into the record, and oral arguments were entertained by the Court. After having reviewed the pleadings and having considered arguments and legal memoranda of the parties, the Court hereby **GRANTS** Defendant's Motion to Dismiss on the grounds that (1) Plaintiff failed to file a Notice of Intent to File Suit as a prerequisite to filing a medical malpractice action pursuant to S.C. Code § 15-79-125(A); (2) Plaintiff failed to file an expert witness affidavit specifying at least one negligent act or omission claimed to exist pursuant to S.C. Code §§ 15-79-125(A) and 15-36-100(B); (3) This medical malpractice action did qualify for the "common knowledge" exception to an expert witness affidavit pursuant to S.C. Code § 15-36-100(C)(2) ; and (4) Plaintiff was not subject to protections afforded by the "safe harbor" provisions of § 15-36-100(C)(1).

FACTS

The Plaintiff filed a Summons and "Complaint" on September 11, 2015 alleging medical negligence arising out of medical treatment rendered to Mr. Washington at Trident Medical Center between September 23-26, 2012. Plaintiff wholly failed to file a Notice of Intent to File Suit as required by S.C. Code § 15-79-125(A). Further, Plaintiff failed to file an expert witness affidavit specifying at least one negligent act or omission claimed to exist pursuant to S.C. Code §§ 15-79-125(A) and 15-36-100(B). There was no allegation by Plaintiff that time constraints prevented him from filing the required expert witness affidavit. See S.C. Code § 15-36-100(C)(1). Further, the determination of the merits of this medical malpractice action against Trident Medical Center exceed the bounds of common knowledge such that that exception to the need for an expert witness affidavit is inapplicable. S.C. Code § 15-36-100(C)(2).

Defendant Trident Medical Center filed a Motion to Dismiss Plaintiff's Summons and Complaint based on his failure to file a Notice of Intent to File Suit and an expert witness affidavit supporting his claims of medical negligence.

STANDARD OF DISMISSAL

"Generally, in considering a 12(b)(6) motion, the trial court must base its ruling solely upon allegations set forth on the face of the complaint." Doe v. Marion, 361 S.C. 463, 469, 605 S.E.2d 556, 559 (Ct.App. 2004), *aff'd*, 373 S.C. 390, 645 S.E.2d 245 (2007). "A trial judge in the civil setting may dismiss a claim when the defendant demonstrates the plaintiff has failed to state facts sufficient to constitute a cause of action in the pleadings filed with the court." Ashley River Properties I, LLC v. Ashley River Properties II, LLC, 374 S.C. 271, 277, 648 S.E.2d 295, 298 (Ct.App. 2007).

PROCEDURAL REQUIREMENTS FOR MEDICAL MALPRACTICE ACTIONS

This is a medical malpractice action and therefore is governed by the procedural requirements set forth in S.C. Code §§ 15-79-125 and 15-36-100. Section 15-79-125 controls the portion of the process that commences with the filing of the Notice of Intent to File Suit and ends with the pre-litigation mediation. If the parties are unable to resolve their dispute through pre-litigation mediation, section 15-36-100 guides the parties through the process of filing the Summons and Complaint. In the instant case, Plaintiff failed to comply with the filing requirements of S.C. Code §§ 15-79-125 and 15-36-100.

SOUTH CAROLINA CODE SECTION 15-79-125 BARS THIS ACTION

South Carolina Code § 15-79-125 establishes the pre-litigation requirements for medical malpractice actions. Section 15-79-125(A) provides in pertinent part as follows: "[p]rior to filing or initiating a civil action alleging injury or death as a result of medical malpractice, the plaintiff shall contemporaneously file a Notice of Intent to File Suit and an affidavit of an expert witness, subject to the affidavit requirements established in Section 15-36-100." *Id.* Here, Plaintiff failed to file a Notice of Intent to File Suit. Plaintiff also did not file an expert witness affidavit in support of his claims of medical negligence. § 15-79-125(A). The Court finds this deficiency and failure to file both a Notice of Intent to File Suit and an expert affidavit sufficient to dismiss this action.

The Court recognizes that 15-79-125 incorporates the expert witness affidavit requirements of 15-36-100. However, Section § 15-36-100(C)(1) provides an exception to the affidavit requirement when the applicable statute of limitations will expire within ten (10) days of filing of the complaint and the plaintiff alleges, because of time constraints, that an expert

affidavit could not be prepared. Section § 15-36-100(C)(1) allows the plaintiff forty-five (45) days to supplement the complaint with an expert affidavit.

In the instant action, the Court finds the Plaintiff failed to satisfy the pre-litigation requirements of § 15-79-125. The Court further finds that the "safe harbor" provisions of § 15-36-100(C)(1) are inapplicable. The Plaintiff filed a Summons and Complaint on September 11, 2015 alleging medical negligence arising out of medical treatment Mr. Washington received at Trident Medical Center between September 23-26, 2012. Accordingly, the applicable 3-year statute of limitations would not have expired within ten (10) days of filing. Further, Plaintiff did not allege in any of his pleadings that an expert witness affidavit could not be prepared due to time constraints. S.C. Code § 15-36-100(C)(1).

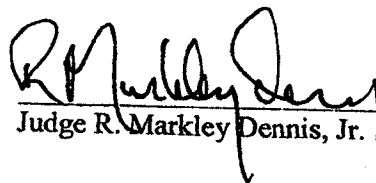
At the hearing regarding the instant Motion to Dismiss on January 7, 2016, Plaintiff did not produce or tender an expert witness affidavit for the Court's consideration, and he did not move the Court orally or in briefing for an extension of time to file an expert affidavit. Pursuant to the safe harbor provisions of Section § 15-36-100(C)(1), Plaintiff has forty-five (45) days or longer "as the court determines justice requires" to supplement his filing with an expert affidavit. *Id.*

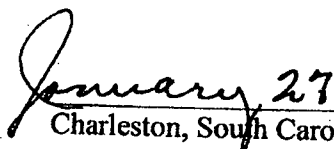
Assuming the safe harbor provisions are applicable here, the 45 days to supplement with an expert affidavit have expired since Plaintiff's filing date of September 11, 2015. Plaintiff has not moved the Court for an extension of time to file an expert affidavit, and the Court finds no good cause to allow additional time past the 45-day safe harbor to allow Plaintiff to supplement with an expert affidavit. Further, the Court finds no merit in Plaintiff's argument that his verified "Complaint" will suffice in lieu of an expert witness affidavit.

Section § 15-36-100(C)(2) provides an additional exception to the affidavit requirement when the allegation of negligence in the complaint involves subject matter "that lies within the ambit of common knowledge and experience." *Id.* Based upon the Summons and Complaint filed by the Plaintiff herein, the Court finds that the Plaintiff's allegations of medical negligence are outside the realm of common knowledge and experience. The amount, dosage, administration, and choice of anticoagulation medication to help prevent future blood clots are all issues requiring special learning and expert testimony and the determination of the merits herein exceeds the bounds of common knowledge.

Plaintiff alleges medical negligence arising out of medical treatment he received at Trident Medical Center between September 23-26, 2012. Medical malpractice actions are subject to a three-year statute of limitations. The Court finds that there are no allegations by Plaintiff herein that would trigger the "discovery rule" and nothing in the pleadings filed by Plaintiff which would otherwise toll the statute of limitations. Accordingly, the three-year statute of limitations on Plaintiff's medical malpractice claims has expired.

Now, therefore, based on the foregoing it is **ORDERED** that Defendant's Motion to Dismiss be **GRANTED** and this action be **DISMISSED** with prejudice


Judge R. Markley Dennis, Jr.

 January 27, 2016
Charleston, South Carolina

rm08/5

Order of January 14, 2016

FORM 4

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON
IN THE COURT OF COMMON PLEAS

JUDGMENT IN A CIVIL CASE

CASE NO. 2015 CP-10-5000

FILED

Jim Washington

Trident Medical Center

2016 JAN 14 AM 11:08

PLAINTIFF(S)

DEFENDANT(S)

Submitted by:

JULIE L. ARMSTRONG
CLERK OF COURT

Attorney for : ☐ Plaintiff ☐ Defendant
or
☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

- ☐ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☒ **DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered. ☐ See Page 2 for additional information.
- ☐ **ACTION DISMISSED (CHECK REASON):** ☐ Rule 12(b), SCRPC; ☐ Rule 41(a), SCRPC (Vol. Nonsuit); ☐ Rule 43(k), SCRPC (Settled); ☐ Other
- ☐ **ACTION STRICKEN (CHECK REASON):** ☐ Rule 40(j), SCRPC; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other
- ☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):**
☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order (formal order to follow) ☒ Statement of Judgment by the Court: Defendant's Motion to Dismiss, filed on 10/16/15, is GRANTED; Formal order to follow.

ORDER INFORMATION

This order ☒ ends ☐ does not end the case.
Additional Information for the Clerk :

INFORMATION FOR THE JUDGMENT INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)
N/A		\$
		\$
		\$
If applicable, describe the property, including tax map information and address, referenced in the order:		

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. Note: Title abstractors and researchers should refer to the official court order for judgment details.

Circuit Court Judge

2060

Judge Code

1/7/16

Date

For Clerk of Court Office

ATTEST: A TRUE COPY
JULIE L. ARMSTRONG (SEAL)
CLERK, C.P. OF S.C.

By

DEPUTY CLERK

Complaint

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTONJim Washington

Plaintiff(s)

vs.

Trident Medical Center

Defendant(s)

IN THE COURT OF COMMON PLEAS

NINTH JUDICIAL CIRCUIT

CIVIL ACTION COVERSHEET

2016 -CP- 10 - 5000

(Please Print)

Submitted By: Jim WashingtonAddress: 204 Signet DriveEntawville, S.C. 29048

SC Bar #:

Telephone #: (803) 490-4655

Fax #:

Other:

E-mail:

NOTE: The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing. It must be filled out completely, signed, and dated. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint.

DOCKETING INFORMATION (Check all that apply)

*If Action is Judgment/Settlement do not complete

- ☒ JURY TRIAL demanded in complaint. ☐ NON-JURY TRIAL demanded in complaint.
☐ This case is subject to ARBITRATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
☒ This case is subject to MEDIATION pursuant to the Court Annexed Alternative Dispute Resolution Rules.
☐ This case is exempt from ADR. (Proof of ADR/Exemption Attached)

NATURE OF ACTION (Check One Box Below)

- | | | | |
|--|---|---|---|
| Contracts
☐ Constructions (100)
☐ Debt Collection (110)
☐ Employment (120)
☐ General (130)
☐ Breach of Contract (140)
☐ Other (199) | Torts - Professional Malpractice
☐ Dental Malpractice (200)
☐ Legal Malpractice (210)
☒ Medical Malpractice (220)
Previous Notice of Intent Case #
20 -CP-
☐ Notice/ File Med Mal (230)
☐ Other (299) | Torts - Personal Injury
☐ Assault/Slander/Libel (300)
☐ Conversion (310)
☐ Motor Vehicle Accident (320)
☐ Premises Liability (330)
☐ Products Liability (340)
☐ Personal Injury (350)
☐ Wrongful Death (360)
☐ Other (399) | Real Property
☐ Claim & Delivery (400)
☐ Condemnation (410)
☐ Foreclosure (420)
☐ Mechanic's Lien (430)
☐ Partition (440)
☐ Possession (450)
☐ Building Code Violation (460)
☐ Other (499) |
|--|---|---|---|
-
- | | | | |
|--|--|--|---|
| Inmate Petitions
☐ PCR (500)
☐ Mandamus (520)
☐ Habeas Corpus (530)
☐ Other (599) | Administrative Law/Relief
☐ Reinstate Drv. License (800)
☐ Judicial Review (810)
☐ Relief (820)
☐ Permanent Injunction (830)
☐ Forfeiture-Petition (840)
☐ Forfeiture-Consent Order (850)
☐ Other (899) | Judgments/Settlements
☐ Death Settlement (700)
☐ Foreign Judgment (710)
☐ Magistrate's Judgment (720)
☐ Minor Settlement (730)
☐ Transcript of Judgment (740)
☐ Lis Pendens (750)
☐ Transfer of Structured Settlement Payment Rights Application (760)
☐ Confession of Judgment (770)
☐ Petition for Workers Compensation Settlement Approval (780)
☐ Other (799) | Appeals
☐ Arbitration (900)
☐ Magistrate-Civil (910)
☐ Magistrate-Criminal (920)
☐ Municipal (930)
☐ Probate Court (940)
☐ SCDOT (950)
☐ Worker's Comp (960)
☐ Zoning Board (970)
☐ Public Service Commission (990)
☐ Employment Security Commission (991)
☐ Other (999) |
|--|--|--|---|
-
- | | |
|---|--|
| Special/Complex /Other
☐ Environmental (600)
☐ Automobile Arb. (610)
☐ Medical (620)
☐ Other (699)
☐ Sexual Predator (510) | ☐ Pharmaceuticals (630)
☐ Unfair Trade Practices (640)
☐ Foreign Subpoenas (650)
☐ Motion to Quash Subpoena in Out-of-County Action (660) |
|---|--|

Submitting Party Signature: Jim WashingtonDate: 9/11/15

Note: Frivolous civil proceedings may be subject to sanctions pursuant to SCRPC, Rule 11, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §15-36-10 et. seq.

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT

2015-CP-10-5000

Jury Trial Requested

Jim Washington,
Plaintiff,

vs.

Trident Medical Center

Defendant.

SUMMONS

(MEDICAL MALPRACTICE)

2015 SEP 11 AM 10:21

FILED

TO: DEFENDANT ABOVE-NAMED:

YOU ARE HEREBY SUMMONED and required to answer the Complaint in this action, a copy of which is hereby served upon you, and to serve a copy of your Answer to the said Complaint on the subscriber at his home, 209 Signet Drive, Eutawville, South Carolina 29048, within thirty (30) days after the service hereof, exclusive of the day of such service, and if you fail to answer the Complaint within the time aforesaid, the Plaintiff in this action will apply to the court for the relief demanded in the Complaint, and judgment by default will be entered against you.

Jim Washington
Jim Washington
Attorney for Plaintiff, Pro Se
209 Signet Drive
Eutawville, S.C. 29048

Eutawville, South Carolina

September 11, 2015

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON }

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT
2015-CP-10-6000

Jim Washington,
Plaintiff,

VS.

Trident Medical Center,
Defendant.

Jury Trial Requested

COMPLAINT

(Medical Malpractice) File Under
S.C. §§ 15-79-125(A), 15-79-125(E)(2)
and 15-30-100 (Common Knowledge).

The Plaintiff, above name, complaining of the Defendant herein, would respectfully show unto this Honorable Court: (1) Plaintiff is a citizen and resident of Orangeburg County, State of S.C. (2) That Defendant is privately own corporation of the State of S.C. maintaining offices, agents and servants in Charleston, S.C. for business.

FACTUAL BASIS FOR CLAIM

I. This is claim for medical malpractice which occurred on September 23-26, 2012 at Trident Medical Center in North Charleston, South Carolina. It is claimed that on said date 9/23/2012 while at home, Plaintiff, Washington suffered stroke like symptoms of right side weakness of his hand and leg. Plaintiff, was taken to Trident Medical Center (herein after Trident) on 9/23/2012 by private car to Trident emergency room seeking treatment and services. After arrival at Trident defendant Trident undertook to diagnose and treat plaintiff condition. See Trident Medical Return Records (Exhibits- 1 thru 2 Lab/EKG), (Exhibit-4 section entitled Progress and Procedure) and (Clinical Impression- Exhibit-4 thru 5), and (Exhibit-6 thru 7 entitle sections History of present illness and assessment / Plan). Trident Radiologist on the above stated date performed a CT scan on Plaintiff head and found no hemorrhage or any abnormalities. The Radiologist found a small acute stroke. The treating Physician, Dr. T. Bothelo, a hospital specialist, on 9/23/2012 prescribed for secondary stroke prevention treatment, Plavix and Beta Blocker, to treat abnormal heart EKG diagnosis and CKMB elevation. See TRIDENTMED.CTR.RETURN Records (Exhibits- 6thru 7 Lab/ Assessment/Plan). The treating Physician Dr. T. Bothelo, then consult Cardiology to do Trident routine custom Transthoracic Echocardiogram Procedure of Plaintiff heart to rule in or rule possible cardiac source of embolism. The Cardiologist conducted the Transthoracic Echocardiogram Procedure of Plaintiff heart 9/24/2012. His impression was there was NO ECHOCARDIOGRAPHIC EVIDENCE FOR CARDIAC SOURCE OF EMBOLISM. See HCA TRIDENT MEDICAL CENTER- Return Record (Exhibit- 12-13); See also HCA TRIDENT MEDICAL CENTER-Return Record(Exhibit- 6thru7 section Assessment/ Plan). On or about 9/24/2012 the consulting/ treating Physician Dr. Julio Rentas-Reyes, changed plaintiff medication from Plavix to Aspirin 325 mg for Secondary stroke prevention. Plaintiff remains on the Aspirin 325mg until date of discharge on 9/26/2012. See HCA TRIDENT MEDICAL CENTER- Rerun Records (Exhibit- 8 thru 9 section Discharge Instructional (Exhibit page 6). On 9/24/2012 the treating physician Dr. T. Bothelo, after having

the Cardiologist conduct Transthoracic Echocardiogram procedure of Plaintiff heart had the Radiologist conduct the MRI /MRA diagnostic procedure of Plaintiff brain. The Radiologist conducting the MRI was Dr. Aron D. Rosenthal. His finding was: Multi focal patchy restricted diffusion is present within the right parietal lobe and posterior left frontal lobe which appears to involve the cortex and subcortical white matter. This extends into the left centrum semiovale. There is minimal associated edema with this abnormality. No significant mass effect is present. There is no associated intracranial hemorrhage. Postcontrast imaging demonstrates serpentine enhancement within the abnormality. The Radiologist impression was: Acute ~~infarct~~...semiovale as detailed above. See HCA TRIDENT MEDICAL CENTER-Return Records (Exhibit 6 thru 7 Assessment/ Plan) and HCA TRIDENT MEDICAL CENTER-Return Records (Exhibit-16 thru 17). Trident, did not diagnose the source of Plaintiff injuries on MRI then nor during work up during CT scan. See FAMILY HEALTH Ctr.-Return Records (Exhibits- 6 thru 8- History, Hospital Course and Final Diagnose). Dr. Greene, infer Trident negligent treat and Diagnose then.

On 9/30/2012, Plaintiff, Washington had a second embolic stroke 4(four) days after being discharge from Trident. On 9/30/2012 Plaintiff was taken by automobile to The Regional Medical Center (hereinafter TRMC) complaining of similar right side weakness he has when admitted to admitted to Trident a few days prior. Plaintiff was admitted to TRMC emergency room for diagnosis and treatment of stroke like symptoms of right side weakness and numbness. Plaintiff was discharged from TRMC on 10/1/2012 and readmitted on 10/3/2012. On 10/1/2012 TRMC Radiologist conducted an MRI diagnostic procedure of Plaintiff brain. The Radiologist Impression of MRI was: Multiple small foci of restricted diffusion in the high left parietal cortical hemorrhage of uncertain chronicity. Given the multifocality the appearance is suggestive of an embolic phenomenon. Additional areas of chronicischemic changes are seen in the left occipital lobe. Because of the finding the treating Physician/ Hospitalist, Dr. M.K Greene, on 10/1/2012 called plaintiff at home instructing him of the likely source of his CVA was cardioembolic and that he needed to come back to the hospital to be placed on anticoagulation. Of note Dr. M.K. Greene, further noted that TRMC did receive documentation from Trident which showed a small acute stroke, but no evidence of a cardioembolic source on MRI then or during his work- up. Dr. M.K.Greene, assessment and Plan on 10/3/2012 noted: A 58 year old, African American male presenting with brain embolic CVA with brain infarction. (1).Embolic CVA with brain infarction. The patient is placed in Telemetry. Neurology has been consulted. I did order a heparin drip per Neurology protocol for anticoagulation given the possibility of embolic CVA (Transition to Coumadin relying on National Institute of Health Protocol) treat with heparin stop at 2.0 INR range continue Coumadin (monitor) follow-up will most likely prevents blood to clot which most likely prevents embolism). See Regional MED.CTR.-O'BURG/ CALHOUN- Return Records (Exhibit- 1 thru 5) VERIFIED COMPLAINT TREATED AS AFFIDAVIT OF DR. Sarah Anne Ludington, a Hospitalist at TRMC; see TRMC hospital records (Exhibit- 1 thru 2, Exhibits- 31 thru 33, Exhibits- 42 thru 44, Exhibits- 47-71, Exhibits- 94

thru 121; See FAMILY HEALTH CENTERS INC-RETURN- RECORDS (Exhibits- 1 thru 5 and Exhibits- 6 thru 9); See Disability Determination Explanation (Exhibits- 1 thru 10.)

II.

STANDARD OF CARE

Plaintiff, Jim Washington claim is that based on Dr. M. K. Greene, opinion as a Hospitalist at TRMC, that Defendant TRIDENT was negligent and it can reasonably be inferred breach the standard of care that generally accepted/recognized effective treatment by Hospitalist, when treatment of possible embolism is a possibility. Dr. M. K. Greene opinion is that when embolism is a possibility the standard of care generally accepted/recognized under the circumstance as a Hospitalist is immediate treatment if heparin an anticoagulate on suspect, per Neurology protocol. Plaintiff INR target range was 2.0 for Heparin treatment per Neurology protocol and to transition patient treatment to Coumadin another anticoagulant which should be monitored on discharged from the hospital to maintain the target INR therapeutic range relying on information from the National Institute of Health protocol which would most likely prevent the blood from clotting and likely prevent embolism and strokes. Plaintiff claims that Dr. Sarah Anne Ludington, a hospitalist at TRMC, verified complaint treated as an Affidavit of merit; opinion supports Der. M. K. Greene opinion on Plaintiff claim on the standard of care was breach by TRIDENT, by its negligent treatment for possible embolism. The Defendant treatment of Plavix and Aspirin 325 mg fell below the standard of care of a Hospitalist, Neurology protocol *and reckless used to save money according to custom.* SEE REGIONAL MEDICAL CTR-OBUR/CALHOUN-RETURN RECORDS)(Exhibit-3 thru 4 Hospital Course and Discharge Plan) VERIFIED COMPLAINT TREATED AS ADDIDAVIT OF Dr. Sarah Anne Ludington, a Hospitalist at TRMC; See also TRMC hospital records (exhibit-1 thru 2, Exhibit- 31 thru 33, Exhibit 42 thru 44, Exhibits 47 thru 70, Exhibits 71 thru 75, Exhibit 94 thru 95, and Exhibits 96 thru 121); FAMILY HEALTH CENTER INCE-RETURN RECORDS (Exhibits-6 thru 8 History/Hospital Course/Final Discharge Diagnosis), Exhibits-1 thru 3 Subjective, Exhibits-4 thru 5 Assessment/Plan, and Exhibit-9). *See Trident Med. Ctr-Return Record(Exhibits-7 Assessment and Plan: Patient will be placed on plavix. Allergic to Aspirin) See(Exhibit- 32 page 33 (Aspirin least costly and most common help prevent blood clot and reduce stroke risk)).*

III.

PROXIMATE CAUSE

Plaintiff, Jim Washington, claim is that it can reasonable be inferred that Defendant, *was reckless,* breach of the standard of care was more likely than not proximate cause his injury,

permanent severe disability, impairment and pain which more likely than not, per Neurology protocol Heparin would immediately prevented. Dr. M. K. Greene, relying on Radiologist MRI finding and impression, which states: after reading the MRI last night, the radiologist call Dr. Khokhar and informed Dr. Khokhar that the patient had multiple foci of restricted diffusion in the left parietal lobe with evidence of hemosiderin deposition suggesting prior cortical hemorrhage of uncertain chronicity. Given the multifocality it was suggested that the acute cerebrovascular accident was due to a cardioembolic Phenomenon. In addition there were additional areas of chronic ischemic change in the left occipital lobe. Dr. M. K. Greene, the admitting physician had discharge the Plaintiff on the prior from the hospital on 10/1/12. On 10/2/12, Dr. M. K. Green, noted in the record: Today I called the patient at home instructing of the likely source of his CVA was cardioembolic and that he needed to come back to the hospital regarding the need for possible anticoagulation given the possibility of embolic stroke. Dr. M.K. Greene, further noted; we did received documentation from Trident which showed a small acute stroke but no evidence of a cardioembolic source on MRI then or during work-up. In the assessment and plan section he noted: Embolic CVA with infarction. The patient is placed in telemetry. Neurology has been consulted. I did order a Heparin dripper Neurology protocol for anticoagulation given the possibility of embolic CVA. Plaintiff, claims Trident knew embolism was a possibility when the hospitalist, Dr. Tina Bothelo, consulted the cardiologist on 9/23/2012 to do the Transthoracic Echocardiogram Procedure to rule in or out cardioembolism as a source but negligent fail to treat heparin per neurology protocol. Plaintiff, claims that while Dr. M.K. Greene, a hospitalist at TRMC, did not explicitly stated in his opinion that Trident negligent treatment was the proximate cause of Plaintiff injury, it can reasonably be inferred from, Dr. M.K. Greene opinion. *See Trident Med. Ctr. - Return Records (Exhibit - 16 Findings and Impression - Multifoci). Dr. Greene infer fail to Diagnose and treat Embolism.* Therefore, it can reasonably inferred that but for the defendant Trident negligent treatment for the possibility of cardioembolism, Plaintiff injury, permanent severe disability impairment and pain most likely would not occur or most likely would have been prevented. According to the detailed discussion of Neurologist, Dr. M.I. Alhatou, with Plaintiff at TRMC, "Heparin is immediately effective within 4 hours, Coumadin takes (3) to four(4) days to be effective per neurology protocol, and that heparin would be start first day of treatment to get immediate effect to reach target INR range within 4 days, when starting with a high loading heparin and coumadin doses, per neurology protocol then stop heparin at 2.0 INR target range "; Therefore, Plaintiff claims it can reasonably be inferred from, Dr. M.K. Greene, opinion Trident negligence in treatment for possible cardioembolism breached the standard of care and more likely than not the proximate cause of Plaintiff injury, permanent severe impairments and pain, which cause was foreseeable. Reasonable inference Trident consulted cardiology for possible embolism is shown by Trident, Hospitalist consulting the cardiologist to do Trident routine custom Transthoracic Echocardiogram Procedure to rule out possible embolism as a cardiac source for

Plaintiff stroke, and the cardiologist impression: there is no echocardiographic evidence of embolism of a cardiac source. The likelihood a clot existed on 10/23/12 can reasonably infer and reasonably foreseeable from, Dr. Charles T. Staples, decision not to administer TPA clot busting Thrombolysis drug because the time of patient arrival, stroke symptoms was well greater than the 3(three) hours cut-off time medically recommended to used to dissolve an already existing clot. See Trident Return Records (Exhibits-1 thru 5 PROGRESS AND PROCEDURES/CLINICAL IMPRESSION). (Same). See Trident Return Records (Exhibit-32 Pages 10 thru 11). (Same). Therefore Plaintiff claims, it was foreseeable as Hospitalist on 10/23/12 that a patient with symptoms arrived to late to administer TPA, with EKG abnormalities, with Cardioembolism as a possibility for the CVA, that her negligence would more likely than not cause injury by not immediately treating with Heparin per Neurology protocol to stop the clot from growing into an embolism under similar circumstances and like condition. See Trident (Exhibit-22 Discharge Instr.)^{no anticoagulation}. See Family Health Center- Return Record (Exhibits- 6 thru 8 History/ Hospital Course/ Final Discharge Diagnosis- I called Patient at home instructing him he need to come to hospital to be put on Anticoagulation... the likely source of injury is cardioembolic... because of the multifocality... old cortical hemorrhage of uncertain chronicity.), Exhibits-1 thru 3, Exhibits 4 thru and 9 (INR and Pain). See TRMC Hospital Records- (Exhibits- 47 thru 51- I will stop heparin at 2 INR... Neurologist agree TEE Prove a cardiac Source). Exhibits- 52 thru 70, exhibits- 113 thru 118 (TEE prove a cardiac source... Intra Atrial Thrombi), Exhibits- 70 thru 75 (Heparin will be stopped when INR reaches 2.... I will now stop heparin since INR has now reach 2...Neurological Strength 5/5 except right foot 2+/5), Exhibits- 94 thru 95 (History/ Assessment/ Plan) cardioembolism is the likely source of his injury. Because of these findings I called the patient at home requesting to come back to the hospital for possible anticoagulation given the possibility of embolic CVA. Neurology has been consulted. I did order a heparin drip per neurology protocol given the possibility of embolic CVA. Exhibits-97 thru 99 (Neurologist detail discussion to plaintiff of heparin effectiveness immediately... Coumadin takes 3 to 4 days... will probably be in hospital approx.. a week... Treat with Heparin until INR reaches 2), Exhibits - 100 thru 110 (Infer immediate effect start heparin 10/3/2012 Transition to Coumadin on 10/4/2012 Discontinue heparin subcutaneous. Start Heparin drip per Neurology Protocol at high loading with high loading dose of Coumadin, decrease hours to increase Coumadin doses,, INR times 4 (four) days, stop heparin for 3(three) hours to increase INR level then make adjustment with doses for 4 (four) days to reach to target INR level of 2.0 in 4 (four) days, stop heparin at 2.0 INR maintain INR 2.0 range with Coumadin with follow-up monitoring after discharge). See Regional Medical Center- O'Burg/ Calhoun- Return Records (Verified Complaint Treated as affidavit of Dr. Sarah Anne Ludington- (Exhibits- 1 thru 5 opinion supports Plaintiff theory on the standard of care issue has merits and support Dr. M.K. Greene opinion on the standard of care issue). See Disability Explanation- Exhibit-7 (ROM Limitation due to pain, Impairment Diagnosis/ Severity- Severe), Exhibit-5 symptoms and credibility and Pain, Exhibits- 8 thru 10 (Assessment of individual ability to perform past relevant work/ Application of

WHEREFORE, Plaintiff Prays for judgment against the Defendants for his actual and consequential damages, for punitive damages, for costs including attorney's fees and for such other and further relief as this court may deem just and equitable.

Jim Washington

Jim Washington

Attorney for Plaintiff, Rose

209 Signet Dr.

Eutawville, S.C. 29048

(803) 496-4655

Eutawville, South Carolina

September 11, 2015.

))))))))))

Trident Medical Center.
☒ Defendant.

IN THE COURT OF COMMON PLEAS

CASE NO.
2015-CP-10-5000

MOTION AND ORDER INFORMATION FORM AND COVER SHEET

Plaintiff's Attorney: Jim Washington, Pro Se, Bar No. Address: 209 Signet Drive Eutawville, SC 29048 phone: fax: e-mail: other:	Defendant's Attorney: David H. Batten, Bar No. 74531 Address: Batten Lee PLLC 4141 Parklake Avenue, Suite 350 Raleigh, NC 27612 phone: 919-439-2221 fax: 919-780-5382 e-mail: dbatten@battenlee.com other:
☒ MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III) ☐ FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III) ☒ PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II and III)	
SECTION I: Hearing Information	
Nature of Motion:	
Estimated Time Needed: Court Reporter Needed: ☐ YES / ☐ NO	
SECTION II: Motion/Order Type	
☐ Written motion attached ☒ Form Motion/Order I hereby move for relief or action by the court as set forth in the attached proposed order.	
Signature of Attorney for ☐ Plaintiff / ☒ Defendant	<u>October 14, 2015</u> Date submitted
SECTION III: Motion Fee	
☒ PAID - AMOUNT: \$25.00 ☐ EXEMPT: ☐ Rule to Show Cause in Child or Spousal Support (check reason) ☐ Domestic Abuse or Abuse and Neglect ☐ Indigent Status ☐ State Agency v. Indigent Party ☐ Sexually Violent Predator Act ☐ Post-Conviction Relief ☐ Motion for Stay in Bankruptcy ☐ Motion for Publication ☐ Motion for Execution (Rule 69, SCRCP) ☐ Proposed order submitted at request of the court; or, reduced to writing from motion made in open court per judge's instructions Name of Court Reporter: ☐ Other:	
JUDGE'S SECTION	
☐ Motion Fee to be paid upon filing of the attached order. ☐ Other:	JUDGE _____
	CODE: _____ Date: _____
CLERK'S VERIFICATION	
Collected by: _____	Date Filed: _____
☐ MOTION FEE COLLECTED:	

☐ CONTESTED – AMOUNT DUE: _____

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT
CASE NO.: 2015-CP-10-5000

JIM WASHINGTON,

Plaintiff,

v.

TRIDENT MEDICAL CENTER,

Defendant.

MOTION TO DISMISS

TO: Jim Washington
209 Signet Drive
Eutawville, SC 29048

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

You will please take notice that the Defendant Trident Medical Center (correct corporate name "Trident Medical Center, LLC")(hereinafter "Trident"), by and through its undersigned counsel, respectfully moves the Court to dismiss the above-referenced action pursuant to S.C. Code Ann. §§ 15-79-125, 15-36-100, as well as Rules 12(b)(1), 12(b)(6), and 12(c) of the South Carolina Rules of Civil Procedure.

The basis of said motion is that the Plaintiff in this alleged medical malpractice action failed to file a Notice of Intent to File Suit ("NOI") and an accompanying expert witness affidavit. By statute and by case law, such an omission by the Plaintiff and failure to file an NOI requires dismissal of the present action as well as the accompanying documents. This matter should also be dismissed because the Plaintiff has failed to support a claim upon which relief can be granted and the requisite statute of limitations has expired.

FILED
2015 OCT 16 PM 12:04
CLIE J. ARMSTRONG
CLERK OF COURT

WHEREFORE, for the reasons stated above and in any Memoranda of Law in Support of this Motion, Defendant Trident Medical Center, LLC respectfully moves the Court for entry of an Order dismissing this action with prejudice, for costs expended herein including attorney's fees, and for any further relief which the Court deems appropriate.

This 14th day of October, 2015.

BATTEN LEE PLLC

By: 

David H. Batten (SC Bar No. 74531)
Randolph L. Lee (SC Bar No. 74532)
William H. Harkins, Jr. (SC Bar No. 77651)
Attorneys for Defendant
4141 Parklake Avenue, Suite 350
Raleigh, NC 27612
(919) 439-2221
(919) 780-5382 (fax)

2015-CP-10-5000

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this date a copy of the foregoing document was duly served upon each party to this cause by depositing same in a postpaid wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, VIA **CERTIFIED MAIL RETURN RECEIPT REQUESTED**, properly addressed as follows:

Jim Washington
209 Signet Drive
Eutawville, SC 29048

This 14th day of October, 2015.

BATTEN LEE, PLLC



By: _____

David H. Batten (SC Bar No. 74531)
Randolph L. Lee (SC Bar No. 74532)
William H. Harkins, Jr. (SC Bar No. 77651)
Attorneys for Defendant
4141 Parklake Avenue, Suite 350
Raleigh, NC 27612
(919) 439-222
(919) 780-5382 (fax)

4812-6410-4489, v. 1

FILED
2015 OCT 16 PM 12:03
JULIE J. ARMSTRONG
CLERK OF COURT
BY _____

Request sent to:

HCA TRIDENT MEDICAL CENTER

REJIM WASHINGTON
Ref. No: N00485

3A

Trident Medical Records-Tr. P. 3line 1-p. 7 line 12; p. 7 line 13-p. 8 line 4

RETURN RECORDS BY FAX TO SCDDS AT (866) 827-7369

PAYMENT INSTRUCTIONS (For Records/Reports only)

Complete the information below. We do not accept personalized invoices.

**AUTHORIZATION - RETURN THIS COMPLETED AND SIGNED FOR PAYMENT.
TO ENSURE PAYMENT, THIS COMPLETED AND SIGNED FORM
MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.**

- We pay \$25.00 for a copy of treatment records. Out of state facilities are paid according to the fee schedule in that state.

• Payee Name and Address:

HealthPort

Amount: \$25.00

J.P. 11/27/12

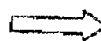
Authorized Signature (Required)

IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS

Insert this page into the window envelope with the address showing. THIS PAGE MUST BE ON TOP OF YOUR REPORT.

- Mail report to address in box at right.
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

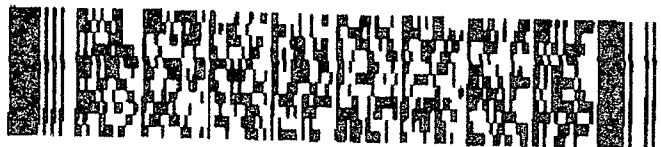


SSA
S86 SC DDS CHARLESTON
P.O. BOX 8705
LONDON, KY 40742-8705

Mail/Bio

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



RQID:0080281002N00485

SITE:S86 DR:5

SSN:***** DOCTYPE:0001 RF:D CS:d53f

TMI/326

Claim No.: N00485

FAXH (2/12)

DMA: Y

Invoice No: 0080281002

SCEIS No: 7000047759



Balance of Information



DISABILITY DETERMINATION SERVICES
SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.

Barbara G. Hollis, Commissioner

Charleston Regional Office • P.O. Box 190029 • North Charleston, SC 29419 • (843) 953-0300
Toll-free: (800) 868-0100 • Medical Information Fax: (866) 827-7369

D58475
7354828

November 26, 2012

HCA TRIDENT MEDICAL CENTER
ATTN: MEDICAL RECORDS
9330 MEDICAL PLAZA DRIVE
CHARLESTON SC 29406

RE: JIM WASHINGTON

AKA: WASHINGTON, JIMMIE
ADD: 209 SIGNET DRIVE
EUTAWVILLE SC 29048

Ref. No: N00485

DOB: 10/14/53

RECEIVED NOV 27 2012

This patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 09/01/2011 TO PRESENT

Admission/discharge summaries.

X-rays.

Emergency room records.

Out-patient treatment records.

See attached page for instructions on returning your report to the DDS. We pay \$25.00 for a copy of treatment records. Out of State requests will be compensated according to that state's established fee schedule. If payment is required please sign on the line for "Provider's Signature" page and include that page as the TOP document with your report, with this letter underneath. You may fax your records using the 2D Bar Code Coversheet to our toll free medical fax number. Thank you.

Sincerely,

Teresa Miller

Teresa Miller, Disability Examiner

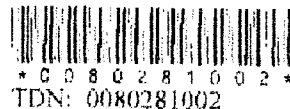
PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT.

ENCLOSURE: Release
326/TMI

Claim No: N00485

L3 (8/12, mdp)

DMA: Y



D00040519282

WHOSE Records to be Disclosed

NAME (First, Middle, Last)

SSN

249-02-35421

Date

10/14/1953

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

" PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW "

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records, also education records and other information related to my ability to perform tasks. This includes specific permission to release:

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:

- Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
- Drug abuse, alcoholism, or other substance abuse
- Sickle cell anemia
- Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
- Gene-related impairments (including genetic test results)

- 2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- 3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- 4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) (including mental health, correctional, addiction treatment, and VA health care facilities)
- All educational sources (schools, museums, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DSS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

HCA TRIDENT MEDICAL CENTER
9330 MEDICAL PLAZA DRIVE
CHARLESTON SC 29406

From 09/01/11 to present

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY IF not signed by subject of disclosure, specify basis for authority to sign

INDIVIDUAL authorizing disclosure

SIGN

☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

(Parent/guardian/personal representative sign here if two signatures required by State law)

Date Signed

10/25/12

Street Address

Phone Number (with area code)

City

State

ZIP

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

(If needed, second witness sign here (e.g., if signed with "X" above))

Phone Number (or Address)

FD594

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 2601-2; 42 CFR part 2; 50 U.S. Code section 7332; 38 CFR 1.475; 26 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Form SSA-827 (4-2009) or (04-2009) Use 2-2009 and Later Editions Until Supply is Exhausted

Page 1 of 2

TOTAL P.002

**Explanation of Form SSA-827,
"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release, personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you. SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13160 (August 11, 2001) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1.228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223(d)(5)(A), 1614(a)(3)(H)(i), 1631(c)(1) and 1632(c)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility, or continuing eligibility, for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose information:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs (VA));
3. For statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

SSA will not redisclose without proper prior written consent information: (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

HealthPort
P.O. Box 409822
Atlanta, GA 30384-9822
Fed Tax ID 58 - 2659941
(770) 754 - 6000

 HealthPort
INVOICE

Invoice #: 0118842159
Date: 11/28/2012
Customer #: 1142617

Ship to:

TERESA MILLER
DISABILITY DETERMINATIONS
PO BOX 190029
NORTH CHARLESTON, SC 29419

Bill to:

TERESA MILLER
DISABILITY DETERMINATIONS
PO BOX 190029
NORTH CHARLESTON, SC 29419

Records from:

HCA TRIDENT RMC
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

Requested By: DISABILITY DETERMINATION
Patient Name: WASHINGTON JIM

TDN NUMBER: 0080281002
SSN: 249023542

Description	Quantity	Unit Price	Amount
Basic Fee			25.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	21	0.00	0.00
Subtotal			25.00
Sales Tax			0.00
Invoice Total			25.00
Balance Due			25.00

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days

Please remit this amount : \$ 25.00 (USD)

HealthPort
P.O. Box 409822
Atlanta, GA 30384-9822
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Invoice #: 0118842159

Check # _____

Payment Amount \$ _____

Please return stub with payment.

24

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

TRIDENT MEDICAL CENTER
EMERGENCY DEPARTMENT
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

NAME: WASHINGTON, JIM
UNIT #: D000584759
ACCOUNT#: D00040519282

ER PHYSICIAN: BOTTI

Clinical Report - Physicians/Mid Levels
Trident Medical Center
Emergency Department
9330 Medical Plaza Drive, Charleston, SC 29406 843-847-4000
09/13/2012 14:56

Patient: WASHINGTON, JIM
209 SINGET DR, BUTLERVILLE, SC 29048
ID#: D000584759 Acct#: D00040519282
DOB: M DOB: 10/14/1953 Age: 58y

Arrived: By private vehicle. Hispanic patient.

HISTORY OF PRESENT ILLNESS

WEAKNESS. This started today b/w 10 and 11am--woke up with: and is still present. It has been constant. He has had weakness of the right arm (mild), right hand (mild), right leg (moderate) and right foot (moderate). No right facial weakness, left facial weakness, left arm weakness, left hand weakness or left leg weakness. No left foot weakness. The patient has had numbness. The patient has had difficulty walking. No impaired speech or swallowing or recent fall.

At its maximum deficit described as moderate. When seen in the E.D., deficit described as moderate. No dizziness, altered mental status, seizure or blackouts.

Usually is alert and oriented X3 and has normal mobility.

Similar symptoms previously: None.

Recent medical care: Not recently seen/assessed.

REVIEW OF SYSTEMS

No fever, headache, head injury, chest pain or difficulty breathing. No cough, sore throat, abdominal pain, nausea or diarrhea. No black stools, difficulty with urination, skin rash, vomiting or bloody stools. No back pain, urinary incontinence or neck pain. neg saddle anes; . All systems otherwise negative, except as recorded above.

PAST HISTORY

Hypertension. No history of stroke.

SOCIAL HISTORY

Patient Name: WASHINGTON, JIM

Account #: D00040519282

South Carolina PCI FLIVER (PCI: OE Database COCTR)

Run: 11/21/12-13:29 by PAGE, CAROLYN

Page 1 of 5

Nonsmoker. No alcohol use or drug use.

ADDITIONAL NOTES

The nursing notes have been reviewed.

PHYSICAL EXAM

Appearance: Alert. No acute distress.

Vital Signs: Have been reviewed.

Head: Head atraumatic.

Eyes: Pupils equal, round and reactive to light.

ENT: Normal ENT inspection. Airway intact. Pharynx normal.

Neck: Normal inspection. Neck supple. No meningeal signs or carotid bruit.

CVS: Normal heart rate and rhythm. Heart sounds normal. Pulses normal.

Respiratory: No respiratory distress. Breath sounds normal.

Abdomen: Soft and nontender. No organomegaly.

Back: Normal inspection.

Skin: Skin warm and dry. Normal skin color. No rash. Normal skin turgor.

Extremities: Extremities exhibit normal ROM. No lower extremity edema.

Neuro: Alert. Oriented x 3. Mood/affect normal. Speech normal. The patient has had weakness of the right arm (mild), right hand (mild), right leg (moderate) and right foot (moderate). No right facial weakness, left facial weakness, left arm weakness, left hand weakness or left leg weakness. No left foot weakness. Sensory deficit present. Altered sensation to light touch on the right leg. No altered sensation to light touch on the right side of the face or torso or right arm. Reflexes normal. No facial droop, weakness or numbness or dilated pupil. No ECM weakness or palsy, ataxia, visual field deficit or ocular deviation. No tongue deviation, difficulty swallowing, trapezius weakness or sternocleidomastoid weakness or finger-nose test abnormality on the right or left. Mild right sided pronator drift.

LABS, X-RAYS, AND EKG

EKG: Normal sinus rhythm. Left atrial enlargement. Normal QRS complex.

Normal axis. Non-specific ST segment / T wave abnormalities. The study has been interpreted contemporaneously by me. The study has been independently viewed by me.

Chest X-ray: No acute disease. The X-rays were interpreted by the radiologist.

CT Head: No acute changes. The study was interpreted by the radiologist.

Laboratory Tests: Laboratory tests have been ordered, with results reviewed and considered in the medical decision making process. 0323:TR:PC00248R: (COLL: 03/23/2012 15:37) (MsgRcvd 03/23/2012 15:54) Final results

Laboratory Test	Value
GLUCOSE BY MONITORING DEVICE	102

0323:TR:PC004590: (COLL: 03/23/2012 15:40) (MsgRcvd 03/23/2012 16:22) No results available

Laboratory Test	Value
SODIUM	137
POTASSIUM	5.3
CHLORIDE	105
CARBON DIOXIDE	26

Patient Name: WASHINGTON, JIM

Account #: D00040519282

South Carolina PCI "LIVE" (PCI: OE Database OCCIP)

Run: 11/21/13-13:29 by PADGETT, CAROLYN

Exhibit - 2

Page 3 of 5

GLUCOSE	135
BUNOD UREA NITROGEN	8
CREATININE	0.9
GLOMERULAR FILTRATION BY MTRD	> 60
EST CREA/COCROCRET-CHILI/IBW	95.0
EST CREA/COCROCRET-CHILI/ABW	103.3
TOTAL PROTEIN	
ALBUMIN	
CALCIUM	9.4
TOTAL BILIRUBIN	2.2
SGOT/AST	
SGPT/ALT	
ALKALINE PHOSPHATASE TOTAL	95
CHOLESTEROL	< 0.03
CREATINE KINASE (CK)	324
TIME	
ALCOHOL (ETHANOL) BLOOD	< 10

Q025:TR:0000850: (COLL: 09/23/2012 15:40) (MsgRcvd 09/23/2012 16:01)
Final results

Laboratory Test	Value
UA COLOR	Yellow
UA APPEARANCE	Clear
UA GLUCOSE	NEGATIVE
UA BILIRUBIN DIPSTICK	NEGATIVE
UA KETONE DIPSTICK	NEGATIVE
UA SPECIFIC GRAVITY	1.010
UA HEMOGLOBIN DIPSTICK	TRACE
UA pH DIPSTICK	5.5
UA PROTEIN DIPSTICK	NEGATIVE
UA URATELINOGEN DIPSTICK	<2.0
UA NITRITE DIPSTICK	NEGATIVE
UA LEUKOCYTE ESTERASE DIPSTICK	NEGATIVE
UA RBC	0-2
UA WBC	0-2
UA SQUAMOUS EPITHELIAL CELLS	0
UA BACTERIA	RARE
UA MUCUS	RARE
UR COCAINE	NONE DET
UR CANNABINOLS (THC)	NONE DET
UR AMPHETAMINE	NONE DET
UR BARBITURATE	NONE DET
UR BENZODIAZEPINE	NONE DET
UR ORPHES	NONE DET
UR PHENYLETHYLENE (PCP)	NONE DET

Q025:TR:0000850: (COLL: 09/23/2012 15:40) (MsgRcvd 09/23/2012 16:00)
Final results

Laboratory Test	Value
PROTHROMBIN TIME	12.2
INR	1.09
PARTIAL THROMBOPLASTIN TIME	

Patient Name: WASHINGTON, JIM

Account #: D00040019282

Laboratory Test	Value
WHITE BLOOD CELL	11.3
RED BLOOD CELL	5.43
HEMOGLOBIN	16.5
HEMATOCRIT	49.0
MEAN CELL VOLUME	89.4 f
MEAN CELL HGB	30.4
MEAN CELL HGB CONCENTRATION	34.4
RED CELL DISTRIBUTION WIDTH	14.2
PLATELET COUNT	453
MEAN PLATELET VOLUME	8.2
GRANULOCYTE %	82.1
LYMPHOCYTE %	11.0
MONOCYTE %	5.6
EOSINOPHIL %	0.3
BASOPHIL %	0.1
GRANULOCYTE #	9.43
LYMPHOCYTE #	1.3
MONOCYTE #	0.83
EOSINOPHIL #	0.3
BASOPHIL #	0.1

PROGRESS AND PROCEDURES

Inclusion Criteria for Thrombolysis: Inclusion criteria have been reviewed, and have failed to be met. Inclusion criteria: current exclusion criteria have been reviewed.

Exclusion Criteria for Thrombolysis: Exclusion criteria have been reviewed and are present.

Course of Case: Probable new r/o w/ rt sided (acute) weakness; no neck/neck pain to suggest cord path; not ops candidate due to duration; non; ok at head, xt, labs, eeg;

neck: ok w/o tenderness;

neck: w/u neg; pt resting comfortably in bed; no change in exam; obs for further evaluation; no s/e

cva/sah/ich/men/arr/chr/acc/mi/ps/diss/pts/tamp/cbe/pn/peritonitis/gb path/pn/hep/aaa/aapgh/sap/bac/sig illness/allr..

Discussed case with on-call health care provider, (SCHEMLO call returned 1633). Reviewed test results and need for additional work-up. Agreed upon treatment plan. Health care provider will see patient in hospital. Patient/family counseled.

Disposition: Admitted. Condition: stable.

CLINICAL IMPRESSION

Cerebrovascular accident. TPA was not administered because the time patient was last known well was greater than 3 hours prior to arrival.

Hypertension. Clinical picture does not suggest meningitis, encephalitis,

Patient Name: WASHINGTON, JEFF

Account #: 000040019282

epidural hematoma, subdural hematoma or subarachnoid hemorrhage. Clinical picture does not suggest intracranial hemorrhage or mass, brain abscess or spinal cord compression.

(Electronically Signed by STABLES, CHARLES T, MD 09/29/2012 17:24)

Any laboratory data incorporated in this document has been entered by the emergency clinician and may have been summarized or otherwise modified. The original full report is available in Meditech. Please refer to RCM for the returning site information.

Clinical Report - Musculoskeletal
Trident Medical Center
Emergency Department
2330 Medical Plaza Drive, Charleston, SC 29405 843-847-4000
09/29/2012 14:36
Patient: WASHINGTON, JIM
109 SINGEL DR, EUNINGVILLE, SC 29048
DOB: 10/11/1952 Age: 58y

Patient Name: WASHINGTON, JIM

Account #: 000040519232

South Carolina FCI *LIVE* (FCI: 02 Balance 0000)

Run: 11/2/12-13:23 by PADGETT, CAROLYN

Exhibit-5

Page 5 of 5

TRIDENT MEDICAL CENTER
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

NAME: WASHINGTON, JIM
UNIT #: D000584759
Physician: TINA BOTELHO
Report Name: HISTORY AND PHYSICAL

ROOM #: D.613-A
ACCT #: D00040519282
Pt Location: D.T6FL

DATE OF ADMISSION: 09/23/2012

REASON FOR ADMISSION: CVA, right eye incomplete hemiparesis, uncontrolled hypertension, hyperglycemia, and leukocytosis.

HISTORY OF PRESENT ILLNESS: This is the 58-year-old black male with history of hypertension and smoking who actually quit smoking a couple years ago who has also been noncompliant with his and hypertensive therapy. The patient presents after waking this morning with weakness in his right leg and right arm. Symptoms have been stable throughout the day have not worsened or resolved. The patient denies any associated symptoms. No double vision, difficulty swallowing, or incontinence. He has no chest pain or shortness of breath. No cardiac history.

REVIEW OF SYSTEMS: 12-point review of systems otherwise entirely negative.

PAST MEDICAL HISTORY: Hypertension and tobacco abuse.

SOCIAL HISTORY: The patient lives in St. Matthew's and goes to the family health center there. He admits to drinking excessive alcohol and reports having quit smoking a few years ago.

FAMILY HISTORY: The patient does not know of any early coronary disease, diabetes or other significant medical history within first degree relatives.

ALLERGIES: ASPIRIN. REACTION IS NOT SPECIFIED.

MEDICATIONS: The patient reports to be on atenolol 50 mg as presumed daily and Lopressor 100 mg presumed daily. Nitroglycerin 0.4 mg sublingual q. 5 minutes p.r.n. for chest pain, although of note, the patient cannot recall last he saw a physician or when he took his medications last.

PHYSICAL EXAMINATION: VITAL SIGNS: On exam temperature is 98, pulses 64, respiratory rate 16, blood pressure 170s to 190 systolic and 80s to 90s diastolic. O2 sats 97% on room air.

HEENT: Normocephalic, atraumatic. Pupils equally round and reactive to light. Extraocular muscles intact. Oral mucosa clear. No lesions or thrush.

NECK: Supple. No lymphadenopathy or thyromegaly.

CARDIOVASCULAR: Distant heart sounds. Regular rate and rhythm. No appreciable murmurs, gallops or rubs. No JVD. There is no edema.

EXTREMITIES: Peripheral pulse 1 to 2+ bilaterally and symmetrical.

PULMONARY: Normal breathing.

LUNGS: Clear to auscultation bilaterally. There are no wheezes, rales or rhonchi.

Patient Name: WASHINGTON, JIM

Account #: D00040519282

Exhibit - 6

ABDOMEN: Normal bowel sounds, nontender, nondistended. No hepatosplenomegaly.

MUSCULOSKELETAL: The patient has full range of motion of the left side. Normal muscle strength and tone on the right. He has strength approximately 5/5 with flexion of the right upper extremity. Strength with flexion, extension with extension of the right upper extremity is diminished at 3 to 4/5 and right lower extremity 3 to 4/5 with both extension and flexion.

NEUROLOGIC: The patient is alert and oriented x3. Grossly normal motor sensory function. Cranial nerves II through XII are intact except as noted per the musculoskeletal exam. Of note, the patient was asked to ambulate as they were attempting to transfer him to his room and thought that he may be too unstable on his feet at this time. Coordination appears normal by rapid alternating movements.

LABS AND STUDIES: CT of the head shows no acute process. A CBC white count 11.5, hemoglobin of 16.5, hematocrit 48, platelet count 452, 82 polys. Glucose is 135, AST 54, CK-MB was slightly elevated at 8.5. The troponin is negative first set.

Urinalysis trace blood, rare mucus. EKG shows sinus rhythm, rate is approximately 70 beats per minute. Voltage criteria for LVH and there is T-wave inversion in the lateral precordial leads.

ASSESSMENT/PLAN:

1. CVA right hemiparesis incomplete. The patient will be placed on Plavix as he has an allergy to aspirin. We will need to determine what his allergy actually is. Blood pressure control per stroke protocol. Ultrasound carotid repeat CT 24 to 48 hours versus MRI/MRA of the brain and Neurology to be consulted.
2. Elevated CK-MB with abnormal EKG. Cardiology is consulted, start statin therapy. Check lipids in the morning, telemetry and continue serial CIPs q.8 h. for a total of three sets. The patient will be started on Plavix and beta blocker.
3. Uncontrolled hypertension management per stroke protocol.
4. Hyperglycemia. No history of diabetes, polydipsia, polyuria unexplained weight loss, blurred vision, A1c is pending, evaluate and treat per sliding scale insulin, Accu-Cheks q.a.c. and h.s. hospital protocol.
5. Leukocytosis. Chest x-ray has not been in the ER cultures, urine and blood.
6. DVT prophylaxis. SCDs.

TB/MedQ

DD: 09/23/2012 06:35 PM

DT: 09/23/2012 07:21 PM

Job #: 893978/531563686

Authenticated by Tina Botelho, MD On 10/04/2012 11:13:51 AM

Electronically Signed by TINA BOTELHO on 10/04/12 at 1215

Patient Name: WASHINGTON, JIM

Account #: D00040519282

Exhibit-17

TRIDENT MEDICAL CENTER
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

NAME: WASHINGTON, JIM
UNIT #: D000584759
Physician: VEERAL LAL
Report Name: DISCHARGE SUMMARY

ROOM #: D.613-A
ACCT #: D00040519282
Pt Location: D.T6FL

DATE OF ADMISSION: 09/23/2012 DATE OF DISCHARGE: 09/26/2012

PRIMARY CARE PHYSICIAN: None.

CONSULTATION: Julio Rentas-Reyes, M.D.

DISCHARGE DIAGNOSES:

1. Acute cerebrovascular accident, left frontoparietal area.
2. Uncontrolled accelerated hypertension.
3. Tobacco abuse.

DISCHARGE MEDICATIONS:

1. Aspirin 325 mg p.o. daily.
2. Amlodipine 10 mg p.o. daily.
3. Pravastatin 20 mg p.o. h.s.
4. Nicotine patch 14 mg daily for 6 weeks, then 7 mg daily 2 weeks.

PROCEDURES PERFORMED:

1. MRI with MRA of the brain that was suggestive of acute frontoparietal ischemic stroke.
2. Carotid artery duplex that was suggestive of mild bilateral carotid artery stenosis.
3. Echocardiogram that was suggestive of preserved left ventricular function with no major valvular abnormalities. No source of any thrombus.
4. Lipid profile with a cholesterol of 162, triglyceride of 79.

BRIEF HISTORY OF PRESENT ILLNESS: The patient was admitted with right-sided weakness. Please review H and P dictated by Dr. Tina Botelho on September 23.

HOSPITAL COURSE: During the hospital stay, the patient was placed in the Stroke Unit with serial neuro checks. The patient's right-sided weakness was slightly improving every day. Blood pressure was controlled as per stroke protocol. The patient was initially placed on Plavix, Lipitor, and DVT prophylaxis. The patient's weakness was improving, PT/OT was started, had extensive workup, the results as mentioned in the procedure list. The patient is ambulating when assisted with PT, using his right hand to eat and drink. Vitals were fairly stable with no objective finding on physical exam, except power was 4/5 on the right side. So the patient needs to have aggressive physical therapy down the road and a followup appointment with clinic will be arranged before the patient will go home with medications.

VL/MedQ

DD: 09/26/2012 10:36 AM
DT: 09/26/2012 11:03 AM

Patient Name: WASHINGTON, JIM

Account #: D00040519282

Job #: 392334/531358003

Authenticated by Veraval Inc on 05/30/2012 05:18:58 PM

Electronically signed by VERVAL IAL on 05/30/12 at 16:00

Patient Name: WASHINGTON, JIM

Account #: D00040013232

South Carolina

PO# "LIVE" (PO# DE DATABASE COOPER)

Run: 11/21/12-13:00 by DARETTI, CAROLYN

Exhibit-9

Page 2 of 2

EKG Report
Trident Special Testing
9330 Medical Plaza Dr
Charleston, SC 29406

Patient: WASHINGTON, JIM
Unit #: D000584759

Service Date: 09/23/12
Service Time: 1539

Test Results:

Blood Pressure: 110/70 mmHg

Heart Rate: 68 BPM Apical Rate: 68 BPM

P-R Int: 188 ms QRS Dur: 88 ms

QT Int: 406 ms P-R-T Axes: 031 -15 170 degrees

QTc Int: 431 ms

Normal sinus rhythm

Probable left atrial enlargement

Non-specific ST and T wave abnormalities

T wave inversion V1-V6

Referred By: SELF REFERRED

Ordered By: CHARLES STABLES MD

Electronically signed by CHARLES T STABLES on 09/24/12 at 11:11

Patient Name: WASHINGTON, JIM

Account #: D00040919282

South Carolina

ECG VIEWER (ECG: 09/24/12 11:11)

Run: 09/24/12 11:00 by PADGETT, CAROLYN

Exhibit-10

Page 1 of 1

EKG Report
Trident Special Testing
9330 Medical Plaza Dr
Charleston, SC 29406

Patient: WASHINGTON, JIM
Unit #: D000584759

Service Date: 09/25/12
Service Time: 0652

Test Reason :
Blood Pressure : ***/*** mmHG
Vent. Rate : 049 BPM Atrial Rate : 349 BPM
P-R Int : 146 ms QRS Dur : 088 ms
QT Int : 450 ms P-R-T Axis : 036 005 030 degrees
QTc Int : 406 ms

Marked sinus bradycardia
Minimal voltage criteria for LVM, may be normal variant
ST and T wave abnormality, consider anterolateral ischemia
Abnormal ECG
When compared with ECG of 23-SEP-2012 15:39,
Nonspecific T wave abnormality now evident in inferior leads

Referred By: TINA BOTELHO Overread By: MARK COKER MD

Electronically Signed by MARK A COKER on 09/25/12 at 1049

Patient Name: WASHINGTON, JIM

Account #: D00040519282

South Carolina PCI *LIVE* (PCI: OE Database COCTR)

Run: 11/21/12-13:30 by PADGETT, CAROLYN

Exhibit-11

TRIDENT MEDICAL CENTER
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

NAME: WASHINGTON, JIM
UNIT #: D000584759
Report Name: Echocardiogram

ROOM #: D.613-A
ACCT #: D00040519282
Pt Loc: D.T6FL

Trident Medical Center
9330 Medical Plaza Drive
Charleston, SC 29406
(843)847-7000

Transthoracic Echocardiogram
2D, M-mode, Doppler, and Color Doppler

Name: JIM WASHINGTON
URN: D695001
Study date: 24-Sep-2012
BP: 115/ 72
Heart rate: 59 bpm
DOB: 14-Oct-1953
Age: 58 years
Gender: Male
Height: 65 in
Weight: 228 lb
BSA: 2.09 m

Sonographer: Caitlin Gillmann, RCS
Reading Group: Trident Cardiology
Reading Physician: Chris Kennedy, MD

INDICATIONS: Cerebrovascular accident.

HISTORY: PRIOR HISTORY: Risk factors: hypertension.

PROCEDURE: The procedure was performed in the echo lab. This was a routine study. The transthoracic approach was used. The study included complete 2D imaging, M-mode, complete spectral Doppler, and color Doppler. The ordering physician was Dr. Botelho. Image quality was adequate.

SYSTEM MEASUREMENT TABLES

2D
LA Diam: 3.8 cm
EF(Teich): 76.2 %
IVSd: 1.1 cm
LVIDd: 5.3 cm
LVIDs: 2.9 cm
LVPWd: 1.1 cm

MM
AV Cusp: 2 cm
Ao Diam: 3.2 cm

Patient Name: WASHINGTON, JIM

Account #: D00040519282

Exhibit - 12

LEFT VENTRICLE: Size was normal. Systolic function was normal. There were no regional wall motion abnormalities. Wall thickness was normal.

AORTIC VALVE: The valve was trileaflet. Leaflets exhibited normal thickness and normal cuspal separation. DOPPLER: There was no stenosis. There was no significant regurgitation.

AORTA: The root exhibited normal size.

MITRAL VALVE: Valve structure was normal. There was normal leaflet separation. DOPPLER: There was no evidence for stenosis. There was trivial regurgitation.

LEFT ATRIUM: Size was normal.

RIGHT VENTRICLE: The size was normal. Systolic function was normal. Wall thickness was normal.

PULMONIC VALVE: Not well visualized. DOPPLER: There was mild regurgitation.

PULMONARY ARTERY: The size was normal.

TRICUSPID VALVE: The valve structure was normal. There was normal leaflet separation. DOPPLER: There was no evidence for tricuspid stenosis. There was trivial regurgitation.

RIGHT ATRIUM: Size was normal.

PERICARDIUM: There was no pericardial effusion. The pericardium was normal in appearance.

IMPRESSIONS:

There was no echocardiographic evidence for a cardiac source of embolism.

SUMMARY:

- Left ventricle: Systolic function was normal. There were no regional wall motion abnormalities.

Prepared and signed by

Chris Kennedy, MD
Signed 24-Sep-2012 10:55:00

Patient Name: WASHINGTON, JIM

Account #: D00040519282

Exhibit-13

BERT MEDICAL MEDICAL CENTER
6 MEDICAL PLAZA DRIVE
PLEISTON, SC 29406

WE #: 843-847-4900
FX #: 843-847-4563

Name: WASHINGTON, JIM
Phys: STAPLES, CHARLES T
DOB: 10/14/1953 Age: 59 Sex: M
Acct: 100040519262 Loc: UNK
EXAM Date: 09/23/2012 Status: DIS IN
Radiology No:
Unit No: 1000524753

ISS:
COC(3) PORTABLE CHEST

EXAM REASON::
RXN: CHE

LATORY:
Coughness of breath.

Impression: None.

Findings: The heart is not not enlarged and the pulmonary
vasculature is within normal limits. There are no acute infiltrates
or pleural effusions.

Impression: No acute cardiopulmonary disease.

** Electronically signed by M.D. Mark L. Greenslit **
** on 09/23/2012 at 1800 **
Reported and signed by: Mark L. Greenslit, M.D.

1: CHARLES T STAPLES

Acquired Date/Time: 09/23/2012 (1630)
Technologist: TAMMY W JOHNSON
Acquired Date/Time: 09/23/2012 (1630)
Reported by: PHT.GREMA
Electronic Signature Date/Time: 09/23/2012 (1630)
Sig Print D/T: 5: 09/23/2012 (1825)
Sprint D/T: 11/27/2012 (1332) BATCH NO: N/A

AGE 1 Signed Report Printed From FCI

Exhibit-14

TRIDENT REGIONAL MEDICAL CNTR
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

PHONE #: 843-847-4900
FAX #: 843-847-4563

Name: WASHINGTON, JIM
Phys: STAPLES, CHARLES T
DOB: 10/14/1953 Age: 58 Sex: M
Acct: D00040519282 Loc: D.TED
Exam Date: 09/23/2012 Status: REG ER
Radiology No:
Unit No: D000584759

EXAMS: 003080743 CT HEAD WITHOUT CONTRAST EXAM REASON: RT SIDED WKNES; ICH

HISTORY:
Right-sided weakness.

COMPARISON:
None.

TECHNIQUE:
Axial CT images of the brain were obtained without intravenous contrast using a slice thickness of 5 mm.

FINDINGS:
The images show the ventricles to be normal in size and configuration without evidence of displacement. No intraparenchymal or abnormal extra-axial fluid collections are seen. No areas of hemorrhage, infarction or mass effect are identified.

No significant inflammatory changes are demonstrated in the paranasal sinuses.

IMPRESSION:
NO ACUTE INTRACRANIAL ABNORMALITY.

** Electronically Signed by M.D. Mark L. Greenslit **
** on 09/23/2012 at 1601 **
Reported and signed by: Mark L. Greenslit, M.D.

CC: CHARLES T STAPLES

Dictated Date/Time: 09/23/2012 (1601)
Technologist: KATIE M OLIVER

Transcribed Date/Time: 09/23/2012 (1601)
Prepared By: PHY.GREMA
Electronic Signature Date/Time: 09/23/2012 (1601)
Orig Print D/T: S: 09/23/2012 (1605)

BATCH NO: N/A

Exhibit-15

TRIDENT REGIONAL MEDICAL CNTR
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

PHONE #: 843-847-4900
FAX #: 843-847-4563

Name: WASHINGTON, JIM
Phys: BOTELHO, TINA
DOB: 10/14/1953 Age: 58 Sex: M
Acct: D00040519282 Loc: D.613 A
Exam Date: 09/24/2012 Status: ADM IN
Radiology No:
Unit No: D000584759

EXAMS:
003080818 MRI BRAIN W/NO CONTRAST

EXAM REASON:.

HISTORY:
Right-sided weakness

COMPARISON:
Head CT from September 23, 2012

TECHNIQUE:
Multiplanar multi-sequence MR imaging of the brain was performed before and after the uneventful intravenous administration of 20 mL of Magnevist contrast.

FINDINGS:
Multi focal patchy restricted diffusion is present within the right parietal lobe and posterior left frontal lobe which appears to involve the cortex and subcortical white matter. This extends into the left centrum semiovale. There is minimal associated edema with this abnormality. No significant mass effect is present. There is no associated intracranial hemorrhage. Postcontrast imaging demonstrates serpentine enhancement within the abnormality.

The ventricles are normal in size and position. No midline shift or mass effect. No mass lesions. The posterior fossa and brainstem are unremarkable. Normal flow voids are present. The orbits are unremarkable. The paranasal sinuses and mastoid air cells are clear.

IMPRESSION:
Acute infarct within the posterior left frontal lobe, left parietal lobe, and left centrum semiovale as detailed above.

** Electronically Signed by M.D. Aron D. Rosenthal **
** on 09/24/2012 at 1333 **
Reported and signed by: Aron D. Rosenthal, M.D.

PAGE 1

Signed Report

(CONTINUED)

Patient: WASHINGTON, JIM

MRN: D000584759

Encounter: D00040519282

Page 1 of 2

Exhibit-16

TRIDENT REGIONAL MEDICAL CNTR
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

PHONE #: 843-847-4900
FAX #: 843-847-4563

Name: WASHINGTON, JIM
Phys: BOTELHO, TINA
DOB: 10/14/1953 Age: 58 Sex: M
Acct: D00040519282 Loc: D.613 A
Exam Date: 09/24/2012 Status: ADM IN
Radiology No:
Unit No: D000584759

EXAMS:
003080818 MRI BRAIN W/NO CONTRAST
<Continued>

EXAM REASON::

CC: TINA BOTELHO

Dictated Date/Time: 09/24/2012 (1333)
Technologist: SUSAN R. WHITE, R.T.
Transcribed Date/Time: 09/24/2012 (1333)
Prepared By: PHY.ROSARI
Electronic Signature Date/Time: 09/24/2012 (1333)
Orig Print D/T: S: 09/24/2012 (1337)

BATCH NO: N/A

PAGE 2

Signed Report

Patient: WASHINGTON, JIM

MRN: D000584759

Encounter: D00040519282

Page 2 of 2

Exhibit-17

TRIDENT REGIONAL MEDICAL CNTR
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406
PHONE #: 843-847-4900
FAX #: 843-847-4563

Name: WASHINGTON, JIM
Phys: BOTELHO, TINA
DOB: 10/14/1953 Age: 58 Sex: M
Acct: D00040519282 Loc: D.613 A
Exam Date: 09/24/2012 Status: ADM IN
Radiology No:
Unit No: D000584759

EXAMS:
003080819 MRA HD W/O CONT

EXAM REASON::

HISTORY:
Right-sided weakness

COMPARISON:
None.

TECHNIQUE:
Multiplanar multi-sequence MR imaging of the head was performed using 2-D time-of-flight imaging. Maximum intensity projection rotational images were also provided.

FINDINGS:
The internal carotid arteries are normal bilaterally. The anterior, middle, and posterior cerebral arteries are normal. The basilar artery and visualized portions of the distal vertebral arteries are normal.

IMPRESSION:
Normal MRA of the head.

** Electronically Signed by M.D. Aron D. Rosenthal **
** on 09/24/2012 at 1334 **
Reported and signed by: Aron D. Rosenthal, M.D.

CC: TINA BOTELHO

Dictated Date/Time: 09/24/2012 (1334)
Technologist: SUSAN R. WHITE, R.T.

Transcribed Date/Time: 09/24/2012 (1334)
Prepared By: PHY.ROSARI
Electronic Signature Date/Time: 09/24/2012 (1334)
Orig Print D/T: S: 09/24/2012 (1339)

BATCH NO: N/A

PAGE 1

Signed Report

Patient: WASHINGTON, JIM

MRN: D000584759

Encounter: D00040519282

Page 1 of 1

Exhibit-18

TRIDENT REGIONAL MEDICAL CNTR
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

PHONE #: 843-847-4900
FAX #: 843-847-4563

Name: WASHINGTON, JIM
Phys: BOTELHO, TINA
DOB: 10/14/1953 Age: 58 Sex: M
Acct: D00040519282 Loc: D.613 A
Exam Date: 09/24/2012 Status: ADM IN
Radiology No:
Unit No: D000584759

EXAMS: EXAM REASON::
003080821 CAROTID ARTERY DUPLEX BIL STROKE
<Continued>

** Electronically Signed by M.D. Joseph M. Mullaney **
** on 09/24/2012 at 1252 **
Reported and signed by: Joseph M. Mullaney, M.D.

CC: TINA BOTELHO

Dictated Date/Time: 09/24/2012 (1252)
Technologist: JACQUELINE EVANS RDMS
Transcribed Date/Time: 09/24/2012 (1252)
Prepared By: PHY.MULJO
Electronic Signature Date/Time: 09/24/2012 (1252)
Orig Print D/T: S: 09/24/2012 (1257) BATCH NO: N/A

PAGE 2

Signed Report

Patient: WASHINGTON, JIM

MRN: D000584759

Encounter: D00040519282

Page 2 of 2

Exhibit-20

TRIDENT REGIONAL MEDICAL CNTR
9330 MEDICAL PLAZA DRIVE
CHARLESTON, SC 29406

PHONE #: 843-847-4900
FAX #: 843-847-4563

Name: WASHINGTON, JIM
Phys: BOTELHO, TINA
DOB: 10/14/1953 Age: 58 Sex: M
Acct: D00040519282 Loc: D.613 A
Exam Date: 09/24/2012 Status: ADM IN
Radiology No:
Unit No: D000584759

EXAMS: EXAM REASON::
003080821 CAROTID ARTERY DUPLEX BIL STROKE

HISTORY:
Cerebrovascular accident, left side numbness
Duplex evaluation of the carotid and vertebral arteries was performed.
Findings:

There is calcific plaque of the carotid bifurcations. The vertebral arteries are patent with antegrade flow.

Peak velocities in centimeters per second are as follows:

Right

CCA 81

ECA 110

ICA 84

ICA diastolic 29

Vertebral 33

IC/CC ratio 1.0

Left

CCA 69

ECA 66

ICA 86

ICA diastolic 25

Vertebral 56

IC/CC ratio 1.2

Impression:

1. Patent vertebral arteries with antegrade flow.
2. Bilateral less than 50% internal carotid artery stenoses.

Measurements were obtained using NASCET type criteria.

PAGE 1

Signed Report

(CONTINUED)

Patient: WASHINGTON, JIM

MRN: D000584759

Encounter: D00040519282

Page 1 of 2

Exhibit-19

Age/Sex: 58 M WASHINGTON, JIM (ADM IN) Page:
Unit #: D000584759 D.T6FL-D.613-A Printed 09/26/12 at 12
Account#: D00040519282 BOTELHO, TINA Period ending 09/26/12 at 12
Admitted: 09/23/12 at 1645 Trident Health System Patient C ELECTRONIC DISCHARGE INSTRUC

DISCHARGE INSTRUCTIONS

09/26/12 1231 KD

DISCHARGE ASSESSMENT/INSTRUCTIONS

Type of Discharge instructions: REGULAR
Date of Discharge: 09/26/12 Discharge To: HOME
Time of Discharge: 1231 Mode of Discharge: PRIVATE Accompanied at Discharge: FAMILY
LOC: ALERT Bowel Elim Pattern: WNL Dysuria: N
Oriented To: X3 Last BM: 09/23/12 Dysuria Type:

Self Care Status: PART ASST Fever: N Pain: N Pain controlled: Skin Impaired: N
Tele box retrieved/returned: Y
Diet- LOW SALT LOW CHOLESTEROL Pt to monitor weight post discharge? Y

COMMENTS:

* with:
Phone: Follow-Up Appointment:
* Call for an Appointment with: UNDEFINED Undefined Provider
Phone: Follow-Up Appointment:
Health Agency Referral:
Discharge Comment: FAMILY HEALTH CENTER IN ST. MATTHEWS OR ORANGEBURG FOLLOW UP 3 WEEKS
=====INSTRUCTIONS=====

Dressing, Treatment, Special Equipment

:
:

Activity (Special Limitations)

: AS TOLERATED
:
:

Notify MD if you Experience the Following Symptoms

: CALL YOUR MD WITH ANY QUESTIONS OR CONCERNS
:

<Special Instructions>

:
:
:

IV/INT Removed: YES Foley removed/voided prior to discharge: N/A
Medications Ordered to be Taken at Home: Y

Is patient being discharged on:

Anticoagulation instructions to pt/family: N
Patient educated on follow up monitoring for warfarin after discharge: N
Prescriptions to Pt/Family: Med Instructions to Pt/Family? Y
RX. Comment: X2
PT or caregiver instructed/counseled drug, food interactions Y
Patient instructed to pick up home medications from pharmacy N/A

Medication list has been reviewed with PT or caregiver.

Age/Sex: 58 M

WASHINGTON, JIM (ADM IN)

Page:

Unit #: D000584759

D.T6FL-D.613-A

Printed 09/26/12 at 125

Account#: D00040519282

BOTELHO, TINA

Period ending 09/26/12 at 125

Admitted: 09/23/12 at 1645

Trident Health System Patient C ELECTRONIC DISCHARGE INSTRUCT

DISCHARGE INSTRUCTIONS

09/26/12 1231 KDB

They have been instructed to discard their old list and update any records with all medication providers or retail pharmacies: Y

Print Suicide Risk Education: N

Home Management Plan completed and given to patient/parent/guardian

Infectious Disease Status: None

===PRINTED EDUCATION===

PATIENT INFO BOOK/EDUCATION given to PT/Sig Other/Next Care Provider on admission/during stay regarding Stroke/TIA education to include EMS activation, modifiable risk factors, and warning signs and symptoms. Heart Failure instructions to include diet, activity, symptoms worsening, and weight monitoring. Other education to include Medications, Follow-up Appts, Food/Drug Interactions, Smoking Cessation, Fall Prevention, Pain Mgmt/PCA Education, Prevention of Infection.

Booklet/Education Received: Y

Pt educated on risk factors for Stroke: Y

Pt educated on warning signs of Stroke: Y

Patient educated on need for follow up/monitoring after discharge: Y

Patient educated on medication(s) after discharge: Y

Patient educated on compliance with discharge instructions: Y

Patient educated on dietary needs after discharge: Y

Patient educated on adverse drug reactions: Y

How to Activate EMS: Y

GUIDELINES FOR HEALTHY LIVING

Smoking:

-No Smoking/No tobacco products/Avoid exposure to second hand smoke.

-Surgeon General's Warning: Quitting smoking now greatly reduces serious risk to your health.

-South Carolina Tobacco Quitline-Quit for Keeps: 1-800-QUITNOW (1-800-784-8669).

Obesity/Weight Monitoring:

-Obesity greatly increases your risk of illness.

-A healthy diet, regular physical exercise and weight monitoring are

Age/Sex: 58 M

WASHINGTON, JIM (ADM IN)

Page:

Unit #: D000584759

D.T6FL-D.613-A

Printed 09/26/12 at 12:

Account#: D00040519282

BOTELHO, TINA

Period ending 09/26/12 at 12:

Admitted: 09/23/12 at 1645

Trident Health System Patient C ELECTRONIC DISCHARGE INSTRU

DISCHARGE INSTRUCTIONS

09/26/12 1231 KDI

important for maintaining a healthy lifestyle.

*Call Your Doctor Immediately If You Experience the Following Heart Failure Symptoms:
Weight gain of 3-5 pounds in 1-2 days; increased swelling of hands, feet, ankles, or stomach; sudden onset of shortness of breath while lying flat in bed; dry hacking cough; or using more than two pillows on a regular basis.

Call 911 if you think that you are having a Heart Attack

Or if you experience any of the following symptoms: uncomfortable pressure, fullness or pain in the chest, back, shoulder, arm, neck, or jaw areas; shortness of breath; sweating or nausea (sick to stomach)

Stroke: Stroke Modifiable Risk Factors

-Monitor your blood pressure; if it is high, make sure you are treated.

-Find out if you have atrial fibrillation (an irregular heartbeat that allows blood to pool in the heart and cause blood clots).

-Stop smoking

-Check your cholesterol levels and make sure bad cholesterol is controlled.

-Manage your Diabetes (good control of blood sugar levels).

-Exercise often.

-Eat foods low in sodium (salt) and saturated/trans fats.

-Monitor circulation problems with the help of your doctor.

*If you have questions regarding your blood glucose levels or managing diabetes, please contact the Diabetes Education Program at 843-847-5000.

Immunizations:

*If you received the Pneumococcal or Influenza Vaccine during this hospital stay, be sure to review the Vaccine Information Statement given to you on admission.

-Influenza (Flu) is a serious respiratory disease caused by a virus, which spreads from person to person through coughing or sneezing. For most people, it lasts only a few days, but some may need to be hospitalized. Influenza kills about 36,000 people each year in the United States, mostly among the elderly.

-Influenza vaccination is recommended yearly from October to March.

-Pneumococcal disease is a serious disease, which kills more people in the United States each year than all other vaccine-preventable diseases combined.

-Pneumococcal vaccine can be given any time during the year and can be given concurrently with all other vaccines, including the influenza vaccine. The vaccine is usually given once in a lifetime; however, some people need 2 doses.

TALK WITH YOUR PRIMARY CARE PHYSICIAN ABOUT WHETHER THE FLU OR PNEUMOCOCCAL VACCINE IS RECOMMENDED FOR YOU

Age/Sex: 58 M WASHINGTON, JIM (ADM IN) Page:
Unit #: D000584759 D.T6FL-D.613-A Printed 09/26/12 at 12
Account#: D00040519282 BOTELHO, TINA Period ending 09/26/12 at 12
Admitted: 09/23/12 at 1645 Trident Health System Patient C ELECTRONIC DISCHARGE INSTRUC

DISCHARGE INSTRUCTIONS

09/26/12 1231 KI

Special Instructions/ Type of procedure: Stroke/TIA

DISCHARGE FINANCIAL STATUS STOP BY CASHIER/SVC DEPT

Sent Home with all Bedside Belongings: Y Did patient have sedation in the last 24hrs?

Adult (>18y) smoking counseling done? Y Printed Instructions Given: Y

Smoking status for patients 13 years old or older: Former smoker

I have received all personal belongings/safe valuables/meds

I have received a copy and understand the above instructions

Signature/Responsible Party:

Signature of RN/LPN: KATRINA B. LPN

Signature of RN/LPN as 2nd verifier of Meds: JAMIE H RN

Did patient request electronic discharge instructions? N

Patient email address:

Was patient provided information to access their electronic instructions:

External device method:

Wound VAC Date Initiated: Therapy Mode: Pressure(mm) : DC:

Location 1 Type: Stage: Resolved:
Measured: Length (cm) Width (cm) Depth (cm)
Remeasure:
Drainage: TX/Comment:
Drng Amt:
W. Color:
W. Odor:
Dressing:

Location 2 Type: Stage: Resolved:
Measured: Length (cm) Width (cm) Depth (cm)
Remeasure:
Drainage: TX/Comment:
Drng Amt:
W. Color:
W. Odor:
Dressing:

Location 3 Type: Stage: Resolved:
Measured: Length (cm) Width (cm) Depth (cm)
Remeasure:
Drainage: TX/Comment:
Drng Amt:
W. Color:
W. Odor:
Dressing:

Location 4 Type: Stage: Resolved:
Measured: Length (cm) Width (cm) Depth (cm)
Remeasure:
Drainage: TX/Comment: 48
Drng Amt:
W. Color:
W. Odor:
Dressing:

Exhibit-25

Age/Sex: 58 M

WASHINGTON, JIM (ADM IN)

Page

Unit #: D000584759

D.T6FL-D.613-A

Printed 09/26/12 at 1:

Account#: D00040519282

BOTELHO, TINA

Period ending 09/26/12 at 1:

Admitted: 09/23/12 at 1645

Trident Health System Patient C ELECTRONIC DISCHARGE INSTRU

DISCHARGE INSTRUCTIONS

09/26/12 1231 KI

Location 5
Measured: Type: Length (cm) Stage: Width (cm) Resolved:
Remeasure: Depth (cm)
Drainage: TX/Comment:
Drng Amt:
W. Color:
W. Odor:
Dressing:

Location 6
Measured: Type: Length (cm) Stage: Width (cm) Resolved:
Remeasure: Depth (cm)
Drainage: TX/Comment:
Drng Amt:
W. Color:
W. Odor:
Dressing:

Location 7
Measured: Type: Length (cm) Stage: Width (cm) Resolved:
Remeasure: Depth (cm)
Drainage: TX/Comment:
Drng Amt:
W. Color:
W. Odor:
Dressing:

Location 8
Measured: Type: Length (cm) Stage: Width (cm) Resolved:
Remeasure: Depth (cm)
Drainage: TX/Comment:
Drng Amt:
W. Color:
W. Odor:
Dressing:

Patient or caregiver refuses to receive pneumococcal vaccine:
Patient or caregiver refuses to receive influenza vaccine:

Vaccine status:
Influenza vaccination status-
Pneumococcal vaccination status-

Estimated pneumococcal vaccine admin date:
Estimated influenza vaccine admin date:

Patient or caregiver refuses to receive Pneumococcal Vaccine:
Patient or caregiver refuses to receive Influenza Vaccine:

Age/Sex: 58 M

WASHINGTON, JIM (ADM IN)

Page:

Unit #: D000584759

D.T6FL-D.613-A

Printed 09/26/12 at 12

Account#: D00040519282

BOTELHO, TINA

Period ending 09/26/12 at 12

Admitted: 09/23/12 at 1645

Trident Health System Patient C ELECTRONIC DISCHARGE INSTRUC

DISCHARGE INSTRUCTIONS

09/26/12 1231 KI

Home Medications:

amLODIPine BESYLATE (NORVASC) 10 MG

10 MG PO DAILY

Last Taken: 09/26/12

ASPIRIN (ASPIRIN) 325 MG

325 MG PO DAILY

Last Taken: 09/26/12

NICOTINE (NICODERM CQ) 1 EACH

14 MG TRANSDERM DAILY

Last Taken: UNKNOWN Dose: UNKNOWN

PRAVASTATIN SODIUM (PRAVASTATIN SODIUM) 20 MG

20 MG PO DAILY

Last Taken: UNKNOWN Dose: UNKNOWN

Monogram Initials	Name	Nurse Type
-------------------	------	------------

KDB

DNUR.KXG02 BRADWELL, KATRINA D

LPN

Trident Health System
Stroke/TIA Discharge Instructions
WASHINGTON, JIM

Stroke warning signs and symptoms may include but are not limited to:

- * Sudden numbness or weakness of the face, arm or leg, especially one side of the body
- * Sudden confusion, trouble speaking or understanding
- * Sudden trouble seeing in one or both eyes
- * Sudden severe headache with no known cause
- * Sudden trouble walking, dizziness, loss of balance or coordination

What is a Stroke?

A stroke occurs when the blood supply to a blood vessel in the brain is blocked or a blood vessel breaks causing brain cells in the blood vessel area to die. Brain cells do not regenerate. The problems experienced after a stroke (like the inability to move one side of the body like before, numbness on one side of the body, speech or visual problems are usually the result of brain cells that have died due to stroke. People who have had one stroke are at risk of having another stroke. It is important that you work to prevent stroke.

What is a TIA (Mini Stroke)

Transient Ischemic Attacks (TIA) are brief episodes of stroke-like symptoms that last from a few minutes to 24 hours. TIAs don't cause permanent disability, but they can be serious warnings of an impending stroke.

What to do if you are having symptoms: Activation of the Emergency Medical System (EMS)

Not all warning signs occur in every stroke. Do not ignore signs of a stroke, even if they go away!

- * Check the time. When did the first warning sign or symptom start? You or the person with you will be asked this important question later. This is very important because if given within hours of the start of the symptoms, a clot-busting drug can reduce long-term disability for the most common type of stroke.
- * If you have one or more stroke symptoms that last more than a few minutes, do not delay! Immediately call 9-1-1 or the Emergency Medical System (EMS) number so an ambulance can quickly be sent for you. **DO NOT DRIVE YOURSELF!**
- * If you are with someone who may be having stroke symptoms, immediately call 9-1-1 or EMS. Expect the person to resist going to the hospital. Remember Time Lost is Brain Lost.
- * When communicating with EMS or the hospital be sure to use the word 'STROKE'.

Personal Risk Factors for Stroke/TIA may include, but are not limited to:

* Risk Factors that cannot change:

- * Age > 55 - stroke risk doubles each decade after 55
- * Heredity (Direct relatives with history of stroke)
- * Prior stroke, TIA, Heart Attack, Carotid Artery Disease or Peripheral Artery Disease
- * Gender - males have a greater risk than females

* Risk factors that can be changed, treated or controlled:

✓ **HIGH BLOOD PRESSURE** - High blood pressure or hypertension is the number one cause of stroke. High blood pressure can damage small blood vessels of the brain. High blood pressure is the most important controllable risk factor for stroke. Many people believe the effective treatment of high blood pressure is a key reason for the recent significant decrease in the death rates for stroke.

✓ **SMOKING** - Tobacco use in any form, especially cigarette smoking is very bad for your health. The nicotine and carbon monoxide in cigarette smoke damage the heart and blood vessels in many ways. The use of birth control pills combined with cigarette smoking greatly increases the risk of stroke in women.

— **DIABETES** - Diabetes is a risk factor for stroke. Many people with diabetes also have high blood pressure, high cholesterol and are overweight. Diabetes causes disease of the small blood vessels in the brain and can increase the risk of stroke.

— **CAROTID OR OTHER ARTERY DISEASE** - The carotid arteries in your neck supply blood to your brain. A carotid artery narrowed by fatty deposits from atherosclerosis (plaque build up in the artery walls) may become blocked by a blood clot. Carotid Artery Disease is also called Carotid Artery Stenosis. Peripheral Artery Disease is the narrowing of blood vessels carrying blood to arm and leg muscles, also caused by fatty build up of plaque in the artery walls. People with Peripheral Artery Disease have a higher risk of Carotid Artery Disease, which increases the risk of stroke. Causes of Carotid Artery Disease are high blood pressure, diabetes, a diet high in fat, high cholesterol and smoking.

— **ATRIAL FIBRILLATION** - This heart rhythm disorder increases the risk of stroke. The heart's upper chambers quiver instead of beating regularly, which can allow the blood to pool and clot. If a clot breaks off, enters the blood stream and lodges in an artery leading to the brain, a stroke results.

— **OTHER HEART DISEASE** - People with coronary heart disease or heart failure have a higher risk of stroke than those with hearts that work normally. Dilated cardiomyopathy (enlarged heart), heart valve disease and some types of heart defects, present from birth, also increase the risk of stroke.

— **SICKLE CELL DISEASE (Sickle Cell Anemia)** - This is a genetic disorder that mainly affects African-American and Hispanic people. Sickle-shaped red blood cells are not as able to carry oxygen to the body tissues and organs. These cells also tend to stick to blood vessel walls, which can block arteries to the brain and cause a stroke.

Trident Health System
Stroke/TIA Discharge Instructions
WASHINGTON, JIM

_____ HIGH BLOOD CHOLESTEROL - People with high cholesterol have an increased risk of stroke. High blood cholesterol can be reduced by eating healthy (avoid fried, fatty foods) and exercising routinely. High cholesterol may also require medication.

_____ POOR DIET - Diets high in saturated fat, trans fat and cholesterol can raise blood cholesterol levels. Diets high in sodium (salt) can contribute to increased blood pressure. Diets with excess calories can contribute to obesity. A diet containing five or more servings of fruits and vegetables per day may reduce the risk of stroke.

_____ OBESITY & PHYSICAL INACTIVITY - Being inactive, obese or both can increase your risk of high blood pressure, high blood cholesterol, diabetes, heart disease and stroke. Take a brisk walk, take the stairs and do whatever you can to make your life more active. Try to get at least 30 minutes of moderate physical activity five days a week, or 20 minutes of vigorous physical activity three days a week, with your physician's approval.

I HAVE RECEIVED EDUCATION ON MY PERSONAL MODIFIABLE RISK FACTORS AND LIFESTYLE CHANGES.

Activity (Special Limitations)

AS TOLERATED

Notify MD if you Experience the following symptoms

CALL YOUR MD WITH ANY QUESTIONS OR CONCERNS

FOLLOW UP APPOINTMENTS

Call for an Appointment with: Undefined Provider

Phone: Follow-Up Appointment: FETTER CLINIC 3 WEEKS

Call for an Appointment with: Undefined Provider

Phone: Follow-Up Appointment:

*****GUIDELINES FOR HEALTHY LIVING*****

Smoking:

- No smoking/No tobacco products/Avoid exposure to second hand smoke
- Surgeon General's Warning: Quitting smoking now greatly reduces serious risk to your health
- South Carolina Tobacco Quitline - Quit for Keeps: 1-800-QUITNOW (1-800-784-8669)

Obesity/Weight Monitoring:

- Obesity greatly increases your risk of illness
- A healthy diet, regular physical exercise and weight monitoring are important for maintaining a healthy lifestyle
- You may be retaining fluid if you have a history of heart failure or if you experience any of the following symptoms: weight gain of 3-5 pounds in 1-2 days, increased swelling of your hands or feet or sudden onset of shortness of breath while lying flat in bed

PLEASE CALL YOUR DOCTOR AS SOON AS YOU NOTICE ANY OF THESE SYMPTOMS. DO NOT WAIT UNTIL YOUR NEXT OFFICE VISIT

Immunizations:

- Influenza (Flu) is a serious respiratory disease caused by a virus which spreads from person to person through coughing or sneezing. For most people it lasts only a few days, but some may need to be hospitalized. Influenza kills about 36,000 people each year in the United States, mostly among the elderly.
 - Influenza vaccination is recommended yearly from October to March.
 - Pneumococcal disease is a serious disease which kills more people in the United States each year than all other vaccine-preventable diseases combined.
 - Pneumococcal vaccine can be given any time during the year and can be given concurrently with all other vaccines, including the influenza vaccine. The vaccine is usually given once in a lifetime; however, some people may need two doses.
- TALK WITH YOUR PRIMARY CARE PHYSICIAN ABOUT WHETHER THE FLU OR PNEUMOCOCCAL VACCINE IS RECOMMENDED FOR YOU!

I have received all personal belongings.

I have received a copy and understand the above instructions.

Patient/Responsible Party Signature

Nurse/Physician Signature

Date/Time

***** CHART COPY *****

Run Date/Time: 09/26/12 1237		TRIDENT HEALTH SYSTEM Discharge - Patient Med List		Printed By: DNUR.KXG02	
Height: 165.10 cm (65 inches)		WASHINGTON, JIM		Acct# D00040519282 MR# D000584759	
ALLERGIES: aspirin ADRS: *** No ADR's Entered ***					
Discharge Medications					
GENERIC NAME (TRADE NAME) DOSE		ROUTE		FREQUENCY QTY/DAYS LAST DOSE DATE/TIME	
Updated Home Medication List					
AMLODIPINE BESYLATE (TRADE NAME: NORVASC) 10 MG		ORAL (by mouth)		DAILY 09/26/12	
ASPIRIN (TRADE NAME: ASPIRIN) 325 MG		ORAL (by mouth)		DAILY 09/26/12	
NICOTINE (TRADE NAME: NICODERM CQ) 14 MG		TRANSDERMAL		DAILY	
LAST TAKEN DOSE: UNKNOWN RX Cmt: FOR FOUR WEEKS					
PRAVASTATIN SODIUM (TRADE NAME: PRAVASTATIN SODIUM) 20 MG		ORAL (by mouth)		DAILY	
LAST TAKEN DOSE: UNKNOWN					

*** Your hospital doctor wants you to take the drugs on this list when you go home. If you take any drugs that are not on this list, Call and tell your doctor. Throw away all old drug lists and give this new list to your doctors and your pharmacy. ***

WASHINGTON, JIM

Acct# D00040519282 DOB: 10/14/53 Age: 58 Sex: M LOC: D 613-A
MR# D000584759 Adm/Svc: 09/23/12 Attend MD: BOTELHO, TINA (843)718-2856

Patient Signature

Date/Time

53



PINS

Exhibit-30



D00040519282A

WA
02/01/2013

PROMISED: 11:31
02-01-20
Scripts:

#5555 Ph: 803.854-2824

2610 OLD HIGHWAY B, P.O.
BOX 411
SAWTEE, SC
29142



WASHINGTON, JIMMIE
209 SINGNET DR, EUTAWVILLE, SC 290480000
Ph: 000.000-0000 DOB: 10-53

Rx: 1047044 0:
ASPIRIN EC 325 MG TABLET

1 TABLET BY ORAL ROUTE 1 TIME PER DAY
INS: \$0.00

NDC: 00536-3313 01 Days Supply: 30 Refills: 0 Qty: 30 EA

Prscribr: ANNA BRUNSON PRICE PAY: \$1.89

TP: 22870

GR: ST970

Cap:

SIMPLE SAVINGS CARD

AUTH#: 3890430872

CVS/pharmacy

The Pharmacy Team has information to share
with you, please read below.

Message Center
Please verify your preferred contact number with
your pharmacy staff

2610 OLD HIGHWAY B, P.O. BOX 411
SAWTEE, SC
29142

#5555

Ph: 803.854-2824

www.cvs.com

WASHINGTON, JIMMIE

209 SINGNET DR
EUTAWVILLE, SC 290480000
Ph: 000.000-0000

ASPIRIN EC 325 MG TABLET

69389

1 TABLET BY ORAL ROUTE 1 TIME PER DAY

02/01/2013

Prscribr: ANNA BRUNSON PRICE
Refills: 0

IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEDICATION,
PLEASE CONTACT YOUR PHARMACIST:

David P Shuler Jr, RPh.

This is an ORANGE, ROUND-shaped TABLET imprinted with T on the front.

ASPIRIN - ORAL - (AS-pir-in)
COMMON BRAND NAME(S):

Easprin, Ecotrin, Empirin

USES:

Aspirin is used to reduce fever and relieve mild to moderate pain from conditions such as muscle aches, toothaches, common cold, and headaches. It may also be used to reduce pain and swelling in conditions such as arthritis. Aspirin is known as a salicylate and a nonsteroidal anti-inflammatory drug (NSAID). It works by blocking a certain natural substance in your body to reduce pain and swelling. Consult your doctor before treating a child younger than 12 years. Your doctor may direct you to take a low dose of aspirin to prevent blood clots. This effect reduces the risk of stroke and heart attack. You have recently had surgery on clogged arteries (such as bypass surgery, carotid endarterectomy, coronary stent), your doctor may direct you to use aspirin in low doses as a "blood thinner" to prevent blood clots.

HOW TO USE:

If you are taking this medication for self-treatment, follow all directions on the product package. If you are uncertain about any of the information, consult your doctor or pharmacist. If your doctor has directed you to take this medication, take it exactly as prescribed. Take this medication by mouth. Drink a full glass of water (8 ounces/240 milliliters) with it unless your doctor tells you otherwise. Do not lie down for at least 10 minutes after you have taken this drug. If stomach upset occurs while you are taking this medication, you may take it with food or milk. Swallow enteric-coated tablets whole. Do not crush or chew enteric-coated tablets. Doing so can increase stomach upset. Do not crush or chew extended-release tablets or capsules. Doing so can release all of the drug at once, increasing the risk of side effects. Also, do not split extended-release tablets unless they have a score line and your doctor or pharmacist tells you to do so. Swallow the whole or split tablet without crushing or chewing. The dosage and length of treatment are based on your medical condition and response to treatment. Read the product label to find recommendations on how many tablets you can take in a 24-hour period and how long you may self-treat before seeking medical advice. Do not take more medication or take it for longer than recommended unless directed by your doctor. Consult your doctor or pharmacist if you have any questions. If you are taking this medication for self-treatment of headache, seek immediate medical attention if you also have slurred speech, weakness on one side of the body, or sudden vision changes. Before using this drug, consult a doctor or pharmacist if you have headaches caused by head injury, coughing, or bending, or if you have a headache with persistent/severe vomiting, fever, and stiff neck. If you are taking this medication as needed (not on a regular schedule), remember that pain medications work best if they are used as the first signs of pain occur. If you wait until the pain has worsened, the medicine may not work as well. Aspirin with a special coating (enteric coating) or slow release may take longer to stop pain because it is absorbed more slowly. Ask your doctor or pharmacist to help select the best type of aspirin for you. You should not take this medication for self-treatment of pain for longer than 10 days. You should not use this drug to self-treat a fever that lasts longer than 3 days. In these cases, consult a doctor because you may have a more serious condition. Tell your doctor promptly if you develop ringing in the ears or difficulty hearing. If your condition persists or worsens (such as new or unusual symptoms, redness/swelling of the painful area, pain/fever that does not go away or gets worse) or if you think you may have a serious medical problem, tell your doctor promptly.

SIDE EFFECTS:

Upset stomach and heartburn may occur. If either of these effects persist or worsen, tell your doctor or pharmacist promptly. If your doctor has directed you to use this medication, remember that he/she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor immediately if any of these unlikely but serious side effects occur: easy bruising/bleeding, difficulty hearing, ringing in the ears, change in the amount of urine, persistent or severe nausea/vomiting, unexplained tiredness, dizziness, dark urine, yellowing eyes/skin. This drug may rarely cause serious bleeding from the stomach/intestine or other areas of the body. If you notice any of the following rare but very serious side effects, seek immediate medical attention: black/tarry stools, persistent or severe stomach/abdominal pain, vomit that looks like coffee grounds, slurred speech, weakness on one side of the body, sudden vision changes or severe headache. A very serious allergic reaction to this drug is rare. However, seek immediate medical attention if you notice any symptoms of a serious allergic reaction, including: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing. This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist. In the US - Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. In Canada - Call your doctor for medical advice about side effects. You may report side effects to Health Canada at 1-866-234-2345.

PRECAUTIONS:

Before taking aspirin, tell your doctor or pharmacist if you are allergic to it; or to other salicylates (such as choline salicylate); or to other pain relievers or fever reducers (NSAIDs such as ibuprofen, naproxen); or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details. This medication should not be used if you have certain medical conditions. Before using this medicine, consult your doctor or pharmacist if you have: bleeding/blood-clotting disorders (such as hemophilia, vitamin K deficiency, low platelet count). If you have any of the following health problems, consult your doctor or pharmacist before using this medication: kidney disease, liver disease, diabetes, stomach problems (such as ulcers, heartburn, stomach pain), aspirin-sensitive asthma (a history of worsening breathing with runny/stuffy nose after taking aspirin or other NSAIDs), growths in the nose (nasal polyps), gout, certain enzyme deficiencies (pyruvate kinase or G6PD deficiency). This medicine may cause stomach bleeding. Daily use of alcohol and tobacco, especially when combined with this product, may increase your risk for this side effect. Limit alcoholic beverages, and stop smoking. Check with your doctor or pharmacist for more information. Before having surgery, tell your doctor or

Exhibit-31

dentist that you are taking this medication. Children and teenagers should not take aspirin if they have chickenpox, flu, or any undiagnosed illness or if they have recently received a vaccine. In these cases, taking aspirin increases the risk of Reye's syndrome, a rare but serious illness. Tell your doctor promptly if you see changes in behavior (with nausea and vomiting). This may be an early sign of Reye's syndrome. Older adults may be more sensitive to the side effects of this drug, especially stomach ulcers. Aspirin is not recommended for use during pregnancy. Consult your doctor before using this medication if you are or think you may be pregnant. Tell your doctor immediately if you become pregnant while taking this medication. Do not use this medication during the last 3 months of pregnancy because of possible harm to the unborn baby or problems during delivery. Aspirin passes into breast milk and may harm the nursing infant. Breast-feeding while using this drug is not recommended. Consult your doctor before breast-feeding.

DRUG INTERACTIONS:

If you are taking this product under your doctor's direction, your doctor or pharmacist may already be aware of possible drug interactions and may be monitoring you for them. Before you start taking this medication for self-treatment, consult your doctor or pharmacist if you are also using any prescription and nonprescription medications. Do not start, stop, or change the dosage of any medicine before checking with your doctor or pharmacist first. This drug should not be used with the following medication because very serious interactions may occur: mifepristone. If you are currently using any of these medications, tell your doctor or pharmacist before starting aspirin. Before using this product, consult your doctor if you have recently received certain live vaccines (such as varicella vaccine, live flu vaccine). Before using this medication, tell your doctor or pharmacist of all prescription and nonprescription products you may use, especially of: acetazolamide, "blood thinners" (such as warfarin, heparin), corticosteroids (such as prednisone), methotrexate, pemetrexed, valproic acid, herbal medications such as ginkgo biloba. Check all prescription and nonprescription medicine labels carefully since many medications contain pain relievers/fever reducers known as NSAIDs (non-steroidal anti-inflammatory drugs such as ibuprofen, ketorolac, naproxen). To prevent an overdose of aspirin, read the labels carefully before taking other pain relievers or cold products to make sure they do not contain aspirin. Ask your pharmacist about using these products safely. Daily use of NSAIDs (such as ibuprofen) may decrease aspirin's ability to prevent heart attack/stroke. If you are taking low-dose aspirin for prevention of heart attack/stroke, consult your doctor or pharmacist for more details and to discuss other possible treatments (such as acetaminophen) for your pain/fever. This medication may interfere with certain laboratory tests (including certain urine sugar tests), possibly causing false test results. Make sure laboratory personnel and all your doctors know you are taking this medication. This document does not contain all possible interactions. Therefore, before using this product, tell your doctor or pharmacist of all the products you use. Keep a list of all your medications with you, and share the list with your doctor and pharmacist.

OVERDOSE:

If overdose is suspected, contact your local poison control center or emergency room immediately. US residents can call the US National Poison Hotline at 1-800-222-1222. Canada residents can call a provincial poison control center. Symptoms of overdose may include: burning pain in the throat/stomach, confusion, mental/mood changes, fainting, weakness, ringing in the ears, fever, rapid breathing, change in the amount of urine, seizures, loss of consciousness.

NOTES:

If you use this medication regularly or at high doses, laboratory and/or medical tests (such as liver and kidney function tests, blood count, salicylate level) may be performed to monitor your progress or check for side effects. Consult your doctor for more details. There are many different aspirin products. Some have special coatings and some are long-acting. Ask your doctor or pharmacist to recommend the best product for you.

MISSED DOSE:

If your doctor directs you to take this drug on a regular schedule (not just "as needed") and you miss a dose, take it as soon as you remember. If it is near the time of the next dose, skip the missed dose and resume your usual dosing schedule. Do not double the dose to catch up.

STORAGE:

Store at room temperature between 59-86 degrees F (15-30 degrees C) away from moisture and light. Do not store above 104 degrees F (40 degrees C). Different brands of this medication may have different storage needs. Check the product package for instructions on how to store your brand, or ask your pharmacist. Do not store in the bathroom. Do not use any aspirin product that has a strong vinegar-like smell. Keep all medications away from children and pets. Do not flush medications down the toilet or pour them into a drain unless instructed to do so. Properly discard this product when it is expired or no longer needed. Consult your pharmacist or local waste disposal company for more details about how to safely discard your product.

Information last revised June 2012. Copyright(c) 2012 First Databank, Inc.

Exhibit-32

1 THE COURT: All right, sir, you are Jim Washington?

2 MR. WASHINGTON: Jim Washington.

3 THE COURT: All right. Thank you, sir. And you
4 are ---

5 MR. HARKINS: Good afternoon, Your Honor.

6 THE COURT: And you are?

7 MR. HARKINS: I am Will Harkins, Your Honor, ---

8 THE COURT: Thank you, Mr. Harkins.

9 MR. HARKINS: --- for the defendant. Yes, sir.

10 THE COURT: Okay. You have a motion to dismiss?

11 MR. HARKINS: I do, Your Honor. May I proceed?

12 THE COURT: You may, sir.

13 MR. HARKINS: Yes, sir. Your Honor, this is a 12(b)(6)
14 motion to dismiss, Your Honor, regarding Mr. Washington's
15 complaint which was filed September 11th of last year. It
16 is a medical malpractice case, Your Honor.

17 THE COURT: Yes, sir.

18 MR. HARKINS: From what I can glean from the actual
19 complaint itself I have a vague understanding of what I
20 believe the allegations to be, and they sort of globally
21 involve allegations of a wrong dosage or administration of
22 anticoagulants to prevent blood clots, my global
23 understanding of the medical malpractice nature of the case.

24 In any event, Your Honor, Mr. Washington failed to file
25 a notice of intent ---

1 THE COURT: Yes.

2 MR. HARKINS: --- under 15-79-125. He also has not
3 produced an expert witness affidavit. Again, from what I
4 can understand from the pleadings that have been filed, Mr.
5 Washington has asked the court to do two things as I
6 understand it.

7 One is he wants to sort of bypass the expert witness
8 affidavit requirement and classify this case as a common
9 knowledge exception to that. And I think I have explained
10 the anticoagulation issue.

11 THE COURT: Well, I have reviewed the complaint. It is
12 not a common knowledge situation. That is clear from my
13 reading of it, and I would so find.

14 MR. WASHINGTON: Can I speak, Your Honor?

15 THE COURT: I will be happy to hear from you, but it is
16 not a common knowledge. I have read your complaint.

17 MR. WASHINGTON: No, what I am raising is that based
18 upon the doctor treating -- doctor at the Regional Medical
19 Center based upon what he said breaching the standard of
20 care it is a matter that the jury can infer ---

21 THE COURT: Yeah, I appreciate that. But you know what
22 the problem you have is twofold. Number one, you can't get
23 to the jury first until you get your action properly filed.
24 And in this case you have to -- because it is not a common
25 knowledge you -- in order to proceed you have to have an

1 expert -- aside from the other issues of -- basically
2 there's a procedure outlined in the statute and questionable
3 as to whether that is dismissible or not, but clearly it
4 requires an affidavit to be contemporaneously filed.

5 MR. WASHINGTON: And I filed an affidavit ---

6 THE COURT: Well, you haven't filed an affidavit
7 from -- you have a competent expert?

8 MR. WASHINGTON: From the doctor's statement I am
9 using ---

10 THE COURT: No, sir.

11 MR. WASHINGTON: Based upon Dawkins versus Fields,
12 South Carolina Supreme Court case law, it says that a
13 verified complaint is sufficient as an affidavit.

14 THE COURT: Okay, yeah, but that may be sufficient as
15 an affidavit for the purpose -- some purposes; but it is not
16 sufficient for an affidavit in a medical malpractice case.

17 MR. WASHINGTON: Well, the Supreme Court didn't
18 specify ---

19 THE COURT: Well, that is fine. And you can -- you can
20 argue that to the Supreme Court again and maybe they will
21 change their mind.

22 The motion is granted. Thank you, sir.

23 MR. HARKINS: Thank you, Your Honor. Would you
24 like ---

25 THE COURT: Your case is over. Now you -- now the

1 next step is you can take that to Columbia and they will --
2 and if you want to -- and maybe you can expand some law. I
3 appreciate it.

4 MR. HARKINS: Would you like me to ---

5 MR. WASHINGTON: So I -- what I am saying is ---

6 THE COURT: Sir, I heard what you are saying. You
7 filed everything you are saying right now, because I have
8 read it.

9 MR. WASHINGTON: I filed a notice of intent also.

10 THE COURT: That is fine. But you didn't comply with
11 the statute. You don't have an expert witness, sir. It is
12 that simple.

13 MR. WASHINGTON: I am trying to explain that now so if
14 I ---

15 THE COURT: Well, you just told me that you are using
16 it as a verified complaint based on the doctor himself.

17 MR. WASHINGTON: I am saying based upon his statement.
18 What I am saying is when I filed a complaint I filed it
19 under 15-79-125(A). That is on the face of the complaint.
20 And I ----

21 THE COURT: I hear you. I understand. That is what --
22 you are reading from what I just read from. That is before
23 the Supreme Court. Now I am granting the motion. Thank
24 you, sir.

25 MR. HARKINS: Thank you, Your Honor.

1 THE COURT: If you will prepare an appropriate order.

2 MR. HARKINS: I will be glad to. Yes, sir.

3 MR. WASHINGTON: Can I make an exception to that, Your
4 Honor?

5 THE COURT: Sure. You can file an appeal from it. You
6 will get a copy of it. Thank you, sir. You don't need to
7 except from it. Okay. Thank you, sir.

8 MR. HARKINS: Thank you, sir.

9 THE COURT: Good luck with the Supreme Court, sir. I
10 am looking forward -- I appreciate any expansion of the law
11 in that regard. I really do. And I wish you great success
12 in that endeavor.

13 MR. WASHINGTON: What about the other issues I
14 raised -- I filed a memorandum ---

15 THE COURT: The memorandum is nothing more than your
16 opposition to a -- it is stiled and captioned as a motion in
17 opposition to the motion to dismiss. That is what -- that
18 is what ---

19 MR. WASHINGTON: I also asked for to ask for a motion
20 to amend my complaint.

21 THE COURT: Well, that is fine. Your motion is denied
22 because I granted -- I granted the motion to dismiss. Thank
23 you, sir.

24 MR. WASHINGTON: So I mean you are ruling separately on
25 all the issues that I raised?

1 THE COURT: I am ruling that the action wasn't properly
2 commenced, sir. And that ends the action. It is over,
3 okay. Now you can get -- if you get an appeal and they send
4 it back you get to start again. Thank you, sir.
5 (WHEREUPON, the hearing concluded.)

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT
CASE NO.: 2015-CP-10-5000

JIM WASHINGTON,)
)
Plaintiff,)
)
v.)
)
TRIDENT MEDICAL CENTER,)
)
Defendant.)
_____)

**MEMORANDUM OF LAW IN
SUPPORT OF MOTION TO DISMISS**

FILED
2016 JAN -5 AM 11:57
JULIE J. ARMSTRONG
CLERK OF COURT
BY JP

TO: Jim Washington
209 Signet Drive
Eutawville, SC 29048
VIA FEDEX

NOW COMES the Defendant Trident Medical Center (correct corporate name "Trident Medical Center, LLC")(hereinafter "Defendant" or "Trident") and submits this Memorandum of Law in support of its Motion to Dismiss.

PROCEDURAL BACKGROUND

In this matter, the *pro se* Plaintiff Jim Washington filed a pleading styled as a "Complaint" on September 11, 2015 alleging medical negligence against Trident. *See* Summons and Complaint, attached hereto as Exhibit "A." Plaintiff's Civil Coversheet indicated, among other things, that this matter was filed as a medical malpractice action. *Id.* The Civil Coversheet was signed and dated by Plaintiff. *Id.* Both the Summons and Complaint were styled as "medical malpractice" pleadings, and Plaintiff indicated that these documents were being filed pursuant to S.C. Code §§ 15-79-125 and 15-36-100. *Id.*

Plaintiff's "Complaint" alleges that Plaintiff received medical treatment at Trident Medical Center between September 23-26, 2012 and that various health care providers were negligent in their respective treatment of Plaintiff. *See* Complaint, Exhibit "A." Plaintiff filed his "Complaint" on September 11, 2015, twelve (12) days before the three-year statute of limitations expired. *Id.*

Plaintiff never issued or filed the required pre-suit Notice of Intent to File Suit ("NOI") pursuant to S.C. Code § 15-79-125(A) and has yet to submit an affidavit from any qualified expert witness willing to testify that Trident breached any applicable standard of care. *Id.* Instead of filing the required expert affidavit, Plaintiff submitted to the Court as follows: "Verified Complaint Treated As a Affidavit of Expert Witness §§ 15-79-125(A) and 15-36-100." Trident submits that the pleadings filed by Plaintiff herein are defective for the total absence of the statutorily-required NOI and expert witness affidavit as a prerequisite to filing the instant medical malpractice action.

MEDICAL BACKGROUND

According to Plaintiff's "Complaint" herein, he alleges that on September 23, 2012 he suffered "stroke like symptoms" while at his home and was taken by private car to Trident for treatment. Physical exam revealed right-sided weakness, and various testing was performed at Trident, including carotid ultrasound and echocardiogram. Plaintiff was discharged from Trident on September 26, 2012 in stable condition with instructions and prescriptions for anticoagulation therapy in an effort prevent future blood clots.

Following discharge from Trident, it appears that Plaintiff first sought treatment on September 30, 2012 at The Regional Medical Center ("TRMC") in Orangeburg, South Carolina. By way of history, Plaintiff self-reported that upon discharge from Trident "he did not take

medications as prescribed . . . because he did not get them right away.” *See* Exhibit “A.” On his first day of admission at TRMC, Plaintiff wanted to leave that facility but was convinced to stay to undergo a brain MRI. *Id.* Plaintiff was discharged from TRMC the following day on October 1, 2012 prior to receiving the results of the brain MRI. *Id.* Plaintiff reported that he did not want to return to TRMC to begin anticoagulation therapy and discuss the results of the brain MRI because “today is not a good day as he had errands to do. *Id.*

It appears that two days later, Plaintiff again presented to TRMC for admission and monitoring. Plaintiff was treated at TRMC for hypertension, stroke, and thrombus, and he was ultimately discharged from TRMC in stable condition on October 8, 2012. *Id.* He was instructed to follow up with his primary physician in 1-2 weeks. *Id.* It does not appear that Plaintiff received any further treatment at Trident following the September 23-26, 2012 admission, and his allegations of medical malpractice against Trident appear to be limited to that time period.

DISCUSSION

1. Plaintiff’s failure to file a Notice of Intent and an expert affidavit should result in the dismissal of the lawsuit.

As part of the Tort Reform Act of 2005, the Legislature enacted S.C. Code § 15-79-125. This statute states that prior to initiating a civil action alleging personal injury or death as a result of medical malpractice, the plaintiff shall contemporaneously file a Notice of Intent to File Suit and an affidavit of an expert witness. S.C. Code § 15-79-125(A). S.C. Code § 15-36-100 mandates that in any action involving professional negligence, “the plaintiff must file [an] affidavit of an expert witness which must specify at least one action or omission claimed to exist and the factual basis for each claim.” S.C. Code § 15-36-100(B).

Plaintiff has failed to comply with mandatory statutory pre-suit requirements. He did not file an NOI, he did not submit an expert affidavit, and he did not initiate a pre-suit mediation. Instead, he simply filed a pleading styled a "Complaint" and issued Summons. This failure and defect contravenes the purpose of the Tort Reform Act, which in part was intended to discourage frivolous and unsupported claims. Further, by failing to file an NOI and not qualifying for any safe harbor provisions of the Tort Reform Act, Plaintiff's three-year statute of limitations has now expired.

Pursuant to express statutory pre-suit requirements regarding the filing of a medical malpractice action, Plaintiff must first file an NOI with a supporting expert witness affidavit. S.C. Code § 15-79-125(A). Thereafter, the parties engage in discovery. S.C. Code § 15-79-125(B). Within 90-120 days from service of the NOI, the parties are required to participate in a mediation conference. S.C. Code § 15-79-125(C). If mediation is not successful, the Plaintiff may then initiate a civil action by filing a Summons and Complaint. S.C. Code § 15-79-125(E). Plaintiff has blatantly disregarded the statutory requirements imposed on professional negligence actions. Accordingly, the failure to file a NOI in a lawsuit alleging medical malpractice requires dismissal of the present action.

2. Plaintiff's failure to file a Notice of Intent did not result in a tolling of the statute of limitations.

Plaintiff herein did not file a Notice of Intent at all, much less an allegedly defective NOI without an expert affidavit. See Ranucci I and II. There can be no argument by Plaintiff that he should be entitled to the benefit of the safe-harbor provisions of S.C. Code § 15-36-100(C)(1) when he took no steps whatsoever to follow the Tort Reform Act of 2005 and file a NOI prior to filing suit:

The contemporaneous filing requirement of subsection (B) does not apply to any case in which the period of limitation will expire, or there is a good faith basis to believe it will expire on a claim stated in the complaint, **within ten days of the date of filing** and, because of the time constraints, **the plaintiff alleges that an affidavit of an expert could not be prepared**. In such a case, the plaintiff has forty-five days after the filing of the complaint to supplement the pleadings with the affidavit.

§ 15-36-100(C)(1) (emphasis added). Plaintiff filed the present “Complaint” on September 11, 2015 regarding alleged medical malpractice that occurred on September 23-26, 2015. Thus, Plaintiff’s statute of limitations would have run twelve (12) days after filing. Further, nowhere in Plaintiff’s “Complaint” did he allege that an expert affidavit could not be timely prepared due to time constraints. See Exhibit “A.” Accordingly, Plaintiff does not satisfy either of the preconditions of the safe harbor provision even assuming, *arguendo*, that safe harbor was applicable in the absence of an NOI.

Indeed, one needs to look no further than the statute itself to see that Plaintiff is not entitled to the benefit of tolling the statute of limitations where the plain language states: “Filing the Notice of Intent to File Suit tolls all applicable statutes of limitations.” S.C. Code § 15-79-125(A). Even assuming, *arguendo*, that Plaintiff did file an NOI with a statement to the effect that “time constraints” prevented him from filing a contemporaneous expert affidavit, the 45-day safe harbor provision has long since expired. To date, Plaintiff still has not filed an NOI or a supporting expert affidavit. Where there has been no filing of a NOI whatsoever, there can be no tolling of the statute of limitations and no safe harbor protection.

Our courts have consistently held with regard to the statute of limitations:

Statutes of limitations are not simply technicalities. On the contrary, they have long been respected as fundamental to a well-ordered judicial system. Statutes of limitations embody important public policy considerations in that they stimulate activity, punish negligence, and promote repose by giving security and stability to human affairs. One purpose of a statute of limitation is to relieve the courts of the burden of trying stale claims when a plaintiff has slept on his rights. Another

purpose of a statute of limitations is to protect potential defendants from protracted fear of litigation.

Moates v. Bobb, 322 S.C. 172, 176, 470 S.E.2d 402, 404 (Ct. App. 1996) (internal citations and quotations omitted). Plaintiff has slept on his rights, and Trident is entitled to dismissal of this action for failure to follow and blatant disregard of the proper pre-suit filing requirements.

3. Plaintiff's allegation that anti-coagulation therapy to prevent blood clots qualifies for the "common knowledge" exception is without merit.

In this admitted medical malpractice action, Plaintiff has alleged that he was inappropriately treated with anticoagulants at Trident Medical Center between September 23-26, 2015. *See Exhibit "A."* As noted above, Plaintiff did not file an NOI. In addition, Plaintiff to date has neither filed an expert witness affidavit supporting his allegations of medical negligence nor sought refuge in the safe harbor provisions allowing additional time to file the required affidavit. Instead, Plaintiff has argued that anticoagulation therapy and protocols are "subject matter that lies within the ambit of common knowledge and experience" such that no expert testimony is needed. § 15-36-100(C)(2).

This argument is without merit and should not be considered by the Court. The amount, dosage, administration, and choice of anticoagulation medication to help prevent future blood clots are all issues requiring special learning and expert testimony.

CONCLUSION

The South Carolina Tort Reform Act and Notice of Intent requirement were intended to aid in keeping frivolous lawsuits out of the court system. Statutes governing professional negligence require the filing of a Notice of Intent to File Suit and other pre-suit procedural requirements prior to filing the Complaint because it helps keep meritless complaints from being litigated. Plaintiff's "Complaint" failed to comply with either of these gatekeeping requirements

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this date a copy of the foregoing document was duly served upon each party to this cause by depositing same in a postpaid wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, VIA FEDEX properly addressed as follows:

Jim Washington
209 Signet Drive
Eutawville, SC 29048

This 4th day of January, 2016.

BATTEN LEE PLLC

By: 

David H. Batten (SC Bar No. 74531)
Randolph L. Lee (SC Bar No. 74532)
William H. Harkins, Jr. (SC Bar No. 77651)
Attorneys for Defendant
4141 Parklake Avenue, Suite 350
Raleigh, NC 27612
(919) 439-222
(919) 780-5382 (fax)

FILED
2016 JAN -5 AM 11:57
JULIE J. ARMSTRONG
CLERK OF COURT
BY _____

EXHIBIT A

© Copyright 1994 by FAMIL Y HEALTH CONNECTIONS, INC.

Verified Complaint Treated As A Affidavit of Expert Witness
 §§ S.C. 15-79-125(A) and 15-36-100
 RETURN RECORDS BY FAX TO SCDCS AT (800) 827-1000.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE
DATE 07-18-2019 BY SP-6 BJS/BJS

Figure 1. A schematic diagram of the experimental design.

Accepted: 2009

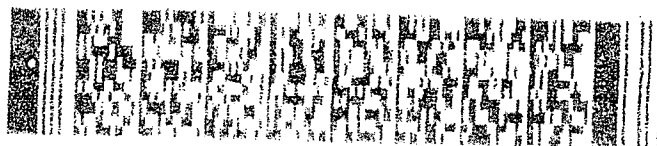
Author of *Chrysothrix* - *Chrysothrix*

SALE OF THE HOUSE

reflected upon in relation to the concept of the right.

If you are sending reports on more than one person to the same envelope, please put
page for each individual on top of his/her records.

(The following information was obtained from the records of the Federal Bureau of Investigation, Department of Justice.)



THERMAL
 CHARACTERIZATION
 OF ACRYLIC
 POLYMER

Invoice No: 0080280913
Bill To No: 7000026048



DISABILITY DETERMINATION SERVICES **SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT**

Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.
Providing quality, timely, and cost-effective services.

Charleston Regional Office • 1115 West Broadway • North Charleston, SC 29405 • (843) 953-0000
 Toll-free: (800) 828-4100 • Medical Information: (800) 827-7209

November 26, 2017

FAMILY HEALTH INTERVIEW
 SOUTH CAROLINA REPORT
 OF THE PHYSICIAN/DOCTOR

REF: NEW VARIOUS CHURCH
 AKA: WASHINGTON, JAMES
 ADD: 2018 0001 DRIVE
 LUTHERVILLE, SC 29090

ATTENTION OF ALL RECORDS:

Ref No: 000000
 DOB: 10/1/1954

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 0000 1115 BROADWAY

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE describing the HISTORY, OBJECTIVE FINDINGS, SEVERITY, COURSE, AND DURATION of impairment. For adults, note the individual's ability to perform work-related physical and mental activities. For children, note the child's functional abilities in learning, motor function, communicating and socializing, performing self-care activities, and attending and complying rules, and include the cumulative effects of treatment and therapy.

We pay SC physicians \$15.00 for a copy of treatment records or for a narrative submitted through our telemedicine system or prepared in a physician's office. Out-of-state physicians are paid according to the fee schedule effective in that state. **but complete payment instructions unless records/reports are sent with this request.**

Is your patient capable of handling monthly benefits in addition to his/her interest?

YES NO

Physician's Signature

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, or written report)? Yes NO

See the attached page for instructions on returning your report to the DSS. If you request payment for your records/reports, please sign on the line for "Provider's Signature" on the attached page and include that page as the TDR document with your report, with this letter under seal. You may fax your records using the 2D Bar Code Coversheet to our toll free medical fax number.

Sincerely,

Teresa Miller

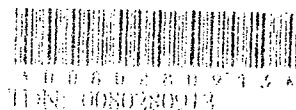
Teresa Miller, Disability Examiner

NOV 7 8 2017

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release
 TMI/326

Claim No: N00485
 LIC#0001000000



NOV-08-2012 11:01

SOCIAL SECURITY ORSG, SC

H035331514

P.002

WHOSE Records to be Disclosed

NAME (First, Middle, Last)

Dina Washington

SSN

249-02-3542

Birthdate

(mm/dd/yyyy)

10/14/1953

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW **

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (includes "psychotherapy notes" as defined in 45 CFR 164.501);
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

FAMILY HEALTH CENTERS INC
3310 MAGNOLIA STREET
ORANGEBURG SC 29116

From 09/01/11 to present

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY

IF not signed by subject of disclosure, specify basis for authority to sign

INDIVIDUAL authorizing disclosure

☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

SIGN

(Parent/guardian/personal representative sign here if two signatures required by State law)

Date Signed

10/25/12

Street Address

Phone Number (with area code)

City

State

ZIP

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

Phone Number (or Address)

F0594

IF needed, second witness sign here (e.g., if signed with "X" above)

SIGN

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 89 and 300; and State law.

Form SSA-827 (4-2009) et (04-2009) Use 2-2003 and Later Editions Until Supply is Exhausted

Page 1 of 2

Explanation of Form SSA-827,**"Authorization to Disclose Information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your claim, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A covered entity (that is, a source of medical information about you) may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization form. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you. SSA can tell you if we identified any sources you didn't tell us about. SSA may use information disclosed prior to revocation to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA-827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223(d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631(e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility, or continuing eligibility, for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose information:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs (VA));
3. For statistical research and audit activities necessary to ensure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

SSA will not redisclose without proper prior written consent information: (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

JIMMIE WASHINGTON, MD

JIMMIE WASHINGTON, Gender: M, DOB: 10/14/1953, Encounter Date and Time: 11/02/10:05AM, Examiner: Anna Price, MD

Chief complaint

The Chief Complaint is: Lab result, refill on medicine J.E.H Hampton MGA.

History of present illness

JIMMIE WASHINGTON is a 59 year old male. Source of patient information was patient. Visit location: Urgent Care, Orangeburg Family Health Center.

QUALITY: Lab result, refill on medicine.

Current medication

Aspirin 325 mg tablet take 1 tablet (325 mg) by oral route once daily.
Amlodipine 10 mg tablet take 1 tablet (10 mg) by oral route once daily.
Pravastatin 20 mg tablet take 1 tablet (20 mg) by oral route once daily.
Warfarin 5 mg tablet take 1 tablet (5 mg) by oral route once daily.

Past medical/surgical history

Reported:

Medications: Chronic anticoagulant use.

Subjective

59 year old male here for lab of PT/INR. Has been taking warfarin 5 mg po qd. PT/INR is 20.0/4.0 with good to be 2.1-3.5.

Had a recent CVA and was placed on warfarin. Also needs refills on his other meds.

Physical findings

Vital Signs:

Vital Signs/Measurements	Value	Date
RR	20 per min	11/02/2012
PR	53 bpm	11/02/2012
Blood pressure	155/82 mmHg	11/02/2012
Pain level (0-10)	0	11/02/2012
Weight	178 lbs	11/02/2012
Body mass index	24.6 kg/m ²	11/02/2012
Height	71 in	11/02/2012

* Temperature was 97.6 11/02/2012 10:05AM.

Standard Measurements:

* Body surface area was two 11/02/2012 10:07:00AM. * Patient was not observed to be obese.

General Appearance:

"Alert." Oriented to time, place, and person. "Well developed." In no acute distress.

Chest:

"Normal."

Lungs:

"Normal." Respiration rhythm and depth was normal. "Clear to auscultation."

Cardiovascular:

"System: normal."

Heart Rate And Rhythm: "Normal."

- *Heart Sounds:* "Normal."

Murmurs: "No murmurs were heard."

Arterial Pulses: "Equal bilaterally and normal."

Edema: "Not present."

000000 WWW.HENRYJAHN.COM

Ordered/ Test Name Init Results Units/Range
Performed

10/22/2012 Prothrombin (PT)

10/24/2012

INR

11 1.0

0.8-1.2

Reference interval is for non-anticoagulated patients. Suggested INR therapeutic range for Vitamin K antagonist therapy: Standard Dose (moderate intensity therapeutic range): 2.0 - 3.0 Higher intensity therapeutic 2.5 - 3.5

Prothrombin Time

11 12.0

sec 9.4-12.0

END OF RESULTS

Assessment

- Arterial embolism
- Cerebral embolism - with cerebral infarction

Allergies and Adverse Reactions

Aspirin, Identifies: Unknown

Counseling/Education

- Return to the clinic if condition worsens or new symptoms arise

Plan

- Order pending for prothrombin time
- lisinopril 10 mg tablet, take 1 tablet by Oral route 1 time per day for pressure. Dispense: 30 tab(s). Refill: 3. RENEWED BY ANNA PRICE
- warfarin 5 mg tablet, take 1 tablet (5 mg) by oral route once daily. Dispense: 30 tab(s). Refill: 3. RENEWED BY ANNA PRICE
- warfarin 1 mg tablet, take 2 tablets by Oral route 1 time per day Take 1 tablet 1 time a day with 5 mg tablet 5 mg a day beginning 11/2/12. Dispense: 60 tablet(s). Refill: 3
- aspirin, buffered 325 mg tablet, 1 Tablet by Oral route 1 time per day. Dispense: 30 tablet(s). Refill: 3
- pravastatin 20 mg tablet, take 1 tablet (20 mg) by oral route once daily. Dispense: 30 tablet(s). Refill: 3. RENEWED BY ANNA PRICE
- Follow-up for re-examination - PRN
- Follow-up for re-examination 1 weeks PT/INR

Increase warfarin to 6 mg po qd and repeat labs in 1 week. Given refills on meds. F/U in Adult Medicine.

Notes

Documented by: Anna Price, M.D.

JIMMIE WASHINGTON, Gender: M, DOB: 10/14/1953, Encounter Date and Time: 10/23/10:42AM, Examiner: Calvin Jackson, MD

Chief complaint

The Chief Complaint is: PT is here to have his coumadin checked. A.Rivers, Jrn.

History of present illness

JIMMIE WASHINGTON is a 58 year old male. Source of patient information was patient Visit Location: Urgent Care, Orangeburg Family Health Center.

PAIN LOCATION: Right leg stiffness and right hand and arm.

DURATION: Intermittent.

INTERFERED WITH ACTIVITY.

INTERFERES WITH SLEEP.

PT here for fu following hospitalization for CVA. PT states that he was started on coumadin. PT states that he is on his blood. PT denies any ops of this time.

Current medication

- * warfarin 5 mg tablet, takes 1 tablet (5 mg) by oral route once daily
- * pravastatin 20 mg tablet, take 1 tablet (20 mg) by oral route once daily
- * aspirin 325 mg tablet, take 1 tablet (325 mg) by oral route once daily
- * amlodipine 10 mg tablet, takes 1 tablet (10 mg) by oral route once daily

Personal history

Behavioral: No coffee consumption. Daily tea consumption and daily cola consumption. No chocolate consumption. Not a current smoker, not a former smoker, and not chewing nicotine-containing substances.

Alcohol: Not using alcohol.

Drug Use: Not using drugs.

Habits: Not exercising regularly.

Home Environment: Lives with parents. The living environment is secure and supportive, no domestic violence, does not create fear of other occupants. Native language English. The racial background is black and the cultural background is African American.

Marital: Single.

Review of systems

Systemic: No fever and no recent weight change.

Head: No headache.

Eyes: No vision problems and no eye pain.

Otolaryngeal: No hearing loss and no sore throat. No oral cavity symptoms.

Cardiovascular: No chest pain or discomfort, no palpitations, and no intermittent leg claudication.

Pulmonary: No dyspnea, no orthopnea, and no wheezing.

Gastrointestinal: No dysphagia, no heartburn, no nausea, no vomiting, no hematemesis, no abdominal pain, no change in stool color. No diarrhea and no constipation.

Genitourinary: No increase in urinary frequency. No dysuria.

Endocrine: No polydipsia and no hot flashes.

Hematologic: No easy bleeding and no tendency for easy bruising.

Musculoskeletal: No foot symptoms, no arthralgias, no soft tissue swelling, and no localized joint swelling.

Neurological: No lightheadedness, no memory lapses or loss, and no sensory disturbances.

Psychological: Not thinking about suicide.

Skin: No skin lesions.

Hematologic Disorder: No anemia.

Past Medical: No thyroid disease.

Weight: 170 lbs

Vital Signs/Measurements:

	Value	Date
HR	20 per min	10/23/2012
PR	60 bpm	10/23/2012
Blood pressure	140/70 mmHg	10/23/2012
Pain level (0-10)	4	10/23/2012
Weight	170 lbs	10/23/2012
Body mass index	24.5 kg/m ²	10/23/2012
Height	71 in	10/23/2012

- Temperature was 97.3 10/23/2012 10:42:00AM.

Standard Measurements:

- "Body surface area was 1.70 10/23/2012 10:42:00AM." Patient was not observed to be obese.

General Appearance:

- "General appearance: "Alert." Oriented to time, place, and person. "Well developed." "Well developed." "No distress." "In no acute distress."

Neck:

- *Jugulars:* "Neck demonstrated no decrease in jugulars."

- *Thyroid:* "Showed no abnormalities."

Eyes:

General/bilateral:

- *Extraocular Movements:* "Normal."

Ears:

General/bilateral:

- *External Auditory Canal:* "External auditory meatus normal."

- *Tympanic Membrane:* "Normal."

- *Hearing:* "No hearing abnormalities."

Pharynx:

- "Normal."

Lungs:

- "Respiration rhythm and depth was normal." "Chest was normal to percussion." "Clear to auscultation."

Cardiovascular:

- *Heart Rate And Rhythm:* "Normal."

- *Heart Sounds:* "Normal."

- *Murmurs:* "No murmurs were heard."

- *Arterial Pulses:* "Equal bilaterally and normal."

- *Edema:* "Not present."

Abdomen:

- *Auscultation:* "Abdominal auscultation revealed no abnormalities."

- *Percussion:* "Abdominal percussion was normal."

- *Palpation:* "Abdominal palpation revealed no abnormalities."

Neurological:

- *Speech:* "Normal."

- *Sensation:* "No sensory exam abnormalities were noted."

- *Reflexes:* "Normal."

Psychiatric:

- *Mood:* "Euthymic."

Skin:

- "General appearance was normal." "No skin lesions."

Assessment

- Left atrial thrombosis
- Ischemic embolic stroke
- Arterial embolism

Abstract: 97/01004 (1997) 600-603

- Order postponed for prothrombin time
- Prothrombin time

Will check F4, F5, F6, F7 in Adult Med 4 weeks.

Notes:

Documented by: Calvin Jackson, M.D.

TNT

The Regional Medical Center
3000 St. Matthews Road
Orangeburg, SC 29115

DISCHARGE SUMMARY

PATIENT: Washington, Jimmie ROOM #: 3E 33451
MEDICAL RECORD #: 0000104270
DATE OF BIRTH: 10/14/1953
ADMISSION #: 1000602689
DICT PHYSICIAN: M.K. Greene, M.D.
ADMIT PHYSICIAN: B.S. Khokhar, M.D.
ADMITTED: 09/30/2012
DISCHARGED: 10/01/2012

DD: 10/02/2012 DT: 4:22 P TD: 10/05/2012 TT: 11:44 A

Regional Medical Center
Orangeburg, South Carolina

DISCHARGE SUMMARY

PRIMARY CARE PHYSICIAN: Family Health Center in St. Matthews.

Please see Dr. Khokhar's history and physical for full details regarding the admission history and physical.

HISTORY OF PRESENT ILLNESS: Briefly, the patient is a 58 year-old African American male who presented to the Regional Medical Center emergency room with a one day history of right-sided weakness. The patient reports that he work up and noticed that the right side of his body was difficult to move. He reports that his symptoms were similar to a stroke he had 1-1/2 weeks prior to admission when he was discharged from Trident Hospital with the diagnosis of CVA three days prior. The patient reported that he did not take medications as prescribed after discharge because he did not get them right away.

LABORATORY AND IMAGING DATA: On admission head CT showed no acute process. Creatinine 0.8, glucose 129, white blood cell count 10.5, hemoglobin 16.

HOSPITAL COURSE:

1. Acute cerebrovascular accident with brain infarction. The patient was admitted to telemetry on hospital day #1 which was the day of discharge. I was called by the nurse around 10 a.m. stating that the patient wanted to go home. I convinced the patient to stay for the MRI of his

DISCHARGE SUMMARY

PATIENT: Washington, Jimmie
MEDICAL RECORD #: 0000104270
ADMISSION #: 1000602689
PHYSICIAN: B.S. Khokhar, M.D.

brain which he did undergo but the patient did not want to stay for the results and therefore I obliged the patient and discharged him to home. I informed the patient that I would follow-up the results of the MRI. After reading the MRI last night, the radiologist called Dr. Khokhar and informed Dr. Khokhar that the patient had multiple foci of restricted diffusion in the left parietal lobe with evidence of hemosiderin deposition suggesting prior cortical hemorrhage of uncertain chronicity. Given the multifocality it was suggested that the acute cerebrovascular accident was due to a cardioembolic phenomenon. In addition there were additional areas of chronic ischemic changes in the left occipital lobe. Today, I called the patient at home instructing him of the likely source of his CVA was cardioembolic and that he needed to come back to the hospital to be placed on anticoagulation. The patient reported to me that today is not a good day as he had errands to do. He states that he was willing to come back tomorrow for anticoagulation. Of note we did receive documentation from Trident which showed a small acute stroke but no evidence of a cardioembolic source on MRI then or during his work-up.

2. Hypertension.
3. Dyslipidemia.
4. Nicotine dependence. The patient reported that he quit smoking with the stroke approximately 1-1/2 weeks ago.

FINAL DISCHARGE DIAGNOSIS:

1. Acute cerebrovascular accident with brain infarction likely cardioembolic source.
2. Hypertension.
3. Dyslipidemia.
4. History of nicotine abuse.
5. Old cortical hemorrhage of uncertain chronicity.

DISCHARGE SUMMARY

PATIENT: Washington, Jimmie
MEDICAL RECORD #: 0000104270
ADMISSION #: 1000602689
PHYSICIAN: B.S. Khokhar, M.D.

M.K. Greene, M.D.

000516286:cd

cc: St. Matthews FHC Center
M.K. Greene, M.D.

PATIENT: PRINTED BY: OS92361 DATE 10/11/2012
Washington, Jimmie ROOM #:
MEDICAL RECORD #: 0000104270
ADMISSION #: 1000605553
DATE OF BIRTH: 10/14/1953
DICT PHYSICIAN: M.K. Greene, M.D.
ADMITTED: 10/03/2012

DD: 10/03/2012 DT: 5:34 P TD: 10/03/2012 TT: 5:48 P

Regional Medical Center
Orangeburg, South Carolina

HISTORY AND PHYSICAL EXAMINATION

PRIMARY CARE PHYSICIAN: Family Health Center - St. Matthews

HISTORY OF PRESENT ILLNESS: The patient is a 58-year-old, African American male that I discharged on 10/01/2012. The patient presented to the Regional Medical Center emergency room the day before with right-sided symptoms consistent with an acute stroke. The patient actually presented to Trident about a week and a half ago with similar symptoms where he was admitted. He had a workup which showed a small stroke. Carotid Dopplers and echocardiogram were normal. On 10/01/2012 before the patient got his MRI of the brain he wanted to leave. As I got a call by the patient's nurse, Hillary, at 10:00, I convinced the patient to stay for the MRI. After the MRI was done, the patient wanted to leave even though the results were not back as his symptoms had resolved and I reluctantly agreed to let the patient go.

The next day I reviewed the MRI results which showed multiple small foci of restricted diffusion in the high left parietal lobe and evidence of hemosiderin deposition suggesting prior cortical hemorrhage of uncertain chronicity. It was noted that given the multifocality the appearance was suggestive of an embolic phenomenon. In addition, there were areas of chronic ischemic changes in the left occipital lobe. Because of these findings, I called the patient at home yesterday requesting him to come back to the hospital regarding the need for possible anticoagulation given the possibility of embolic stroke. The patient reported that he had a lot of business to take care of and that he would come back today. Again, I called the patient at home today and he obliged and came back to the hospital for admission.

REVIEW OF SYSTEMS: The patient reports that he still has some right lower extremity residual weakness. Otherwise, review of systems is negative.

PAST MEDICAL HISTORY: Hypertension, recent CVA as above, hypercholesterolemia.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS:

1. Aspirin 325 milligrams daily.
2. Norvasc 10 milligrams daily.
3. Pravastatin 20 milligrams at bedtime.

SOCIAL HISTORY: The patient reports he quit smoking after his most recent stroke. There is no history of alcohol or illicit drug use.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: In general, the patient is awake, alert, conversant, in no apparent distress, sitting up on the edge of the bed.

VITAL SIGNS: Temperature 36.4, heart rate 54, respiratory rate 20, blood pressure 137/74. Oxygen saturation 99% on room air.

HEENT: Normocephalic, atraumatic. Sclerae are anicteric. Oropharynx is clear with moist mucous membranes.

Neck: No lymphadenopathy, no JVD, no thyromegaly, no carotid bruits.

Lungs: Clear to auscultation bilaterally. There is no increased work of breathing.

Cardiovascular exam: Normal S1 and S2 without murmurs, rubs or gallops.

Abdomen: Thin, soft, nontender, nondistended. There are normoactive bowel sounds.

Extremities: No edema.

ASSESSMENT AND PLAN: A 58-year-old, African American male presenting with embolic CVA with brain infarction.

1. Embolic CVA with brain infarction. The patient is placed in telemetry. Neurology has been consulted. I did order a Heparin drip per Neurology protocol for anticoagulation given the possibility of embolic CVA. In addition, the patient is being continued on his statin. Neuro checks every four hours. PT/OT. Further recommendations to follow.
2. Hypertension.
3. Dyslipidemia.
4. Recent tobacco cessation.

M.K. Greene, M.D.

000516661:ab

cc: M.K. Greene, M.D.

The Regional Medical Center
of Orangeburg & Calhoun Counties

CONSULTATION REQUEST

Washington, Jinnie
DOB: 10/14/1953 58 Y M
DOS:
ATT: Greene, Michael K
FIN: 1000605553 Rm: 3303
MRN: 0000104270

PHYSICIAN SECTION

Physician to be consulted: Calhoun

Routine (less than 24 hours) - Attending Physician must contact consulting physician if CCH section not completed

*Stat (less than 2 hours) - Attending Physician must contact consulting physician

Reason for Consultation Request:

Comprehensive Clinical History (CCH): (required for routine consultations and if not complete, requesting physician must contact consultant) Embolitic CVA

Date: 10/3/12 Time: 1433 Attending Physician: Dr. Greene

NURSING SECTION

Consultation Request Initiated: (Date/Time) 10/3/12 1433

Yellow copy to Medical Records for placement in attending physicians box: (Date/Time) 10/3/12 1433

Old Records Called For _____ (Date/Time) _____ Old Records Received _____ (Date/Time) _____

☒ Routine Consult: Physician notified: (Date/Time) 10/3/12 1433

☐ Message left with _____ : (Date/Time) _____

☐ *Stat Consult: Consulting physician contacted by requesting physician

Consultant keyed into Care Manager: (Date/Time) 10/3/12 1433

Nursing Staff: _____

CONSULTATION REPORT

Report dictated: (Date: _____ Time: _____ Job #: _____)

Date/Time: _____ Consulting Physician: _____

Pink copy for physician's use

CR



84

Exhibit-96

Revised 9/05
410238

PATIENT: PRINTED BY: OS92361 DATE 10/11/2012
Washington, Jimmie ROOM #:
MEDICAL RECORD #: 0000104270 ADMISSION #: 1000605553
ADMIT PHYSICIAN: M.K. Greene, M.D. DICT PHYS: M.I. Alhatou, M.D.
DATE OF BIRTH: 10/14/1953 ADMITTED: 10/03/2012
DD: 10/03/2012 DT: 3:58 P TD: 10/04/2012 TT: 5:46 A

Regional Medical Center
Orangeburg, South Carolina

NEUROLOGY CONSULTATION REPORT

HISTORY: Mr. Washington is a 58 year old African-American male with a history of hypertension, stroke, and dyslipidemia. The patient was not on any antiplatelets in the past since he thought he was allergic to aspirin. A week prior to his admission to the hospital and actually on 09/23/12 he was admitted at Trident Medical Center. At that time he presented with right arm and leg weakness. His MRI of the brain showed multifocal patches _____ diffusion consistent with acute strokes in the posterior left frontal and left parietal lobe as well as the left centrum semiovale. It was reported that the patient's carotid ultrasound showed mild atherosclerotic disease and that his echo didn't show a source of thrombus. The patient was discharged on aspirin 325 milligrams every day, Amlodipine, Pravastatin 20 milligrams every h.s., and nicotine. The patient said that it took him two to three days to take his medications since his discharge and he thinks he started taking his medications on 09/29/12. The patient presented to the emergency room on 09/30/12 with right arm and leg weakness. The next day he felt much better. He didn't wait for the results of the MRI and he left. When the MRI was read the patient was called and he agreed to be admitted again to the hospital. The patient feels much better except he feels numb and weakness in his right foot. He denies visual field cut or language difficulties. No loss of consciousness or seizure activities. No illicit drug use. No chest pain, palpitations, shortness of breath.

REVIEW OF SYSTEMS: Negative for fever, chills, weight loss, eye pain, ear pain, decreased vision, chest pain, palpitations, wheezing, shortness of breath, nausea, vomiting, hematuria, urinary retention, recurrent infection, recurrent deep venous thrombosis, bruising or recurrent bleeds. Negative for seizure, depression, illicit drug use, suicidal or homicidal ideation.

PAST MEDICAL HISTORY: As above.

SOCIAL HISTORY: Positive for tobacco but he said he quit recently after his stroke. He denies alcohol or illicit drugs.

FAMILY HISTORY: Negative for miscarriage or stroke at young age.

PHYSICAL EXAMINATION

Vital Signs: Blood pressure 146/87, pulse 63, temperature 36.2.

HEENT: Head normocephalic.

Neck: Supple. No bruit.

Chest: Clear. No wheezing.

Heart: Regular. No murmur or gallop.

Exhibit-97

PRINTED BY: OS92361 DATE 10/11/2012
Neurological: He is awake, alert and oriented times three. Language examination - he is able to name, repeat and comprehend. Cranial nerve examination II-XII intact. Strength 5/5 in the upper and lower extremities except right foot dorsiflexion and plantar flexion is 2+/5. Sensation symmetric except for decreased sensation in the right foot. Reflexes 1+/4 in the upper and lower extremities. Intact cortical sensation including simultaneous stimulation and stereognosis. Downgoing toes bilaterally. Normal finger-to-nose. The patient is able to ambulate with mild unsteadiness.

LABS: I did review the patient's labs. There are multiple small acute strokes in the left frontal and parietal, cortical and subcortical area as well as centrum semiovale. These can be related to border zone ischemia versus embolic strokes. There is a small area of low attenuation on FLAIR and T2 _____ and T3 gradient echo which is probably related to turning cortical vein. This is less likely to represent hemorrhage.

I did review the patient's MRA of the brain which is unremarkable.

ASSESSMENT AND PLAN: This is a 58 year old male with a history of hypertension, hypercholesterolemia, and tobacco abuse who had an episode of right arm and leg weakness at Trident Hospital. He was discharged on aspirin, a blood pressure medication and a statin, however he didn't take his medications due to financial reasons. He had another episode of weakness on the right side. His MRI showed multiple acute strokes in the left frontal and parietal lobe involving the cortical and subcortical area as well as the centrum semiovale.

1. Multiple acute left hemispheric strokes. These can be cardioembolic or related to border zone ischemia. His transthoracic echo at Trident Hospital didn't show thrombus. His carotid ultrasound also didn't show a source. I would like to do an MRA of the neck with contrast and also do a TEE study. The patient denies a history of deep vein thrombosis. There is no family history of a stroke at young age or miscarriage. I will get a fasting lipid profile and I will check homocystine, protein C, protein S and lupus anticoagulants. I will use aspirin 325 milligrams every day. Pravastatin 20 milligrams every h.s. pending fasting lipid profile. I recommend good control of patient's blood pressure. Definitely the patient is not a TPA candidate. Stroke education. Neuro checks.
2. Abnormal MRI. I did review the patient's MRI. There is no evidence of hemorrhage. The abnormal signals represent the cortical vein.
3. Tobacco abuse. The patient hasn't smoked in the last week since his first stroke.
4. DVT prophylaxis.
5. GI prophylaxis with Pepcid 20 milligrams every day since the patient reports nausea with aspirin before which is not related to allergy, but probably to GI irritation.

Diagnosis, prognosis, and plan were discussed with the patient in detail. _____ was spent reviewing the patient's images, old records and answering patient's questions.

M.I. Alhatou, M.D.

000516628:cr

cc: M.I. Alhatou, M.D.

FAMILY HEALTH CENTERS, INC		Requisition #	
3310 MAUNOLJA ST, ORANGETHUR, SC 29115-1466		456503	
Date Collected	Date Received	Time Received	Time
	10/24/2012	9:40 am	9:23 am
Patient Name	Gender	DOB	Age
WASHINGTON, BMMIE	M	10/14/1953	59 Yrs
Patient ID	Patient Address	Patient Telephone	
66943	200 SIGMET DRIVE, FULTONVILLE, SC 29048	(1) (803) 496-4613 (W)	
Physician ID/UPIN/NPI	Physician Name		
64	CALVIN JACKSON, MD		

Test	Result Comments				
Components	Result	Flag	Units	Reference Interval	
Prothrombin (PT)					
INR	1.9	H		0.8-1.2	BN
reference interval is for non-anticoagulated patients.					
disrupted the therapeutic range for Vitamin K antagonist therapy.					
Prolonged time (prolonged time) by					
therapeutic range):					
higher intensity therapeutic range					
Prothrombin Time	20.0	H	sec	9.4-12.0	BN

Verified Complaint treated As A Affidavit of Expert Witness
§§ S.C. 15-79-125(A) and 15-36-100

RETURN RECORDS BY FAX TO SCDDS AT (866) 827-7369

S.C. Code Statutes 15-79-125 (A) Notice of Intent / 15-36-100 Affidavit of Expert

Witness of Dr. Sarah Anne Ludington-Tr. P. 3 line 1-p. 7 line 12; p. 7 line 13-p. 8 line 4

PAYMENT INSTRUCTIONS (For Records/Reports only)

Complete the information below. We do not accept personalized invoices.

AUTHORIZATION - RETURN THIS COMPLETED AND SIGNED FOR PAYMENT. TO ENSURE PAYMENT, THIS COMPLETED AND SIGNED FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.

* We pay \$25.00 for a copy of treatment records. Out of state facilities are paid according to the fee schedule in that state.

* **Payer Name and Address:**

REMIT TO: Amount Billed (See Invoice)

Ind Incorporated

P.O. Box 10072

Green Bay, WI 54311

TELEPHONE 920/665257

Telephone 800-236-3355 Electronically signed by SHIVERIS,30247 DATE: 11/29/2012

Authorized Signature (Required)

IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS

Insert this page into the window envelope with the address showing. **THIS PAGE MUST BE ON TOP OF YOUR REPORT.**

- * Mail report to address in box at right.
- * If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

**SSA
S86 SC DDS CHARLESTON
P.O. BOX 8705
LONDON, KY 40742-8705**

* We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



ROID:0020780322N00435

SITE:S86 DR:S

SSN:***** DOCTYPE:0001 RF:D CS:ca5b

TM/326

Claim No: N00485

FAX#(2/17)

DMA: Y

Invoice No: 0080280922

SCDS No: 7000137610



DISABILITY DETERMINATION SERVICES
SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT
Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.
Barbara C. Bailey, Commissioner

Charleston Regional Office • P.O. Box 198629 • North Charleston, SC 29419 • (843) 553-0300
Toll-free: (800) 868-0100 • Medical Information Fax: (866) 827-7369

10427

1000619584

November 26, 2012

REGIONAL MED CTR-ORBURG/CALIQUE
Attention: Medical Records/INPT
3000 ST MATTHEWS ROAD
ORANGEBURG SC 29115

RE: JIM WASHINGTON
AKA: WASHINGTON, JIMMIE
ADD: 209 SIGNET DRIVE
GUTTAVILLE SC 29048
Ref. No: N00485
DOB: 10/14/53

This patient has applied for disability benefits under the Social Security Act. We need the following information:
Treatment Records: 09/01/2011 TO PRESENT

Admission/discharge summaries.

X-rays.

Emergency room records.

Out-patient treatment records.

See attached page for instructions on returning your report to the DDS. We pay \$25.00 for a copy of treatment records. Out of State requests will be compensated according to that state's established fee schedule. **If payment is required please sign on the line for "Provider's Signature" page and include that page as the TOP document with your report, with this letter underneath.** *You may fax your records using the 2D Bar Code Coversheet to our toll free medical fax number.* Thank you.

Sincerely,

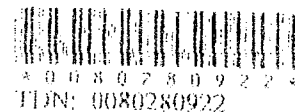
Teresa Miller

Teresa Miller, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT.

ENCLOSURE: Release
326/TMI

Claim No: N00485
13 (R/T2, mdp)
DMA: Y



NOV 28 2012

WHOSE Records to be Disclosed

NAME (Last, Middle, First)

Jimm Washington

SSN

349-02-3542

Signature 10/14/2013

100069584

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT

All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (including "psychotherapy notes" as defined in 45 C.F.R. 164.501);
 - Drug abuse, alcoholism, or other substance abuse;
 - Wounds and trauma;
 - Records which may indicate the presence of a communicable or non-communicable disease; and tests for or records of HIV/AIDS;
 - Genetic-related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work;
- Copies of educational tests or evaluations, including individualized Educational Programs, vocational assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations;
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities;
- All educational sources (schools, teachers, records administrators, counselors, etc.);
- Medical workers/rehabilitation counselors;
- Consulting examiners used by SSA;
- Employers, insurance companies, workers' compensation programs;
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSAs (if needed). Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

REGIONAL MCH CTR - GADWD/CALDWY
1000 WY WATKINS ROAD
GADSDEN, AL 36101

From 09/01/11 to present

TO WHOM

the Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. (Also, for international cases, to the U.S. Department of State Foreign Service Post.)

PURPOSE

- Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability and whether I can manage such benefits.
- ☐ Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I understand the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my source to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY

INDIVIDUAL authorizing disclosure

IF not signed by subject of disclosure, specify basis for authority to sign

SIGN

☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

Date Signed

10/25/12

Event Address

Phone Number (with area code)

City

State

ZIP

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

Megan K. Herring

IF needed, second witness sign here (e.g., if signed with "X" above)

Phone Number (or Address)

F0594

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 (HIPAA); 45 CFR parts 160 and 164; 42 U.S. Code section 2002d-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.570; 20 U.S. Code section 1232g (FERPA); 34 CFR parts 99 and 300; and State law.

Form SSA-427 (4-2000) (10-2000) Use 2-2000 and Later Editions Until Supply is Exhausted

Page 1 of 2

TOTAL P.002

Discharge Summary-Physician

Washington, Jimmie - 0000104270

* Final Report *

* Final Report *

Discharge Summary

Patient: Washington, Jimmie MRN: 0000104270 FIN: 1000605553
 Age: 58 years Sex: Male DOB: 10/14/1953
 Associated Diagnoses: None
 Author: Ludington MD, Sarah Anne

Admitting Physician: Michael Green
 Discharging Physician: Sarah Ludington

Date of Admission: 10/3/2012
 Date of Discharge: 10/8/2012

Diagnosis on Admission:

- 1.) Cardioembolic stroke
- 2.) HTN
- 3.) HLD

Diagnosis on Discharge:

- 1.) Cardioembolic Stroke
- 2.) Intra-atrial thrombus
- 3.) HLD

Results Review

WBC	7.0	(OCT 06)	7.5	(OCT 03)	
Hgb	15.4	(OCT 06)	15.2	(OCT 03)	
Hct	43.0	(OCT 06)	43.3	(OCT 03)	
Plt	H 404	(OCT 07)	376	(OCT 06)	348 (OCT 04) H 407
(OCT 03)					
Na	137	(OCT 06)	139	(OCT 04)	
K	4.2	(OCT 06)	4.2	(OCT 04)	
Cl	103	(OCT 06)	105	(OCT 04)	
Cr	0.9	(OCT 06)	0.9	(OCT 04)	
BUN	17	(OCT 06)	15	(OCT 04)	

Result type: Discharge Summary-Physician
 Result date: 08 October 2012 7:46 EDT
 Result status: Auth (Verified)
 Result title: Discharge Summary
 Performed by: Ludington MD, Sarah Anne on 08 October 2012 7:49 EDT
 Verified by: Ludington MD, Sarah Anne on 08 October 2012 12:19 EDT
 Encounter info: 1000605553, RMC, Inpatient, 10/03/2012 - 10/08/2012

Printed by: Shivers, Oneather
 Printed on: 11/28/2012 11:54 EST

Page 1 of 5
 (Continued)

Exhibit-1

Discharge Summary-Physician

Washington, Jimmie - 0000104270

* Final Report *

Glucose	98	(OCT 06)	93	(OCT 04)		
Ca	9.2	(OCT 06)	L 9.0	(OCT 04)		
PT	18.9	(OCT 07)	14.7	(OCT 06)	12.9	(OCT 05) 13.4
(OCT 04)						
INR	H 1.75	(OCT 07)	H 1.44	(OCT 06)	1.20	(OCT 05) 1.25
(OCT 04)						
PTT	H 39.1					
(OCT 07)	H 61.9	(OCT 06)	H 74.3			
(OCT 06)	H 38.7	(OCT 06)				

INR: 2 on 10/8

MRI:

IMPRESSION:

- Multiple small foci of restricted diffusion in the high left parietal lobe with evidence of hemosiderin deposition suggesting prior cortical hemorrhage of uncertain chronicity. Given the multifocality the appearance is suggestive of an embolic phenomenon. Additional areas of chronic ischemic changes are seen in the left occipital lobe.
- Normal circle of Willis MRA.

Physical Examination

VS/Measurements

<u>Vitals Signs (last 24 hrs)</u>	<u>Last Charted</u>	<u>Minimum</u>	<u>Maximum</u>	
Temp	35.6 (OCT 08 00:26)	35.6 (OCT 08 00:26)	L 35.5	(OCT 07)
11:11)				
Heart Rate	L 58 (OCT 08 00:26)	L 52 (OCT 07 11:11)	68	(OCT 07)
15:44)				
Resp Rate	20 (OCT 07 15:44)	20 (OCT 07 11:11)	20	(OCT 07)
11:11)				
SBP	H 145 (OCT 08 00:26)	127 (OCT 07 19:05)	H 145	(OCT 08)
00:26)				
DBP	75 (OCT 08 00:26)	64 (OCT 07 19:05)	75	(OCT 08)
00:26)				

Result type: Discharge Summary-Physician
 Result date: 08 October 2012 7:46 EDT
 Result status: Auth (Verified)
 Result title: Discharge Summary
 Performed by: Ludington MD, Sarah Anne on 08 October 2012 7:49 EDT
 Verified by: Ludington MD, Sarah Anne on 08 October 2012 12:19 EDT
 Encounter info: 1000605553, RMC, Inpatient, 10/03/2012 - 10/08/2012

Printed by: Shivers, Oneather
 Printed on: 11/28/2012 11:54 EST

Page 2 of 5
 (Continued)

Exhibit-2

* Final Report *

SpO2 100 (OCT 08 00:26) 98 (OCT 07 11:11) 100 (OCT 08 00:26)

General: Alert and oriented, No acute distress.

Eye: Pupils are equal, round and reactive to light.

HENT: Normocephalic.

Neck: Supple, Non-tender, No carotid bruit.

Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Symmetrical chest wall expansion.

Cardiovascular: Normal rate, Regular rhythm, No murmur, Good pulses equal in all extremities.

Gastrointestinal: Soft, Non-tender, Non-distended, Normal bowel sounds, No organomegaly.

Musculoskeletal

Normal range of motion. Normal strength. No swelling.

Neurologic: Alert, Oriented, Normal deep tendon reflexes.

Psychiatric: Appropriate mood & affect.

Hospital Course

HPI (as taken from H&P)

HISTORY OF PRESENT ILLNESS: The patient is a 58-year-old, African American male that I discharged on 10/01/2012. The patient presented to the Regional Medical Center emergency room the day before with right-sided symptoms consistent with an acute stroke. The patient actually presented to Trident about a week and a half ago with similar symptoms where he was admitted. He had a workup which showed a small stroke. Carotid Dopplers and echocardiogram were normal. On 10/01/2012 before the patient got his MRI of the brain he wanted to leave. As I got a call by the patient's nurse, Hillary, at 10:00, I convinced the patient to stay for the MRI. After the MRI was done, the patient wanted to leave even though the results were not back as his symptoms had resolved and I reluctantly agreed to let the patient go.

The next day I reviewed the MRI results which showed multiple small foci of restricted diffusion in the high left parietal lobe and evidence of hemosiderin deposition suggesting prior cortical hemorrhage of uncertain chronicity. It was noted that given the multifocality the appearance was suggestive of an embolic phenomenon. In addition, there were areas of chronic ischemic changes in the left occipital lobe. Because of these

Result type: Discharge Summary-Physician
Result date: 08 October 2012 7:46 EDT
Result status: Auth (Verified)
Result title: Discharge Summary
Performed by: Ludington MD, Sarah Anne on 08 October 2012 7:49 EDT
Verified by: Ludington MD, Sarah Anne on 08 October 2012 12:19 EDT
Encounter info: 1000605553, RMC, Inpatient, 10/03/2012 - 10/08/2012

Printed by: Shivers, Oneather
Printed on: 11/28/2012 11:54 EST

Page 3 of 5
(Continued)

* Final Report *

findings, I called the patient at home yesterday requesting him to come back to the hospital regarding the need for possible anticoagulation given the possibility of embolic stroke. The patient reported that he had a lot of business to take care of and that he would come back today. Again, I called the patient at home today and he obliged and came back to the hospital for admission.

REVIEW OF SYSTEMS: The patient reports that he still has some right lower extremity residual weakness. Otherwise, review of systems is negative.

PAST MEDICAL HISTORY: Hypertension, recent CVA as above, hypercholesterolemia.

Hospital Course:

Patient admitted and atrial thrombus detected on TEE. Was placed on heparin gtt to transition to coumadin.

Discharge Plan

Condition on DC: stable

Activity: as tolerated

Follow Up: INR in 2 days with adjustments made by PCP; needs follow up with PCP in 1-2 weeks.

Discharge Medications:

amlodipine 10mg Daily

ASA 81mg Daily

Pravastatin 20mg Daily

Warfarin 5mg Daily

Sarah Ludington MD

Completed Action List:

- * Perform by Ludington MD, Sarah Anne on 08 October 2012 7:49 EDT
- * Modify by Ludington MD, Sarah Anne on 08 October 2012 9:33 EDT
- * Modify by Ludington MD, Sarah Anne on 08 October 2012 12:19 EDT
- * Sign by Ludington MD, Sarah Anne on 08 October 2012 12:19 EDT
- * VERIFY by Ludington MD, Sarah Anne on 08 October 2012 12:19 EDT

Result type: Discharge Summary-Physician
Result date: 08 October 2012 7:46 EDT
Result status: Auth (Verified)
Result title: Discharge Summary
Performed by: Ludington MD, Sarah Anne on 08 October 2012 7:49 EDT
Verified by: Ludington MD, Sarah Anne on 08 October 2012 12:19 EDT
Encounter info: 1000605553, RMC, Inpatient, 10/03/2012 - 10/08/2012

Printed by: Shivers, Oneather
Printed on: 11/28/2012 11:54 EST

Page 4 of 5
(Continued)

* Final Report *

Result type: Discharge Summary-Physician
Result date: 08 October 2012 7:46 EDT
Result status: Auth (Verified)
Result title: Discharge Summary
Performed by: Ludington MD, Sarah Anne on 08 October 2012 7:49 EDT
Verified by: Ludington MD, Sarah Anne on 08 October 2012 12:19 EDT
Encounter info: 1000605553, RMC, Inpatient, 10/03/2012 - 10/08/2012

Printed by: Shivers, Oneather
Printed on: 11/28/2012 11:54 EST

Page 5 of 5
(End of Report)

Exhibit-5

Appellant Memorandum of Law-S.C. Statutes 15-79-125(A) Notice of Intent and 15-36-100 Expert Witness Affidavit, Tr. P. 3 line 1-p. 8 line 4; Amendment of Complaint / Damages relief claims, Tr. P. 7 line 13-p. 8 line 4

STATE OF SOUTH CAROLINA) IN THE COURT OF COMMON PLEA

COUNTY OF CHARLESTON) NINTH JUDICIAL CIRCUIT

JIM WASHINGTON,) CASE NO. 2015-CP-10-5000

Plaintiff,)

v.)

TRIDENT MEDICAL CENTER, LLC)

Defendant.)

MEMORANDUM OF LAW IN SUPPORT
OF OPPOSITION TO MOTION TO DISMISS

TO:

Plaintiff, Jim Washington, respectfully move this honorable court to deny Defendant Trident Medical Center (correct Corporate name "Trident Medical Center, LLC") (hereinafter "Trident") MOTION TO DISMISS civil action No. 2015-CP-10-5000, pursuant to S.C. Code Ann. Statutes 15-79-125 and 15-36-100 and to grant plaintiff relief to civil action No. 2015-CP-10-5000 medical malpractice claims, and to grant Plaintiff leave to file *as an amended Complaint to allege a second theory of recovery alleged on pages four through six - Opposition To Motion To Dismiss, Spence v. Spencer, 628 S.E.2d 869 (2006) (citing Foman v. Davis, 371 U.S. 178 (1962)) and Sealy v. Dodge, 347 S.E.2d 504 (1986)) and compel both parties to Mediation, §15-79-125(f).*

FACTUAL / PROCEDURAL HISTORY

I. The basis of said *Memorandum In Opposition* is that plaintiff filed this action under S.C. ss15-79-125(A) for Notice of Intent and §15-79-125(E)(2) on 9/11/15 due to time constraint ADR mediation would not be completed or determined if it exists or end mediation due to the statute of limitation was due to expire on 9/23-26/15 therefore filed Summons and Complaint. Plaintiff, also filed on same above date his first set of Interrogatories, Request for Production, Request *for Mediation*, signed all documents (including the cover sheet), name Trident as adverse party, contained a short and plain statement of the facts showing plaintiff entitled to relief, served on all name defendants in accordance with the service rules for Summons and Complaint outline in South Carolina rules of Civil Procedure and filed 2 verified Complaint under S.C. §15-36-100 (C) Common knowledge treated as an affidavit of merit specifying at least one negligent act or omission claimed to exist and the factual basis for each claim based on available evidence at the time of filing the affidavit. *Defendant seeks dismissal of this action under all the above circumstances and under SCRCP Rule 12(b)(1), 12(b)(6) and 12(c). Under the facts and circumstances of this action, which involves important questions of novel impression. A decision which could have far reaching effect to the parties and future litigant and justice requires these questions should not be decided on demerit. Springfield v. Williams Plumbing Supply Co., 193 S.E.2d 184 (1967) (same); Kennedy v. Henderson, 346 S.E.2d 226 (1986) (Allege industry standard is internal). See Dawkins v. Fields, 580 S.E.2d 433 (2003) (South Carolina Supreme Court agreeing with Court of Appeals' well-supported conclusion that a verified Complaint is an acceptable substitute for an affidavit). Grizzle v. S.C. State Plastering, 723 S.E.2d 197 (2010) (allow mediation under stay provision of statute after suit is filed by legislative intent).*

DISCUSSION

Therefore, dismissal of this action is unwarranted and mediation needs to be conducted because the above compliance to statutory requirements as filed by plaintiff as above stated and done, and South Carolina Supreme Court Case laws *Ranucci v. Crain*, 763 S.E.2d 189(2014), *Brouwer v. Sisters of Charity*, 763 S.E.2d 200 (2014), *Wilkerson v. East Cooper Community Hospital*, 763 S.E.2d 426(2014), *Grier v. Amisub of S.C., Inc.*, 725 S.E.2d 693(2012) and *Ross v. Waccamaw Community Hospital*, 744 S.E. 2d 547(2013) relying these same statutes and the subsections as applied to facts and issues under the same or similar circumstances as plaintiff involved in his action, granted relief on the above issues allowing filing the Notice of Intent and Summons and Complaint on the same day in ~~one action~~ allowed affidavit under the Common Knowledge Exception, tolling the statute of limitation because all conditions were met even though mediation had not been begun and or completed at the time of filing the Medical Malpractice Civil Action, but allowing for mediation after suit is filed. The S.C. Supreme Court held that to allow the above steps and procedure was consistent with the legislature intent under these statutes and harmonizes its goals. *See Grazia v. S.C. State Plumbing*, 703 S.E.2d 197(2010) (same and Controlling precedent and the above precedents) and to not do so create an absurd result and that the Circuit Court retained jurisdiction over the subject matter. The S.C. Supreme further found dismissal of the Complaint was not appropriate under these circumstances as plaintiff, but consider technical noncompliance with these statutes should be adjudicated on the merit by trial by jury. Finally, the S.C. Supreme Court held that the Notice of Intent and Summons and Complaint were timely and proper tolling all statutes of limitations. Plaintiff, also move this honorable court to take Judicial Notice that the Defendant by and through his counsel made admission that the action also had accompanying documents. These documents are two (2) verified complaints to be treated as an affidavit of merit by an expert witness to support the common knowledge exception under S.C. §15-36-100 (C)(2). Therefore, under S.C. §15-36-100 (D) which provides no basis for a statute of limitation defense for defendant motion to dismiss. The other accompanying documents are to the Interrogatories and Request for Production. Therefore, S.C. § 15-79-125(A) and S.C. §15-36-100 Filing of the Notice of Intent tolls all applicable statute of limitations in plaintiff civil action No. 2015-CP-10-5000. The Clerk of Court filed the Expert Witness Affidavit of Plaintiff separately as an exhibit rather than together with the complaint erroneously but such technical noncompliance is not ground for dismissal. *Wilkerson v. East Cooper Community Hospital* citing *Ross* and *Grier* and citing *Fisher v. Peistring*, 817F Supp. 2d 791, 807 n. 8 (D. S.C. 2011) (same). Finally, Defendant Prayer for relief to dismiss of the above stated documents should also be denied because they are admissible, relevant and material to all issues defendant are seeking relief there of which is disputed by plaintiff. *Lancaster v. Sweet*, 121 S.E.2d 444 (1966) (same); *Kline v. City of Columbia*, 1995 S.E.2d 597 (1997) (In the final analysis who is the correct depends on the legislative intent of the statute. Decision of the question could prove of grave importance to the parties and future litigant and for refusal of court to strike should not be decided on demurrer but trial on the merits); *Elledge v. Richland / Lexington School*, 573 S.E.2d 789 (2002) (Evidence of Industry Standard is admissible and Relevant); *Moultrie v. Musc*, 311 S.E.2d 730 (1984) (same); *Dawkins v. Fields*, 580 S.E.2d 433 (2003) (S.C. Supreme Court agreed verified Complaint acceptable Affidavit Substitute).

- I. The basis of said Memorandum in opposition to Motion to Dismiss civil action under South Carolina Rules of Civil Procedure—Rules 12(b)(1), 12 (b)(6), and 12(c) is:

(a) The court has Subject Matter Jurisdiction because plaintiff filed the Notice of Intent, Requested for Mediation under Alternative Dispute Resolution rules on the Cover Sheet of Notice of Intent and Summons and Complaint, filed the affidavit

of expert witness, Interrogatories and Request for Production, name all defendants adverse party, the affidavits by the expert witnesses specifying at least one negligent act or omission on breach the standard of care which also included proximate cause, served all defendant(s) and signed all documents. *Dismissal should be deny. See* South Carolina Statutes applicable §§ 15-79-125 (A) and (E)(2) and 15-36-100 (C) and (D) and Case Laws, Timms v. Green, 427 S.E.2d 642 (Supreme Court)(1993); Woodard v. Wesvaco Corporation, 433 S.E. 2d890 (S.C. APP Ct.)(1993); Duncan v. Provident Mutual Life Ins. Co., 427 S.E. 2d 657 (S.C. Supreme Ct.) (1993); Baird v. Charleston County, 511 S.E. 2d69 (S., C. Supreme Ct.)(1999) (arguing statutory condition precedent and held that doctors are not required to follow the procedures set forth in section 15-77-20 to institute this action); Wilkerson v. East Cooper Community Hospital, Inc., 763 S.E.2d 426(2014) (citing Ross v. Waccamaw Community Hospital, 404 S.C. 56, 744 S.E. 2d 547(2013)(concluding failure to timely complete the pre-litigation mediation process as required by section 15-79-100 does not divest the trial court of subject matter jurisdiction. The circuit court erred in granting respondents motion to dismiss as Wilkerson complaint was timely and sufficient to properly initiate a civil action for medical malpractice). Based on plaintiff compliance with the above statutory requirement and the above cited case laws holding, support plaintiff basis to deny defendant, Trident Motion to Dismiss for its Rule 12(b)(1) ground for Subject Matter Jurisdiction. Therefore, defendant motion should be denied accordingly. Ross v. Waccamaw Community Hospital 404 S.C. 56, 744 S.E. 2d

547 (2013) (same); *Wilkerson v. Karl, Court of Appeals (S.C. APP Ct. - 2015) (same);* *Dawkins v. Fields, 590 S.E. 2d 433 (2003) (S.C. Supreme Court agree a verified complaint is acceptable substitute for an affidavit); Bell v. Monsanto Corp., 579 S.E. 2d 329 (2003) (Affirm striking statute of limitation as a defense. Court retains subject matter jurisdiction).*

- b) Plaintiff, pleading in complaint alleged sufficient fact to support a reasonable deductible inference in the pleading in light most favorable to plaintiff, would entitle him to relief on the theory of his case: that on 9/23/12 defendant, Trident voluntary undertaken to diagnose and treat plaintiff. See complaint, pages one (1) through three (3) factual basis for claim, breach the standard. See complaint; page three (3) "Standard of Care". Plaintiff, theory of his case under South Carolina Supreme Court Landmark case, King v. Williams, 276 S.C. 478(1981), 279 S.E. 2d 618 and S.C. § 15-32-210 subsections 6, 9, 11 and 5 damages, is that defendant, Trident breached the national standard of care. Trident employees and/or agents on 9/23/2012 as a reasonable prudent hospitalist, was supposed to immediately start plaintiff on Anticoagulation treatment of Heparin then transition to Coumadin according to Neurology protocol for the prevention of possible embolism and discharge plaintiff to his primary health provider for follow-up care with Coumadin. These treatments and procedures are the general recognized and accepted treatment/procedure national standard of care for possible embolism. Trident breach this standard of care. *A complaint should be liberally construed. And any inferences reasonable deductible that is relevant to plaintiff theory must be construed in plaintiff favor. Upon the allege facts in the*

Complaint reasonable deductible inference in Plaintiff favor is sufficient to state a cause of action under S.C. 15-32-210 Subsection (3) and the holdings of King v. Williams, supra and Doe v. Ameri-Can Red Cross Blood Services, 377 S.E.2d 323 (1989) (Professional Standard), and S.C. 15-32-220 Subsection (1)(b). Plaintiff, sufficiently pled sufficient facts to over- rule Trident demurrer under S.C.R.P.-Rule 12(b)(6) motion. Under the holdings of Chilton v. City of Columbia, 147 S.E.2d 642 (1966) and Kennedy v. Henderson, 346 S.E.2d 526 (1986), Plaintiff Plead facts which can reasonably inferred breach the Neuro-logy Industry Standard of care to prevent embolism which caused him injury and damages. Plaintiff, second theory of pleading was that Trident

knowingly, recklessly intent to initially start plaintiff on the treatment of aspirin but delayed this treatment until it decided what his allergic reaction to aspirin.

Then recklessly changed from Plavix to aspirin 325mg on or about 9/24/2012

until 9/26/2012 upon discharge and afterwards with reckless intent to harm

plaintiff by using this treatment in an excessive doses, not Heparin and Coumadin

with follow-up care instruction for accept/reorg. treatment upon discharge, knowing

his condition had become critical worsened, took no corrective action before discharge intentionally to breach the independent duty it voluntarily undertook to prevent harm, did cause plaintiff injury and damages. See complaint - pages one (1) through three (3) factual basis for claim and standard of

care) and proximate caused his injury and permanent impairment damages. See

complaint - pages three (3) through five (5) and page six (6) pray for relief of

judgement and damages. Plaintiff, based upon the above facts, pleaded in the

complaint allege sufficient fact to support a reason a reasonable inference in light

most favorable to plaintiff, that would entitle him to relief under, Russell v. City of

Columbia, 400 S.E.2d 334 (1991) (Duty) and Taylor v. Medenica, 479 S.E. 2d 35-S.C.

Supreme County (1996) (Punitive damages); Crowley v. Bob Jones University, 234 S.E.2d 879

(1977) (Error to grant demurrer for intentional tort, allows to plead ultimate facts, pleading in answer)

Stiles v. Onorata, 457 S.E.2d 601 (1993) (Inference notice outside Rule on Attorney Breach Independent Duty of Care)

Brown v. Finger, 124 S.E.2d 781 (1962) (Cause of action for loss of income and other damage);

and S.C. 15-32-220(E) and § 15-32-530(C)(2) (Punitive Damages awards). Brouwer,

v. Sisters of Charity, 76 S.E.2d 200 (1954) (Know, in negligence, plaintiff v. Colleton County School District, 371 S.E.2d

564 (1990) (Permit recovery for loss under statute, also find separate loss recovery under statute amount of Damages)

Sparks v. Fullerton Hardware, Inc., 733 S.E.2d 331 (2003) (Defining severe permanent brain damage impairment

under statute compensable as legislative intent), and Crisp v. South Carolina, 733 S.E.2d 330 (2003) (same);

and Bergstrom v. Palmetto Health Alliance, 546 S.E.2d 42 (2004) (We conclude the Circuit Court

erred in dismissing this action when the facts and inferences therefrom as set forth in the

complaint are viewed in the light most favorable to petitioner. If Hospital recklessly or

intentionally made repeated and coercive efforts to separate a mother from newborn infant, that

might well constitute conduct that would be found utterly intolerable in a civilized community. Such conduct

could conceivably cause severe emotional distress). Plaintiff, alleges that based upon the above facts in the pleading under the theory of recovery, inferences

statutes, cited above for damages relief and case law above relied on sufficiently state a claim entitles him to damage relief.

The basis of said Memorandum in Opposition to motion to dismiss Civil Action under

South Carolina Rule of Civil Procedure - Rule 12(C) is:

(a) Plaintiff contends the pleadings allege facts sufficient to state a cause of action for

which the plaintiff would be entitled to relief. Plaintiff contend there is issue of

material fact in the pleading to show casual connection that his injury of Cardio

embolism occurred on 9/24/2012 at Trident and the Radiologist did not 'then' or 'on work-up'

diagnose the multifocal restriction diffusions in his brain as suggesting evident of hemorrhage or

Cardio embolism source. Plaintiff, pleading contends the doctors at TRMC did

diagnose the multifocal restrictive diffusion suggest a cardiac source of embolism, ^{old prior} hemmorrhage

see Anisi v. HUSAIN, 2009 NY Slip Op 30550(4) (Supreme Court of New

York) (2009) (Experts Testimony on MRI diagnoses of Cardiac em-

bolism showing multi focal raising issue of fact and Court denying

motion), Carson v. CSX Transportation, Inc., 734 S.E.2d 148 (S.C. Sup. Ct.

- 2012) (allow appellant to cite unpublished opinion supporting issue),

which was an obvious phenomenon as said was the likely source of his injury, inferring Trident breach standard of care because the standard required a Radiologist to do a differential diagnose to rule in Cardio embolism as the likely

source. *Anisi v. Hysain, supra (Multifocal Emboli)*; *McCarty v. Kendall Co.*, 120 S.E. 2d 860 (1966) (Citing *Glover v. Columbia Hospital*, 114 S.E. 2d 505. Court held it was factual issue on the doctor's testimony on most probable cause, preexisting *Mohr v. Grantham*, 262 F. 2d 490 En. 2. (An infarct is an area of tissue necrosis resulting obstruction by a thrombus or embolus). Plain fact, further contents there is a material issue of fact in the pleading that the treating hospitalist and consultant on 4/25/12 knew embolism was a possibility when the routine custom Echo Cardiogram was performed on 4/24/12 stating no source of embolism that on 9/23/2012 through 9/26/2012 breach the stand of care to treat for possible

embolism which can be inferred. Plaintiff Plead that the hospitalist initially intent to treat him with aspirin but knew plaintiff was allergic. See

complaint – page three (3) stand of care and that on 9/24/2012 treated him with 325mg and continued this treatment until discharge without instructions on

anticoagulation (complaint – page one (1) and five(5)). *Kennedy v. Henderson*, 346 S.E. 2d 526 (1986) (can be inferred breach the industry standard, entitle to protection to prevent);

Therefore, Trident Rule 12(c) Motion must be denied because there is material issue of fact raised by the complaint which if resolve in plaintiff favor would entitle him to judgement. *Kennedy v. Henderson, supra* (can be inferred breach industry standard).

- (b) In *King v. Williams*, 276 S.E. 2d 478(1981), the S.C. Supreme Court adopted a national standard of care. This standard required Trident to treat plaintiff according to neurology protocol as a hospitalist with Heparin on 9/23/2012 transition to Coumadin until the INR is 2.0, discharge with Coumadin on follow-up. Plavix, aspirin are local customs at Trident. See complaint page three (3). Under *King v. Williams*, supra local custom is one factor not the only factor merit consideration to the stand of care. Other factor is the type of injury and medical

available facility. Trident voluntarily undertook to diagnose and treat plaintiff. Therefore, Trident had a duty to use due care after it knew plaintiff condition when to take corrective action. See complaint – page three (3). *Russell v. City of Columbia*, 406 S.E. 2d 338

(1991) (voluntary undertaken assume a duty to use due care). Plaintiff, pleaded material of issue of facts is well pleaded to good cause of action entitling to relief;

because the pleading shows by 'expert witness statement affidavit' under the common knowledge exception, S.C. § 15-36-100(C) that Trident acts and omission in treating breach the standard proximately causing plaintiff injury and permanent damages. See complaint – pages three (3) through six (6) proximate

cause. *Brown v. Sandwood Development Corp.*, 263 S.E. 2d 514 (1979) (These loss alleged directly and proximately cause by negligence, overrule demurrer on novel question, interest of justice – trial on merit for the parties and future litigants). There is a material issue of fact Trident fail its duty to use due care once it knew plaintiff condition required corrective measures to prevent harm if voluntarily undertook.

- (c) A judgement on the pleadings against the plaintiff is not proper if there is an issue of fact raised by the complaint which, if resolved in favor of the plaintiff, would entitle him to judgement. Plaintiff pleaded a good cause of action, raises issue of

facts under holding of, *King v. Williams*, supra and *McMillan v. Durant*, 439 S.E. 2d 829 (1993) (citing cases from other jurisdiction on issue of duty of care) and *Russell v. City of Columbia*, supra which under a liberal construction of the pleading with inference in his favor of facts which would entitle

him to judgement. *Russell v. City of Columbia*, 406 S.E. 2d 338(1991) (relying and citing cases therein). A liberal construction of the pleading and inferences of fact and law indicates that to grant of judgement on the pleadings stand as a bar to substantial justice between the parties. Therefore Trident 'Motion' should be denied for judgment on the pleading. *Russell v. City of Columbia*, supra *Crowley v. Bob Jones University* 234 S.E. 2d 879 (1977) and *Rosenthal v. Unarco Industries, Inc.*, 247 S.E. 2d 638(1982) (place and date of injury).

Second Theory: On the basis of the facts in the pleading in the complaint it would be a bar to substantial justice between the parties to grant judgment on the pleading to Trident, as the moving party has the burden of showing the absence of a material issue of fact that plaintiff, injury, **severe disability** occurred on 9/24/12 at Trident due to undiagnosed embolism proximate cause by breach of the standard of care in treatment, which continued up until 9/26/12 upon discharge when Trident failed to instruct Plaintiff of need for follow-up anticoagulation treatment at Plaintiff Primary Care Health Facility, but recklessly with intent to harm plaintiff, continue him on an excessive doses of aspirin 325 mg. even after, Trident had knowledge plaintiff condition had change or abnormally worsen, but took no corrective action to prevent what it voluntarily undertook to do. These material issues of fact must be viewed in light most favorable to the (non-moving) opposing party. Trident, here has not carried its burden of its failure to foreclose the probability that there is a material issue of fact, Plaintiff injury occurred on 9/24/12 at Trident due to Trident acts and omissions ^{in its duty of care} which continued up until discharge. *Russell v. City of Columbia*, 406 S.E.2d 338 (1991) ^{Issue of fact}; *Hanseimann v. McCordle*, 242 S.E.2d 421 (1978) ^{Scope of Immunity Properly deny demurrer}; *Phillips v. U. of S. 508 F. Supp. 544* ^{Issue of fact} and that this acts and omission of Trident also involve material issue of facts was done recklessly, with intent to harm Plaintiff. *Anderson Vs. Liberty Lobby, Inc.*, 477 U.S.242 (U.S. Supreme Court - 1986) (relying on *New York Times Co. V. Sullivan*, 376 U.S.254, 279-280 (1964) (Actual Malice, reckless by Clear and Convincing Evidentiary Standard of Proof); *Bergstrom v. Palmetto Health Alliance*, 596 S.E.2d 42 (2004) ^{Court Error in dismissal action in light of facts and inferences favorable to Petitioner. If Hospital recklessly or intentionally made repeated threats... could cause severe pain}; *Taylor Vs. Medenica*, 479 S.E. 2d 35 (1996) (clear convincing reckless intent to injury), *Crowley Vs. Bob Jones university* 234 S.E. 2d 879 (1977) (reckless intent to harm) and *Rosenthat Vs. Unarco Industries, Inc.* 247 S.E. 2d 638 (1982) (Place and date of injury). A liberal construction of the pleading and inferences of facts and law indicates that a grant of judgment on the pleadings stands as a bar to substantial justice between the parties. Therefore, Trident motion for judgment on the pleadings should be denied. *Russell Vs. City of Columbia*, 406 S. E. 2d 338 (1991); *Hanseimann v. McCordle*, 242 S.E.2d 421 (1978) ^{Scope of Immunity Not Proper on Demurrer} because there are issues of fact raised by the complaint which, if resolved in favor of Plaintiff, would entitle him to judgment. *Brown Vs. United Insurance Company of America*, 268 S.C. 254, 233 S.E. 2d 298 (1977). *Wooten Vs. Standard Life and Cas. Co.*, 122 S.E. 2d 637 (1961) (same). Finally, because there are issue of facts and law that the statute of limitation has not expired on plaintiff cause of action because he complied with the requirements of S.C. 15-79-125(A) and (E) (2) and S.C. 15-36-100 'Notice of intent', 'Expert Witness Affidavit', ^{Verified Complaint} which is acceptable substitute for affidavit and admissible, relevant and tolling the Statute of Limitation, therefore this court retains subject matter jurisdiction to control mandatory mediation proceeding as cited by controlling S.C. Supreme Court case laws (see opposition to motion to dismiss - section 1(one) and 2(two)), raised in his opposition to Motion To Dismiss which, if resolved in favor of plaintiff, would entitle to judgment, Trident Motion for Judgment on the pleading should be denied. *Wooten vs. Standard Life and Cas. Co.*, 122 S.E. 2d 637 (1961) (same), *Moriarty v. Garden Sanctuary Church*, 534 S.E. 2d 672 (2000) (Discussion - citing cases holding issue of fact because conflicting testimony upon the statute of limitation it becomes an issue for the jury to decide); *Baird v. Charleston County*, 511 S.E. 2d 69 (1994) (Statutory condition precedent - holding doctor not required to follow procedure in the statute section to institute this action) and; *Kloe v. City of Columbia*, ^{Supra} overruling demurrer to strike statute Legislative Intent; *Pawkins v. Field*, 580 S.E.2d 433 (2003) (verified Complaint acceptable substitute as an affidavit and is admissible); *Grazia v. S.C. State Plastering*, ^{supra} (Error to strike); *Bell v. Monsanto Corp.*, 579 S.E. 2d 325 (2003) (Affirming striking statute Limitation defense); *Elledge v. Richard Lexington*, ^{supra} (Evidence of Industry Standard is admissible on issue Duty of Care); *Moultrie v. MUSC*, ^{supra} (Same).

South Carolina Legislature

South Carolina Law > Code of Laws > Title 15

South Carolina Code of Laws
Unannotated
Current through the end of the 2014 Session

DISCLAIMER

The South Carolina Legislative Council is offering access to the unannotated South Carolina Code of Laws on the Internet as a service to the public. The unannotated South Carolina Code on the General Assembly's website is now current through the 2014 session. The unannotated South Carolina Code, consisting only of Code text, numbering, and history, may be copied from this website at the reader's expense and effort without need for permission.

The Legislative Council is unable to assist users of this service with legal questions. Also, legislative staff cannot respond to requests for legal advice or the application of the law to specific facts. Therefore, to understand and protect your legal rights, you should consult your own private lawyer regarding all legal questions.

While every effort was made to ensure the accuracy and completeness of the unannotated South Carolina Code available on the South Carolina General Assembly's website, the unannotated South Carolina Code is not official, and the state agencies preparing this website and the General Assembly are not responsible for any errors or omissions which may occur in these files. Only the current published volumes of the South Carolina Code of Laws Annotated and any pertinent acts and joint resolutions contain the official version.

Please note that the Legislative Council is not able to respond to individual inquiries regarding research or the features, format, or use of this website. However, you may notify the Legislative Services Agency at LSA@scstatehouse.gov regarding any apparent errors or omissions in content of Code sections on this website, in which case LSA will relay the information to appropriate staff members of the South Carolina Legislative Council for investigation.

Title 15 - Civil Remedies and Procedures

CHAPTER 32

Noneconomic Damage Awards

ARTICLE 1

[Reserved]

ARTICLE 3

Noneconomic Damage Awards

SECTION 15-32-200. Citation of article.

This article may be cited as the "South Carolina Noneconomic Damage Awards Act of 2005".

HISTORY: 2005 Act No. 32, Section 2, eff July 1, 2005, for causes of action arising after that date.

SECTION 15-32-210. Definitions.

As used in this article, unless the context clearly requires otherwise:

- (1) "Ambulatory surgical facility" means a licensed, distinct, freestanding, self-contained entity that is organized, administered, equipped, and operated exclusively for the purpose of performing surgical procedures or related care, treatment, procedures, and/or services, by licensed health care providers, for which patients are scheduled to arrive, receive surgery or related care, treatment, procedures, and/or services, and be discharged on the same day. This term does not include abortion clinics.
- (2) "Claimant" means the person suffering personal injury.
- (3) "Economic damages" means pecuniary damages arising from medical expenses and medical care, rehabilitation services, costs associated with education, custodial care, loss of earnings and earning capacity, loss of income, burial costs, loss of use of property, costs of repair or replacement of property, costs of obtaining substitute domestic services, a claim for loss of spousal services, loss of employment, loss of business or employment opportunities, loss of retirement income, and other monetary losses.
- (4) "Health care institution" means an ambulatory surgical facility, a hospital, an institutional general infirmary, a nursing home, and a renal dialysis facility.
- (5) "Health care provider" means a physician, surgeon, osteopath, nurse, oral surgeon, dentist, pharmacist, chiropractor, optometrist, podiatrist, or similar category of licensed health care provider, including a health care practice, association, partnership, or other legal entity.
- (6) "Hospital" means a licensed facility with an organized medical staff to maintain and operate organized facilities and services to accommodate two or more nonrelated persons for the diagnosis, treatment, and care of such persons over a period exceeding twenty-four hours and provides medical and surgical care of acute illness, injury, or infirmity and may provide obstetrical care, and in which all diagnoses, treatment, or care are administered by or performed under the direction of persons currently licensed to practice medicine and surgery in the State of South Carolina. This term includes a hospital that provides specialized service for one type of care, such as tuberculosis, maternity, or orthopedics.
- (7) "Institutional general infirmary" means a licensed facility which is established within the jurisdiction of a larger nonmedical institution and which maintains and operates organized facilities and services to accommodate two or more nonrelated students, residents, or inmates with illness, injury, or infirmity for a period exceeding twenty-four hours for the diagnosis, treatment, and care of such persons and which provides medical, surgical, and professional nursing care, and in which all diagnoses, treatment, or care are administered by or performed under the direction of persons currently licensed to practice medicine and surgery in the State of South Carolina.
- (8) "Medical malpractice" means doing that which the reasonably prudent health care provider or health care institution would not do or not doing that which the reasonably prudent health care provider or health care institution would do in the same or similar circumstances.
- (9) "Noneconomic damages" means nonpecuniary damages arising from pain, suffering, inconvenience, physical impairment, disfigurement, mental anguish, emotional distress, loss of society and companionship, loss of consortium, injury to reputation, humiliation, other nonpecuniary damages, and any other theory of damages including, but not limited to, fear of loss, illness, or injury.
- (10) "Nursing home" means a licensed facility with an organized nursing staff to maintain and operate organized facilities and services to accommodate two or more unrelated persons over a period exceeding twenty-four hours which is operated either in connection with a hospital or as a freestanding facility for the express or implied purpose of providing skilled nursing services for persons who are not in need of hospital care. This term does not include assisted living, independent living, or community residential care facilities that do not provide skilled nursing services.
- (11) "Personal injury" means injuries to the person including, but not limited to, bodily injuries, mental distress or suffering, loss of wages, loss of services, loss of

consortium, wrongful death, survival, and other noneconomic damages and actual economic damages.

(12) "Personal injury action" means an action for personal injury, including a wrongful death action pursuant to Sections 15-51-10 through 15-51-60 and a survival action pursuant to Section 15-5-90.

(13) "Renal dialysis facility" means an outpatient facility which offers staff assisted dialysis or training and supported services for self-dialysis to end-stage renal disease patients.

(14) "Skilled nursing services" means services that:

(a) are ordered by a physician;

(b) require the skills of technical or professional personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, occupational therapists, and speech pathologists or audiologists; and

(c) are furnished directly by, or under the supervision of such personnel.

HISTORY: 2005 Act No. 32, Section 2, eff July 1, 2005, for causes of action arising after that date.

SECTION 15-32-220. Noneconomic damages limit; exceptions; annual adjustment based on Consumer Price Index.

(A) In an action on a medical malpractice claim when final judgment is rendered against a single health care provider, the limit of civil liability for noneconomic damages of the health care provider is limited to an amount not to exceed three hundred fifty thousand dollars for each claimant, regardless of the number of separate causes of action on which the claim is based, except as provided in subsection (E).

(B) In an action on a medical malpractice claim when final judgment is rendered against a single health care institution, the limit of civil liability for noneconomic damages is limited to an amount not to exceed three hundred fifty thousand dollars for each claimant, regardless of the number of separate causes of action on which the claim is based, except as provided in subsection (E).

(C) In an action on a medical malpractice claim when final judgment is rendered against more than one health care institution, or more than one health care provider, or any combination thereof, the limit of civil liability for noneconomic damages for each health care institution and each health care provider is limited to an amount not to exceed three hundred fifty thousand dollars for each claimant, and the limit of civil liability for noneconomic damages for all health care institutions and health care providers is limited to an amount not to exceed one million fifty thousand dollars for each claimant, except as provided in subsection (E).

(D)(1) The provisions of this section do not limit the amount of compensation for economic damages suffered by each claimant in a medical malpractice claim.

(2) The provisions of this section do not limit the amount of punitive damages in cases where the plaintiff is able to prove an entitlement to an award of punitive damages as required by law.

(E) The limitations for noneconomic damages rendered against any health care provider or health care institution do not apply if the jury or court determines that the defendant was grossly negligent, wilful, wanton, or reckless, and such conduct was the proximate cause of the claimant's noneconomic damages, or if the defendant has engaged in fraud or misrepresentation related to the claim, or if the defendant altered or destroyed medical records with the purpose of avoiding a claim or liability to the claimant.

(F) At the end of each calendar year, the Revenue and Fiscal Affairs Office, Board of Economic Advisors must determine the increase or decrease in the ratio of the Consumer Price Index to the index as of December 31 of the previous year, and the limitation on compensation for noneconomic damages pursuant to subsection (A), (B), or (C) must be increased or decreased accordingly. As soon as practicable after this adjustment is calculated, the Director of the Revenue and Fiscal Affairs Office shall submit the revised limitation on compensation to the State Register for publication pursuant to Section 1-23-40(2), and the revised limitation becomes effective upon publication in the State Register. For purposes of this subsection, "Consumer Price Index" means the Consumer Price Index for All Urban Consumers as published by the United States Department of Labor, Bureau of Labor Statistics.

HISTORY: 2005 Act No. 32, Section 2, eff July 1, 2005, for causes of action arising after that date; 2005 Act No. 144, Section 1, eff July 1, 2005, applicable to causes of action arising thereafter.

SECTION 15-32-230. Emergency medical and obstetrical care exceptions.

(A) In an action involving a medical malpractice claim arising out of care rendered in a genuine emergency situation involving an immediate threat of death or serious bodily injury to the patient receiving care in an emergency department or in an obstetrical or surgical suite, no physician may be held liable unless it is proven that the physician was grossly negligent.

(B) In an action involving a medical malpractice claim arising out of obstetrical care rendered by a physician on an emergency basis when there is no previous doctor/patient relationship between the physician or a member of his practice with a patient or the patient has not received prenatal care, such physician is not liable unless it is proven such physician is grossly negligent.

(C) The limitation on physician liability established by subsections (A) and (B) shall only apply if the patient is not medically stable and:

(1) in immediate threat of death; or

(2) in immediate threat of serious bodily injury.

Further, the limitation on physician liability established by subsections (A) and (B) shall only apply to care rendered prior to the patient's discharge from the emergency department or obstetrical or surgical suite.

HISTORY: 2005 Act No. 32, Section 2, eff July 1, 2005, for causes of action arising after that date.

SECTION 15-32-240. Rights under other acts.

The provisions of this article do not affect any right, privilege, or provision of the South Carolina Tort Claims Act pursuant to Chapter 78, Title 15 or the South Carolina Solicitation of Charitable Funds Act as contained in Chapter 56, Title 33.

HISTORY: 2005 Act No. 32, Section 2, eff July 1, 2005, for causes of action arising after that date.

ARTICLE 5

Punitive Damages

SECTION 15-32-510. Claims for punitive damages must be prayed for in complaint; amount shall not be specifically plead.

(A) A claim for punitive damages must be specifically prayed for in the complaint.

(B) The plaintiff shall not specifically plead an amount of punitive damages, only that punitive damages are sought in the action.

HISTORY: 2011 Act No. 52, Section 2, eff January 1, 2012.

SECTION 15-32-520. Bifurcated trials; clear and convincing evidence standard; factors for liability determination; review of jury determination; multiple defendants.

(A) All actions tried before a jury involving punitive damages, if requested by any defendant against whom punitive damages are sought, must be conducted in a bifurcated

manner before the same jury.

(B) In the first stage of a bifurcated trial, the jury shall determine liability for compensatory damages and the amount of compensatory or nominal damages. Evidence relevant only to the issues of punitive damages is not admissible at this stage.

(C) Punitive damages may be considered if compensatory or nominal damages have been awarded in the first stage of the trial.

(D) Punitive damages may be awarded only if the plaintiff proves by clear and convincing evidence that his harm was the result of the defendant's wilful, wanton, or reckless conduct.

(E) In the second stage of a bifurcated trial, the jury shall determine if a defendant is liable for punitive damages and, if determined to be liable, the amount of punitive damages. In determining the amount of punitive damages, the jury may consider all relevant evidence, including, but not limited to:

- (1) the defendant's degree of culpability;
- (2) the severity of the harm caused by the defendant;
- (3) the extent to which the plaintiff's own conduct contributed to the harm;
- (4) the duration of the conduct, the defendant's awareness, and any concealment by the defendant;
- (5) the existence of similar past conduct;
- (6) the profitability of the conduct to the defendant;
- (7) the defendant's ability to pay;
- (8) the likelihood the award will deter the defendant or others from like conduct;
- (9) the awards of punitive damages against the defendant in any state or federal court action alleging harm from the same act or course of conduct complained of by the plaintiff;
- (10) any criminal penalties imposed on the defendant as a result of the same act or course of conduct complained of by the plaintiff; and
- (11) the amount of any civil fines assessed against the defendant as a result of the same act or course of conduct complained of by the plaintiff.

(F) If punitive damages are awarded, the trial court shall review the jury's decision, considering all relevant evidence, including the factors identified in subsection (E), to ensure that the award is not excessive or the result of passion or prejudice.

(G) In an action with multiple defendants, a punitive damages award must be specific to each defendant, and each defendant is liable only for the amount of the award made against that defendant.

HISTORY: 2011 Act No. 52, Section 2, eff January 1, 2012.

SECTION 15-32-530. Awards not to exceed certain limits; Revenue and Fiscal Affairs Office to calculate adjustments to maximum awards; publication in State Register.

(A) Except as provided in subsections (B) and (C), an award of punitive damages may not exceed the greater of three times the amount of compensatory damages awarded to each claimant entitled thereto or the sum of five hundred thousand dollars.

(B) The limitation provided in subsection (A) may not be disclosed to the jury. If the jury returns a verdict for punitive damages in excess of the maximum amount specified in subsection (A), the trial court should first determine whether:

(1) the wrongful conduct proven under this section was motivated primarily by unreasonable financial gain and determines that the unreasonably dangerous nature of the conduct, together with the high likelihood of injury resulting from the conduct, was known or approved by the managing agent, director, officer, or the person responsible for making policy decisions on behalf of the defendant; or

(2) the defendant's actions could subject the defendant to conviction of a felony and that act or course of conduct is a proximate cause of the plaintiff's damages;

If the trial court determines that either item (1) or (2) apply, then punitive damages must not exceed the greater of four times the amount of compensatory damages awarded to each claimant entitled thereto or the sum of two million dollars and, if necessary, the trial court shall reduce the award and enter judgment for punitive damages in the maximum amount allowed by this subsection. If the trial court determines that neither item (1) or (2) apply, then the award of punitive damages shall be subject to the maximum amount provided by subsection (A) and the trial court shall reduce the award and enter judgment for punitive damages in the maximum amount allowed by subsection (A).

(C) However, when the trial court determines one of the following apply, there shall be no cap on punitive damages:

(1) at the time of injury the defendant had an intent to harm and determines that the defendant's conduct did in fact harm the claimant; or

(2) the defendant has pled guilty to or been convicted of a felony arising out of the same act or course of conduct complained of by the plaintiff and that act or course of conduct is a proximate cause of the plaintiff's damages; or

(3) the defendant acted or failed to act while under the influence of alcohol, drugs, other than lawfully prescribed drugs administered in accordance with a prescription, or any intentionally consumed glue, aerosol, or other toxic vapor to the degree that the defendant's judgment is substantially impaired.

(D) At the end of each calendar year, the Revenue and Fiscal Affairs Office must determine the increase or decrease in the ratio of the Consumer Price Index to the index as of December thirty-one of the previous year, and the maximum amount recoverable for punitive damages pursuant to subsection (A) must be increased or decreased accordingly. As soon as practicable after this adjustment is calculated, the Executive Director of the Revenue and Fiscal Affairs Office shall submit the revised maximum amount recoverable for punitive damages to the State Register for publication, pursuant to Section 1-23-40(2), and the revised maximum amount recoverable for punitive damages becomes effective upon publication in the State Register. For purposes of this subsection, "Consumer Price Index" means the Consumer Price Index for All Urban Consumers as published by the United States Department of Labor, Bureau of Labor Statistics.

HISTORY: 2011 Act No. 52, Section 2, eff January 1, 2012.

SECTION 15-32-540. Applicability of article.

The provisions of this article do not affect any right, privilege, or provision of the South Carolina Tort Claims Act pursuant to Chapter 78, Title 15 or the South Carolina Solicitation of Charitable Funds Act as contained in Chapter 56, Title 33.

HISTORY: 2011 Act No. 52, Section 2, eff January 1, 2012.

Legislative Services Agency
<http://www.scstatehouse.gov>

WHEREFORE, for the reasons stated above in this Memoranda of Law in Support of this Motion, Plaintiff Jim Washington, Pro Se, respectfully moves the Court for entry of

an Order Denying dismissal of this action, for costs expended herein including compensatory and punitive damages under the statute applicable cited therein and subsections mentioned in this action for relief as they apply to the case laws cited and any other case laws to the facts and laws, and for fees, and for any further relief which the Court deems appropriate. Plaintiff also seeks leave of this Court to grant leave to file an amended complaint to allege a second theory of recovery and to compel both parties to participate in mediation under S.C. 15-79-125 (and 125A) with Extension of Time.

This 7th day of Jan., 2016.

By: Jim Washington
Jim Washington, Pro Se
209 Signet Drive
Eutawville, S.C. 29048
(803) 496-4655

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this date a copy of the foregoing document was duly served upon each party to this cause by depositing same in a postpaid wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, VIA **CERTIFIED MAIL RETURN RECEIPT REQUESTED**, properly addressed as follows:

David H. Batten
Attorney for Defendant
4141 Parklake Avenue, Suite 350
Raleigh, N.C. 27612

This 7th day of Jan., 2016.

By:

Jim Washington, Pro Se
Jim Washington
209 Signet Drive
Eutawville, S.C. 29018
(803) 496-4655

2016 JAN -4 PM 11:19
CLERK OF COURT
BY

Appellant Opposition To Motion To Dismiss (Take Judicial Notice) of S. C. Code Statute 15-79-125 (A) Notice of Intent / pleading documents Interrogatory and Request For Production, 15-36-100 Expert Affidavit standard of care-Tr. P. 3 line 1-p. 8 line 4

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEA
COUNTY OF CHARLESTON	)	NINETH JUDICIAL CIRCUIT
JIM WASHINGTON,	)	CASE NO. 2015-CP-10-5000
Plaintiff,	)	
v.	)	
TRIDENT MEDICAL CENTER, LLC	)	OPPOSITION TO MOTION TO DISMISS
Defendant.	)	
-----	)	

2015 NOV 22 AM 10:28
FILED
CLERK OF COURT

TO:

Plaintiff, Jim Washington, respectfully move this honorable court to deny Defendant Trident Medical Center (correct Corporate name "Trident Medical Center, LLC") (hereinafter "Trident") MOTION TO DISMISS civil action No. 2015-CP-10-5000, pursuant to S.C. Code Ann. Statutes 15-79-125 and 15-36-100 and to grant plaintiff relief to civil action No. 2015-CP-10-5000 medical malpractice claim.

- I. The basis of said opposition to motion to dismiss is that plaintiff filed this action under S.C. ss15-79-125(A) for Notice of Intent and §15-79-125(E)(2) on 9/11/15 due to the statute of limitation was due to expire on 9/23-26/15 therefore f iled Summons and Complaint. Plaintiff,also filed on same above date his first set of Interrogatories, Request for Production, Request *for mediation*, signed all documents (including the cover sheet), name Trident as adverse party, contained a short and plain statement of the facts showing plaintiff entitled to relief, served on all name defendants in accordance with the service rules for Summons and Complaint outline in South Carolina rules of Civil Procedure and filed 2 verified Complaint under S.C. §15-36-100 (C) Common knowledge treated as an affidavit of merit specifying at least one negligent act or omission claimed to exist and the factual basis for each claim based on available evidence at the time of filing the affidavit, and both parties had already engaged in disclosure requirement under the business record exception or discover rules during his disability determination proceeding on this claim with Social Security Administration on the issue of disability permanent impairment. Therefore, based on

the above compliance to statutory requirements as filed by plaintiff as above stated and done, and South Carolina Supreme Court Case laws *Ranucci v. Crain*, 763 S.E.2d 189(2014), *Brouwer v. Sisters of Charity*, 763 S.E.2d 200 (2014), *Wilkerson v. East Cooper Community Hospital*, 763 S.E.2d 426(2014), *Grier v. Amisub of S.C., Inc.*, 725 S.E.2d 693(2012) and *Ross v. Waccamaw Community Hospital*, 744 S.E.2d 547(2013) relying these same statutes and the subsections as applied to facts and issues under the same or similar circumstances as plaintiff involved in his action, granted relief on the above issues allowing filing the Notice of Intent and Summons and Complaint on the same day in ~~one action~~ allowed affidavit under the Common Knowledge Exception, tolling the statute of limitation because all conditions were met even though mediation had not been begun and or completed at the time of filing the Medical Malpractice Civil Action, but allowing for mediation after suit is filed. The S.C. Supreme Court held that to allow the above steps and procedure was consistent with the legislature intent under these statutes and harmonizes its goals and to not do so create an absurd result and that the Circuit Court retained jurisdiction over the subject matter. The S.C. Supreme further found dismissal of the Complaint was not appropriate under these circumstances as plaintiff, but consider technical noncompliance with these statutes should be adjudicated on the merit by trial by jury. Finally, the S.C. Supreme Court held that the Notice of Intent and Summons and Complaint were timely and proper tolling all statutes of limitations. Plaintiff, also move this honorable court to take Judicial Notice that the Defendant by and through his counsel made admission that the action also had accompanying documents. These documents are two (2) verified complaints to be treated as an affidavit of merit by an expert witness to support the common knowledge exception under S.C. §15-36-100 (C)(2). Therefore, under S.C. §15-36-100 (D) which provides *no basis* for a statute of limitation defense for defendant motion to dismiss. The other accompanying documents are to the Interrogatories and Request for Production. Therefore, S.C. § 15-79-125(A) and S.C. §15-36-100 Filing of the Notice of Intent tolls an applicable statute of limitations in plaintiff civil action No. 2015-CP-10-5000. The Clerk of Court filed the Expert Witness Affidavit of Plaintiff separately as an exhibit rather than together with the complaint erroneously but such technical noncompliance is not ground for dismiss. *Wilkerson v. East Cooper Community Hospital* citing *Ross* and *Grier* ~~and citing, *Fisher v. Peisstring*, 317E Supp. 2d 741, 807 n. 8 (D. S. C. 2011) (same).~~

- II. The basis of said opposition to Motion to Dismiss plaintiff civil action under South Carolina Rules of Civil Procedure—Rules 12(b)(1), 12 (b)(6), and 12(c) is:
 - (a) The court has Subject Matter Jurisdiction because plaintiff filed the Notice of Intent, Requested for Mediation under Alternative Dispute Resolution rules on the Cover Sheet of Notice of Intent and Summons and Complaint, filed the affidavit

of expert witness, Interrogatories and Request for Production, name all defendants adverse party, the affidavits by the expert witnesses specifying at least one negligent act or omission on breach the standard of care which also included proximate ~~Cause~~ ; served all defendant(s) and signed all documents. *Dismissal should be deny.* South Carolina Statutes applicable §§ 15-79-125 (A) and (E)(2) and 15-36-100 (C) and (d) and Case Laws, Timms v. Green, 427 S.E.2d 642 (Supreme Court)(1993), Woodard v. Wesvaco Corporation, 433 S.E. 2d890 (S.C. APP Ct.)(1993), Duncan v. Provident Mutual Life Ins. Co., 427 S.E. 2d 657 (S.C. Supreme Ct.)(1993), Baird v. Charleston County, 511 S.E. 2d69 (S., C. Supreme Ct.)(1999) (arguing statutory condition precedent and held that doctors are not required to follow the procedures set forth in section 15-77-20 to institute this action), Wilkerson v. East Cooper Community Hospital, Inc. 763 S.E.2d 426(2014) (citing Ross v. Waccamaw Community Hospital, 404 S.C. 56, 744 S.E. 2d 547(2013)(concluding failure to timely complete the pre-litigation mediation process as required by section 15-79-100 does not divest the trial court of subject matter jurisdiction . The circuit court erred in granting respondents motion to dismiss as Wilkerson complaint was timely and sufficient to properly initiate a civil action for medical malpractice). Based on plaintiff compliance with the above statutory requirement and the above cited case laws holding, support plaintiff basis to deny defendant, Trident Motion to Dismiss for its Rule 12(b)(1) ground for Subject Matter Jurisdiction. Therefore, defendant motion should be denied accordingly. Ross v. Waccamaw Community Hopsital 404 S.C. 56, 744 S.E. 2d 547 (2013) (same).

- (b) Plaintiff, pleading in complaint alleged sufficient fact to support a reasonable deductible inference in the pleading in light most favorable to plaintiff, would entitle him to relief on the theory of his case: that on 9/23/12 defendant, Trident voluntarily undertaken to diagnose and treat plaintiff. See complaint, pages one (1) through three (3) factual basis for claim, breach the standard. See complaint, page three (3) "Standard of Care". Plaintiff, theory of his case under South Carolina Supreme Court Landmark case, King v. Williams, 276 S.C. 478(1981), 279 S.E. 2d 618 and McMillan v. Durant, 436 S.E. 2d 829 (1993), is that defendant, Trident breached the national standard of care, Trident employees and/or agents on 9/23/2012 as a reasonable prudent hospitalist, was supposed to immediately start plaintiff on Anticoagulation treatment of Heparin then transition to Coumadin according to Neurology protocol for the prevention of possible embolism and discharge plaintiff to his primary health provider for follow-up care with Coumadin. These treatments and procedures are the general recognized and accepted treatment/procedure national standard of care for possible embolism. Trident breach this standard of care. See Phillips v. United States, 566 F. Supp. 1-

Dist. Court, D. South Carolina (1981) (applying the King v. Williams, standard of care in its conclusion of law, concluding plaintiff have met their burden of proof in showing that the failure of the staff at the NRMC to provide adequate genetic counseling and prenatal testing in light Mrs. Phillips' positive family history of Down's Syndrome and their failure to refer the child to Pediatric Cardiologist at the first sign of congestive heart failure constituted deviations from the applicable standard of care and proximately caused some elements of damages). See Thomas v. Ellis, 329 Mass. 93(1952). Plaintiff, second theory of pleading was that Trident knowingly, recklessly intent to initially start plaintiff on the treatment of aspirin but delayed this treatment until it decided what his allergic reaction to aspirin. Then recklessly changed from Plavix to aspirin 325mg on or about 9/24/2012 until 9/26/2012 upon discharge and afterwards with reckless intent to harm plaintiff by using this treatment in an excessive doses not Heparin and Coumadin with follow-up care instruction for this needed treatment upon discharge, knowing his condition had become critical worsened, fell below standard of care (see complaint – pages one (1) through three (3) factual basis for claim and standard of care) and proximate caused his injury and permanent impairment damages. See complaint – pages three (3) through five (5) and page six (6) pray for relief of judgement and damages. Plaintiff, based upon the above facts,pleaded in the complaint allege sufficient fact to support a reason a reasonable inference in light most favorable to plaintiff, that would entitle him to relief under King v. Williams, 276 S.E. 2d 478(1981) and Taylor v. Medenica, 479 S.E. 2d35-S.C. Supreme County (1996) (Punitive damages). See Brown v. Sandwood Development Corp., 253 S.E. 2d 514 (1979), Bergstrom v. Palmetto Health Alliance, 596 S.E. 2d 42 (2004), Rydee v. Morris, 675 S.E. 2d 431 (2004) and Everett v. White, 140 S.E. 2d582(1965) (same). Therefore, defendant, Trident 'Motion to Dismiss' under Rule 12(b)(6) should be denied. Brown v. Sandwood Development Corp., Bergstrom v. Palmetto Health Alliance, Rydde v. Morris and Everette v. White. (All cases cited above included therein).

III. The basis of said opposition to 'Motion of Dismiss' Plaintiff Civil Action under South Carolina Rule of Civil Procedure – Rule 12(C) is:

- (a) Plaintiff contends the pleadings allege facts sufficient to state a cause of action for which the plaintiff would be entitled to relief. Plaintiff contend there is issue of material fact in the pleading to show cause of action that his injury of Cardio embolism occurred on 9/24/2012 at Trident and the Radiologist did not 'then' or 'on work' diagnose the multifocal restriction diffusions in his brain as suggesting evident of Cardio embolism source. Plaintiff, pleading contends the doctors at TRMC did diagnose the multifocal restrictive diffusion suggest a cardiac source of embolism, *see Anis v. HUSAIN, 2009 NY Slip Op 30550(U) (Supreme Court of New York) (2009) (Experts Testimony on MRI diagnoses of Cardiac embolism showing multi focal raising issue of fact and Court denying motion), Carson v. CSX Transportation, Inc., 734 S.E.2d 148(S.C. Sup. Ct. 2012) (allow appellant to cite unpublish opinion supporting issue)*

which was an obvious phenomenon as said was the likely source of his injury, inferring Trident breach ~~standard~~ of care because the standard required a Radiologist to do a differential diagnose to rule in Cardio embolism as the likely source. *Anisi v. Husain, supra (Multifocal-emboli)*. See complaint – pages one (1) through three (3) factual basis for claim. Plaintiff further contends there is material issue of fact in the pleading that the treating hospitalist and consultant on 9/23/2012 through 9/26/2012 breach the stand of care to treat for possible embolism with reckless intent to cause harm. Plead that the hospitalist initially intent recklessly to treat him with aspirin but know plaintiff was allergic. See complaint – page three (3) stand of care and that on 9/24/2012 treated him with 325mg and continued this treatment until discharge without instructions on anticoagulation (complaint – page one (1) and five(5)). See *Crowley v. Bob Jones University*, 234 S.E. 2d 879(1977) (same) is controlling that here is material issue of fact raised by the complaint which if resolve in plaintiff favor would entitle him to judgement. *Miller v. City of Camden*, 494 S.E.2d 813(1997)(same).

- (b) In *King v. Williams*, 276 S.E. 2d 478(1981), the S.C. Supreme Court adopted a national standard of care. This standard required Trident to treat plaintiff according to neurology protocol as a hospitalist with Heparin on 9/23/2012 transition to Coumadin until the INR is 2.0, discharge with Coumadin on follow-up. Plavix, aspirin are local customs at Trident. See complaint page three (3). Under *King v. Williams*, supra local custom is one factor not the only factor merit consideration to the stand of care. Other factor is the type of injury and medical available facility. Trident, voluntarily undertook to diagnose and treat plaintiff. See complaint – page three (3). *Russell v. City of Columbia*, 406 S.E. 2d 338 (1991) (voluntary undertaken assume a duty to use due care). Plaintiff, pleaded material of issue of facts is well pleaded to good cause of action entitling to relief, because the pleading shows by 'expert witness statement affidavit' under the common knowledge exception, S.C. § 15-36-100(C) that Trident acts and omission in treating breach the standard proximately causing plaintiff injury and permanent damages. See complaint – pages three (3) through six (6) proximate cause and prayer for relief and pages one(1) through three (3) (factual basis for claim and standard of care). ~~Trident did not employ these other factors under King v. Williams~~
- (c) A judgement on the pleadings against the plaintiff is not proper if there is an issue of fact raised by the complaint which, if resolved in favor of the plaintiff, would entitle him to judgement. Plaintiff pleaded a good cause of action, raises issue of facts under holding of, *King v. Williams*, supra by expert testimony and the common knowledge exception in *King v. Williams*, supra which would entitle him to judgement. *Russell v. City of Columbia*, 406 S.E. 2d 338(1991) (relying and citing cases therein). A liberal construction of the pleading and inferences of fact and law indicates that to grant of judgement on the pleadings stand as a bar to substantial justice between the parties. Therefore Trident 'Motion' should be denied for judgment on the pleading. *Russell v. City of Columbia*, supra *Crowley v. Bob Jones University* 234 S.E. 2d 879 (1977) and *Rosenthal v. Unarco Industries, Inc.*, 247 S.E. 2d 638(1982) (place and date of injury).

On the basis of the record in the pleading in the complaint it would be a bar to substantial justice between the parties to grant judgment on the pleading to, Trident, as the moving party, has the burden of showing the absence of a material issue of fact that plaintiff, injury, *severe disability* occurred on 9/24/12 at Trident due to undiagnosed embolism proximate cause by breach of *duty*, standard of care in treatment, which continued up until 9/26/12 upon discharge when Trident failed to instruct Plaintiff of need for follow-up anticoagulation treatment at Plaintiff Primary Care Health Facility, but recklessly with intent to harm plaintiff, continue him on an excessive doses of aspirin 325 mg. even after, Trident had knowledge plaintiff condition had change or abnormally worsen, but took no corrective action to *prevent clots and a second stroke*. These material issues of fact must be viewed in light most favorable to the (non-moving) opposing party. Trident, here has not carried its burden of its failure to foreclose the *probability* that there is a material issue of fact. Plaintiff injury occurred on 9/24/12 at Trident due to Trident acts and omissions which continued up until discharge. *Morris v. Mooney, 343 S.E. 2d 442 (1986), Miller v. City of Camden, 444 S.E. 2d 131 (1997) (same)*, and that this acts and omission of Trident also involve material issue of facts was done recklessly, with intent to harm Plaintiff. *Anderson Vs. Liberty Lobby, Inc., 477 U.S. 242 (U.S. Supreme Court - 1986) (relying on New York Times Co. V. Sullivan, 376 U.S. 254, 279-280 (1964) (Actual Malice, reckless by Clear and Convincing Evidentiary Standard of Proof), French v. Hawa-aii Pizza Hut, Inc., 99 P.3d 1046 (2004) (Issue of material fact of severe permanent disability)*, Taylor Vs. Medenica, 479 S.E. 2d 35 (1996) (clear convincing reckless intent to injury), *Clowley Vs. Bob Jones university 234 S.E. 2d 879 (1977) (reckless intent to harm) and Rosenthat Vs. Unarco Industries, Inc. 247 S.E. 2d 638 (1982) (Place and date of injury)*. A liberal construction of the pleading and inferences of facts and law indicates that a grant of judgment on the pleadings stands as a bar to substantial justice between the parties. Therefore, Trident motion for judgment on the pleadings should be denied, *Russell Vs. City of Columbia, 406 S. E. 2d 338 (1991), Manning Vs. Dial, 271 S.C. 79, 245 S.E. 2d 120 (1979)*, because there are issues of fact raised by the complaint which, if resolved in favor of Plaintiff, would entitle him to judgment. *Brown Vs. United Insurance Company of America, 268 S.C. 254, 233 S.E. 2d 298 (1977). Wooten Vs. Standard Life and Cas. Co., 122 S.E. 2d 637 (1961) (same)*. Finally, because there are issue of facts and law that the statute of limitation has not expired on plaintiff cause of action because he complied with the requirements of S.C. 15-79-125(A) and (E) (2) and S.C. 15-36-100 'Notice of intent', 'Expert Witness Affidavit - Common Knowledge Exception' and tolling the Statute of Limitation, therefore this court retains subject matter jurisdiction to control mandatory mediation proceeding as cited by controlling S.C. Supreme Court case laws (see opposition to motion to dismiss - section 1(one) and 2(two)), raised in his opposition to Motion To Dismiss which, if resolved in favor of plaintiff, would entitle to judgment, Trident Motion for Judgment on the pleading should be denied. *Wooten vs. Standard Life and Cas. Co., 122 S. E. 2d 637 (1961) (same), Moriarty v. Garden Sanctuary Church, 534 S.E. 2d 672 (2000) (Discussion - Citing Cases holding issue of fact because conflict- ing testimony upon the statute of limitation it becomes an issue for the jury to decide), Baird v. Charleston County, 511 S.E. 2d 69 (1994) (Statutory Condition precedent - holding Doctor not required to follow procedure in the statute section to institute this action) and Dandy v. Amer-*

STATE OF SOUTH CAROLINA)
COUNTY OF *Charleston*)

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT

Jim Washington,)
Plaintiff,)
vs.)
Trident Medical Center,)
Defendant.)

Case No.

2015-CP-10-5000

INTERROGATORIES

2015 SEP 11 AM 10:22

FILED

Pursuant to Rule 33 of the South Carolina Rules of Civil Procedure, the Plaintiff, by and through his undersigned attorney, hereby propounds the following interrogatories to the Defendant, to be answered fully and in writing within thirty (30) days after service hereof:

1. Give the names and addresses of persons known to the parties or counsel to be witnesses concerning the facts of the case and indicate whether or not written or recorded statements have been taken from the witnesses and indicate who has possession of such statements.
2. Set forth a list of photographs, plats, sketches or other prepared documents in possession of the party that relate to the claim or defense in the case.
3. Set forth the names and addresses of all insurance companies which have liability insurance coverage relating to the claim, and set forth the number or numbers of the policies involved and the amount or amounts of liability coverage provided in each

policy.

4. List the names and addresses of any expert witness whom the party proposes to use as a witness at the trial of this case.

5. For each person known to the parties or counsel to be a witness concerning the facts of the case, set forth either a summary sufficient to inform the other party of the important facts known to or observed by such witness, or provide a copy of any written or recorded statements taken from such witnesses.

Jim Washington

Eutawville, South Carolina

September 11, 2015

STATE OF SOUTH CAROLINA)
COUNTY OF *Charleston*)

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT

Jim Washington,)
Plaintiff,)
vs.)
Trident Medical Center,)
Defendant.)

Case No.

2015-CP-10-5000

REQUEST FOR PRODUCTION

2016 SEP 11 AM 10:22

FILED

Pursuant to Rule 34 of the South Carolina Rules of Civil Procedure, the Plaintiff above-named, by and through his undersigned attorney, requests the Defendant above-named, respond in writing within thirty (30) days to the following requests for production of documents and to permit Plaintiff to inspect and copy each of the following documents or categories of documents.

1. Any and all statements, whether written or recorded, taken in connection with the above referenced action.
2. Any and all documents, photographs, diagrams, memoranda, sketches, notes, correspondence, drafts, written material of any kind, videotapes, audiotapes or any other medium which relate to the claims set forth in the Complaint.
3. Any document not already requested that is in the possession of the Defendant that is relevant to the issues raised in the Complaint or that which will be offered into evidence at

trial in this case.

~~Jim Washington~~
Jim Washington
Attorney for the Plaintiff/Pro-Se
209 Signet Drive
Eutawville, S.C. 29048
(803) 496-4655

Columbia, South Carolina

September 11, 2015.

STATE OF SOUTH CAROLINA)
COUNTY OF *Charleston*)

IN THE COURT OF COMMON PLEAS
NINTH JUDICIAL CIRCUIT

Jim Washington,)
Plaintiff,)
vs.)
Trident Medical Center,)
Defendant.)

Case No.

2015-CP-10-5000

CERTIFICATE OF SERVICE

CLERK OF COURT

2015 SEP 11 AM 10:22

FILED

I, *Jim Washington, Plaintiff*

do, hereby certify that on this *11* day of *September, 2015*,
have served Plaintiff's **Interrogatories** and **Request for Production**
upon the following by depositing same in the United States Mail,
postage paid addressed to: *Todd Gallati - Director/CEO*
Trident Medical Center
9330 Medical Plaza Drive - First Fl.
North Charleston, S.C. 29406

Jim Washington

Jim Washington

WHEREFORE, for the reasons stated above and in any Memoranda of Law in Support of this Motion, *Plaintiff Jim Washington, Pro Se*, respectfully moves the Court for entry of an Order *Denying dismissal of this action*, for costs expended herein including fees, and for any further relief which the Court deems appropriate.

This *12th* day of *Nov.*, 2015.

By: *Jim Washington*
Jim Washington, Pro Se
209 Signet Drive
Eutawville, S.C. 29048
(803) 496-4655

RECEIVED

OCT 17 2016

SC Court of Appeals

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this date a copy of the foregoing document was duly served upon each party to this cause by depositing same in a postpaid wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, VIA **CERTIFIED MAIL RETURN RECEIPT REQUESTED**, properly addressed as follows:

David H. Batten
Attorney for Defendant
4141 Parklane Avenue
Raleigh, N.C. 27612

This 12th day of NOV., 2015.

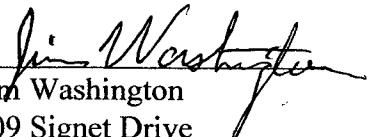
By:

Jim Washington, Pro Se
Jim Washington
209 Signet Drive
Eutawville, S.C. 29048
(803) 496-4655

FILED
20 NOV 12 AM 10:28
JULIE J. HARRIS
CLERK OF COURT

The undersigned hereby certifies that the Record on Appeal contains all material Proposed to be included by any of the parties and not any other material.

November 28, 2016

s/ 
Jim Washington
209 Signet Drive
Eutawville, S.C. 29048
(803) 496-4655
Appellant / Pro Se

RECEIVED
NOV 28 2016
SC Court of Appeals