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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA
Workers' Compensation Commission

WCC File No. 1103442

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SC Court of Appeals

Gayla Ramey, Employee Appellant/Respondent,

v.

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

RECORD ON APPEAL

VOLUME I

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BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Gayla Ramey,

Employee/Claimant

Vs.

Unihealth Post Acute Care Tanglewood,

Employer

-and-

American Zurich Insurance Company,

Carrier/ Defendants.

DECISION AND ORDER

WCC File Number: 1103442

APPEARANCES:

Claimant represented by Mark R. Calhoun.
Defendants represented by Daniel Addison.

HEARING:

Held in Columbia, South Carolina on August 10, 2011.

PURPOSE OF HEARING:

To determine issues as set forth in Claimant's Motion to Form 50 and any other issues, which may timely come before the Commissioner.

OPINION AND AWARD:

Commissioner G. Bryan Lyndon

FILED:

September 28, 2011

STIPULATIONS

At the call of the case, the parties agreed to the following:

1. The purpose of the hearing was to determine all issues in dispute as set forth in the hearing notice and any other issues, which may timely come before the Commissioner.
2. The Claimant and Defendants are subject to and bound by the provisions of the South Carolina Workers Compensation Act.
3. The notice of the hearing was timely and properly served upon all parties of interest.
4. All parties agreed that venue was proper.
5. The Claimant seeks benefits under the South Carolina Workers Compensation Act based upon an alleged accidental injury that occurred on or about March 11, 2011.

APA SUBMISSIONS

Under the Administrative Procedures Act, the following medical and expert witness reports were submitted into evidence.

Claimant's

APA No. 1	Alice J. Brooks	7/12/2000-12/29/2010	108pgs.
APA No. 2	Doctors Care	3/11/2011-4/8/2011	19 pgs.
APA No. 3	Camden Open MRI	3/31/2011	1 page
APA No. 4	Palmetto Spine & Sports Medicine	07/19/2011	5 pgs.

Defendant's

APA No. 1 Personnel Records of the Employer 71 pgs.
APA No. 2 Deposition of Claimant
APA No. 3 Deposition of Linda Burr

STATEMENT OF THE CASE

This is a denied claim. The Claimant seeks a determination of her average weekly wage and compensation rate. The Claimant asserts that she injured her back and right arm after sustaining a fall at work. She feels that she is entitled to further medical care since maximum medical improvement has not been reached and she also feels she is entitled to temporary total disability benefits from March 24, 2011 to the present and continuing. The Defendants contest the injuries were causally related to the accident, that the Claimant is entitled to temporary disability benefits because she was terminated for cause and argue that she is at maximum medical improvement.

EVIDENCE OF THE CASE

The Claimant has worked for the Employer for approximately 9 years previous to the day of accident, March 21, 2011. The Claimant states that the previous 52 weeks to the date of accident yield an average weekly wage of \$1099.17. Divided by 52 weeks this would yield the maximum compensation rate for 2011, \$704.32. The Employer relies on the previous four quarters that were reported on the Form 20 which gives an average weekly wage of \$1007.32, which would result in a compensation rate of \$671.58 (APA p. 4-5). Before the Hearing began, the Employer conceded that the Claimant is entitled to more medical treatment and would schedule an appointment with an orthopedic back

specialist of their choosing. The final issue to be resolved is whether the Claimant should receive temporary total disability benefits from March 21, 2011 to the present and continuing until she reaches maximum medical improvement. The Claimant testified that she is 50 years old and lives in a household with 11 family members, mostly children and grandchildren. The Claimant received her R.N. degree in 2008. In fact, her Employer gave the Claimant a scholarship in order to get her R.N. degree (APA p. 12). The Claimant described her job duties as including helping patients with treatment, moving and turning patients in and out of bed, pushing patients in wheelchairs and helping them in and out of wheelchairs and moving the medical cart around the facility. She also does a lot of charting and working with the doctors to provide care to those patients (APA p. 12-13).

The Claimant testified she has never had any medical problems or treatment related to her back or spine. She did suffer from muscle spasms in her right shoulder in approximately 2006 and 2008 which were completely unrelated to her spine. They were muscular issues only (APA p. 13).

The Claimant stated that when she arrives at work she is required to "punch-in" by the use of a hand scanning device. After scanning the Claimants hand, the device records the time that the Claimant arrives at the working premises and later leaves the working premises. On March 11, 2011 the Claimant had scanned in after she arrived at work. After falling on some steps, the Claimant was immediately taken to Doctors Care for treatment. She did not have time to punch out with the hand scanner that day but was still paid her normal hours. Doctors Care placed her on restrictions of: limited use of the back, no use of the right arm, 10 pound lifting restriction, no repetitive bending, twisting,

stooping, squatting or pushing, no more than 30 minutes per hour standing. These restrictions were for injuries to the Claimants back and right arm (APA p. 13-14). The Employer kept the Claimant working in violation of these work restrictions (APA p. 15). The Claimant continued to work, although she was violating her restrictions, because she was scared of being terminated. There were two other employees who also had workers compensation claims who were also kept working. The Claimant understood that one of these two women was about to be terminated (APA p. 16).

The Claimant had a follow up doctor's appointment on March 18, 2011. The Claimant was informed about the Doctors appointment by Human Resources manager Linda Burr. The Claimant arrived at work at 7am the morning of March 18, 2011 so that she could speak to Ms. Burr before she left for her appointment at Doctors Care. Although she was supposed to be at work that morning, Ms. Burr was not there. The hand-scanner was not working the day of the 18th, 2011 (APA p. 16-18). The Claimant attended her appointment with Doctors Care and returned to work approximately at 9:45am. Her supervisor Tonya Shepard told her to leave work early at 10:30am because she wanted the Claimant to work the next two days, Saturday and Sunday (APA p. 18). The Claimant testified that it was her understanding that she was to be paid for time missed from work in order to attend regularly scheduled doctors' appointments. In fact this had occurred the day she was injured March 11, 2011 (APA p. 19).

When the Claimant returned to work, she was required to fill out a form to request missed time from work since the hand scanner was broken. After filling out the form she gave it to her two supervisors Carrie Ray and Tonya Shepherd who signed off and approved the form. Each supervisor was aware that the Claimant had left work the

morning of the 18th to attend her doctor's appointment (APA 19-20). It was not unusual for the hand-scanner to not work. Every time previously that the hand-scanner had not worked, the Claimant has always been paid by the Employer. This is done by the procedure of having the Claimant manually fill out a lost time sheet which is approved by her supervisor. If the hand-scanning machine had been working properly on March 18, 2011 the Claimant would have been able to scan herself in and out of the facility for her doctor appointment (APA p. 52-54).

At the Claimants doctors appointment on March 18, 2011 she requested that the physician remove her work restrictions so she can attempt to work full duty (APA p. 47). The Claimant did so due to her fear of being terminated. On March 19 and 20, 2011 the Claimant attempted to work full duty but was unable to do so. When she returned to the doctor on March 24, 2011 and informed them of her inability to work full duty, the doctor reinstated her work restrictions as of March 24, 2011 (APA p 118). On March 21, 2011 the Claimant was called in to meet with Linda Burr. Linda Burr fired the Claimant for the stated reason that the Claimant was not allowed to be paid for time missed from work in order to attend doctor appointments (APA p. 20). The Claimant stated she has attempted to find employment that does not violate her work restrictions since being terminated has been unsuccessful in doing so (APA p. 21-22). She desires the medical treatment recommended by Dr. Zgleszewski and is requesting temporary total disability benefits until she is placed at maximum medical improvement.

The Employer argues that it had Ms. Ramey sign a piece of paper stating she agreed to not be paid for missed time from work for doctors appointments. The Claimant admits signing this piece of paper but denies she was ever given the opportunity to read

it, only told to sign it. The Employer also maintains that the Claimant has had right shoulder and neck problems for a number of years. The Claimant testified that she had been treated for muscle spasms in her right shoulder in 2006 and 2008 but had never been treated for issues in her cervical spine or back (APA p. 43-44).

Human Resources director Linda Burr testified that the Claimant was terminated for falsifying records. She explained that when the Claimant turned in her missed time form (due to the hand-scanner not working) that the Claimant was falsifying records by requesting to be paid for time on the morning of the 18th that the Claimant was actually at a doctors appointment. Although Ms. Burr, and both of the Claimants supervisors knew the Claimant had a doctors appointment that morning, Ms. Burr believes the Claimant was falsifying a time sheet by requesting to be paid for that period that the Claimant was at her doctors appointment (APA p. 65). Ms. Burr also testified that in the 9 years she has worked with the Claimant she has never heard the Claimant complain about pain in her back or neck (APA p. 73). Ms. Burr stated that the Claimant is not to be paid for any time that she misses work due to receiving medical treatment on a workers compensation claim (APA p. 74).

The medical records from Doctors Care indicate that the Claimant injured her back and right arm on March 11, 2011. The Claimant was placed on the previously mentioned substantial restrictions on that day. These restrictions remained in effect until March 18, 2011 the day the Claimant testified that she requested to try full duty. The Claimants next doctor appointment after the 18th was March 24th, 2011. On that date the Claimants work restrictions were reinstated. The Claimant was examined by Dr. Zgleszewski on July 19, 2011 who also held the Claimant out of work (APA p. 130-134).

Dr. Z recommends a thorough course of medical treatment for the Claimants back including an MRI. The medical records from Doctors Care also indicate that the Claimant is being referred to see an orthopedic doctor for her neck pain (APA p. 126).

A record of all pertinent information was made at the preceding's in this matter. This Commissioner has made a careful review of all the evidence presented and has been able to observe personally the demeanor of the witnesses in this case. Based upon the above stated evidence. The following is accordingly made:

FINDINGS OF FACT

Based upon the stipulations of both parties and the testimony and evidence produced at this hearing, the undersigned Commissioner makes the following Findings Of Fact:

1. All parties are bound by and subject to the terms and provisions of the South Carolina Workers' Compensation Act, as amended. This finding is based upon stipulation by the parties. The Claimants compensation rate is \$671.58. This finding is based upon the average weekly wage of \$1007.32 on the Employers Form 20 which covers the last four quarters of the Claimants employment.
2. The Claimant sustained a compensable injury to her back and right arm in an admitted work related accident on March 11, 2011. This finding is based on the Claimants testimony and medical reports.
3. The Claimant is a 9 year employee of the Employer. She was given a scholarship by the Employer in order to receive her R.N. degree. The Claimant has never

previously been accused by the Employer of falsifying time sheets or other records.

4. The Claimant has had no previous problems with her spine. She did explain that she had received treatment for muscular issues in her right shoulder and trapezius muscles which have been resolved.
5. Work time reporting procedures required employees to use a hand-scanning device to clock in and out of work. On March 11, 2011 and on numerous previous occasions the hand-scanning device did not work for the Claimant.
6. The Claimant had a regularly scheduled doctors appointment the morning of March 18, 2011. The Human Resources Director Linda Burr and the Claimants two supervisors (Ms. Ray and Ms. Shepherd) knew about the Claimants appointment. This was confirmed by Linda Burr who testified at the hearing and the missed time form which was signed off by the two supervisors. Since the Claimant knew the scanner was not working the morning of March 18, 2011 she did not clock in and out. As a result the Claimant was paid for the hours she went to the doctor. She had always previously been paid when the scanner was broken and the Claimant was required to clock in and out using the manual form. In fact, on March 11, 2011 the Claimant was paid her normal hours although she did not clock out in order to go to Doctors Care, even though the hand-scanner was working that day.
7. The Claimant was on light duty restrictions from March 11th to March 18th, 2011 and continued to work. She continued to work even though working outside of her work restrictions.

8. The Employer discharged the Claimant for falsifying records for getting paid for the one hour she was at the doctor on March 18, 2011. It was the Claimants clear understanding based upon the acts and information given by the Employer that led the Claimant to believe she was to be paid for time missed from work for her medical appointments.
9. Linda Burr, the Claimants Human Resources Director testified that the Claimant wanted to do more work in order to help out while she was on her restrictions but was not allowed to do so because of her restrictions.
10. On March 18, 2011 the Claimant requested that Doctors Care allow her to go back to regular duty.
11. Linda Burr testified that she knew the Claimant was going to Doctors Care on March 18, 2011 as did other people or supervisors in management.
12. I find the Claimant was a credible witness. I further find that but for the malfunctioning hand-scanner the Claimant would have clocked out, thereby not having to use the missed time form that the Employer used as an excuse for terminating her.
13. In the past when the hand scanner was working, the Claimant would clock into work, out for lunch, and back to work. If the hand-scanner had been working on March 18, 2011 the Claimant would not have been terminated.
14. I do not find it plausible that the Claimant would intentionally put 9 years of service on the line for the one hour that she was at the doctor. She was out of the office for a doctors appointment. This appointment was for an admitted work related injury and the Employer knew the Claimant was at the doctors

appointment. The Claimant also gave the Employer the time she was at the Doctors appointment so it was obvious she was not trying to falsify records, deceive the Employer, or hide anything else.

15. The Claimant is temporarily totally disabled and is entitled to benefits for March 24, 2011 to the present and continuing.

16. The Claimant is to be treated by an orthopedic doctor chosen by the Employer.

CONCLUSIONS OF LAW

Accordingly, as provided in the South Carolina Code of Laws 1976, as amended, §42-17-140, it is the determination of this Commissioner that:

1. Under §42-1-160, the Claimant sustained a compensable injury to her back and right arm by accident arising out of and in the course of her employment.
2. Under §42-1-40 the Claimant's average weekly wage is \$1007.32, with a corresponding compensation rate of \$671.58.
3. Under §42-15-60 the Defendants are responsible for all causally-related medical treatment allowed under the Act.
4. Under §42-9-10 the Claimant is entitled to continued temporary total disability benefits from March 24, 2011 to the present and continuing.
5. The burden of proof applicable to a claim for workers compensation benefits is the preponderance of the evidence. The Claimant must establish by preponderance of the evidence the facts that will entitle her to an award.

Walsh v. U.S. Rubber Company, 120 S.E. 2d 685 (1961); Herndon v. Morgan

Mills Inc., 143 S.E. 2d 376 (1965). The Claimant has met her burden of proof in establishing her claims by a preponderance of the evidence.

6. Under §42-1-130 the Claimant was a covered employee at the time of her accident on March 11, 2011.
7. Under §42-15-20, proper notice was given to the Employer of the Claimants March 11, 2011 injuries to her right arm and back.
8. Under §42-15-20, proper notice was given to the Employer of the Claimants March 11, 2011 accident.
9. Under §42-9-10, the Claimant is entitled to receive compensation from the Defendants for her period of temporary total disability resulting from her March 11, 2011 accident from March 24, 2011 until the present and continuing.

ORDER

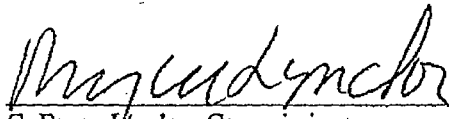
IT IS, THEREFORE, ORDERED that the Findings of Fact and Conclusions of Law are incorporated herein as if set forth verbatim, and that the Defendant shall provide the following benefits:

1. ORDERED, ADJUDGED AND DECREED that the Claimant is entitled to receive temporary total disability compensation from March 24, 2011 to the present and continuing;
2. ORDERED, ADJUDGED AND DECREED that the Defendant shall be responsible for any and all causally related medical treatment provided to the Claimant related to her compensable injury on March 11, 2011 including all medication expenses and mileage and it is further,

3. ORDERED, ADJUDGED AND DECREED that the Claimant sustained a compensable injury by accident on March 11, 2011 to her back and right upper extremity.

IT IS SO ORDERED.

No hearings costs assessed in this matter.



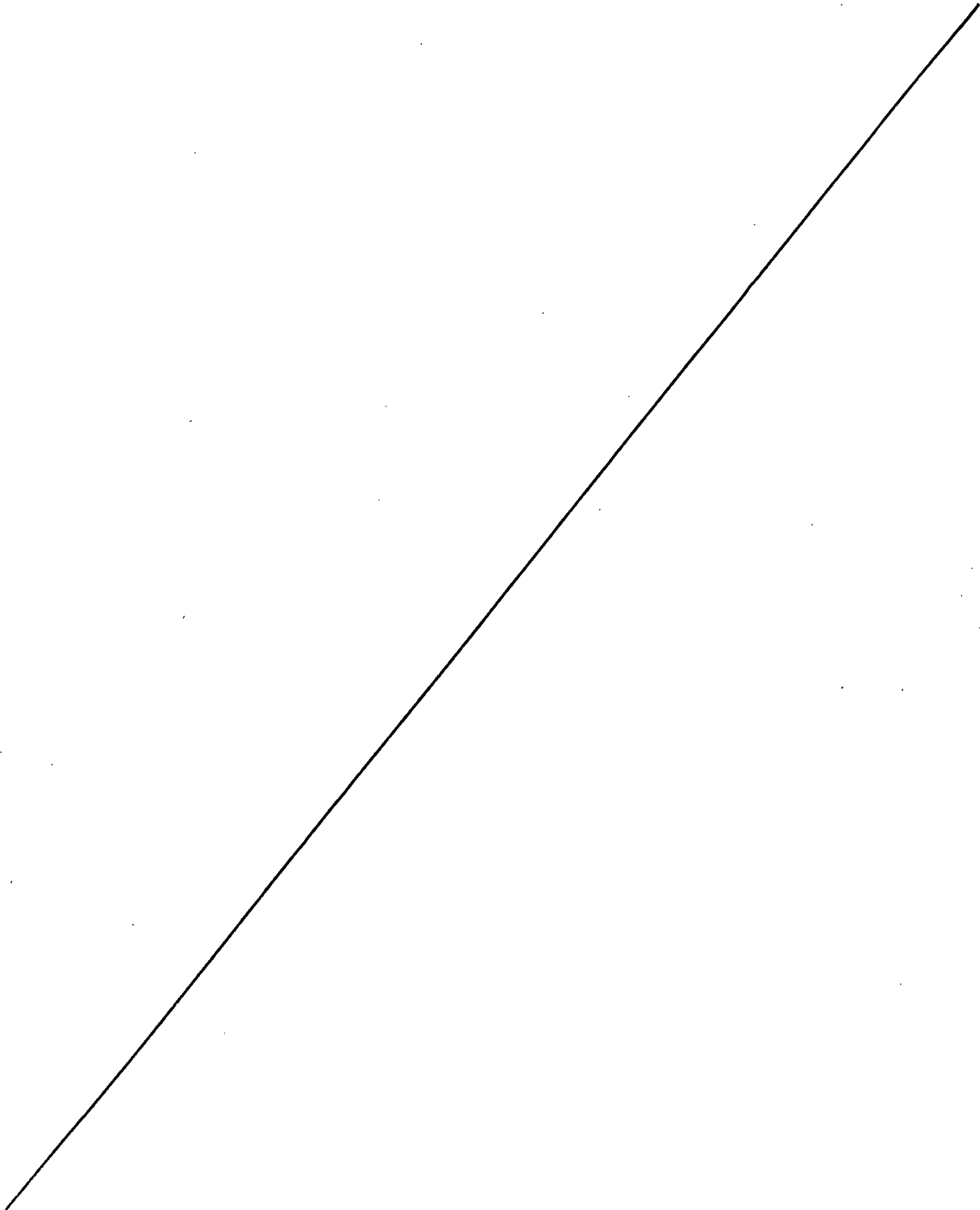
G. Bryan Lyndon, Commissioner

South Carolina Workers' Compensation Commission

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.
September 28, 2011

By: Tamara Morris, Administrative Assistant to Commissioner Lyndon



**APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
W.C.C. FILE NO.: 1103442
GAYLA RAMEY, CLAIMANT
V.
UNIHEALTH POST ACUTE CARE TANGLEWOOD, EMPLOYER
AND
AMERICAN ZURICH INSURANCE CO., CARRIER**

Appellate Panel Review held in Columbia,
South Carolina, on March 20, 2012, per notices
timely and properly served upon all parties
of interest.

Appellate Panel Decision and Order filed:

5/23/12

APPEARANCES:

Appellants-Defendants represented by
Hedrick Gardner Kincheloe & Garofalo LLP with
R. Daniel Addison appearing.

Appellant-Claimant represented by Calhoun
Law Firm with Mark R. Calhoun appearing.



STATEMENT OF THE CASE

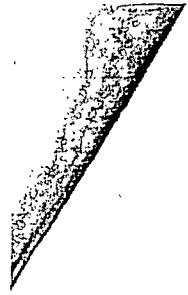
The parties were heard by Commissioner G. Bryan Lyndon on August 10, 2011 in Columbia, South Carolina. Under date of September 28, 2011 the Hearing Commissioner issued the following Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

Based upon the stipulations of the parties, the evidence submitted pursuant to the Administrative Procedures Act, and the testimony and exhibits presented at the hearing, I hereby make the following Findings of Fact:

1. All parties are bound by and subject to the terms and provisions of the South Carolina Workers' Compensation Act, as amended. This finding is based upon stipulation by the parties. The Claimants compensation rate is \$671.58. This finding is based upon the average weekly wage of \$1007.32 on the Employers Form 20 which covers the last four quarters of the Claimants employment.
2. The Claimant sustained a compensable injury to her back and right arm in an admitted work related accident on March 11, 2011. This finding is based on the Claimants testimony and medical reports.
3. The Claimant is a 9 year employee of the Employer. She was given a scholarship by the Employer in order to receive her R.N. degree. The Claimant has never previously been accused by the Employer of falsifying time sheets or other records.
4. The Claimant has had no previous problems with her spine. She did explain that she had received treatment for muscular issues in her right shoulder and trapezius muscles which have been resolved.

- 
5. Work time reporting procedures required employees to use a hand-scanning device to clock in and out of work. On March 11, 2011 and on numerous previous occasions the hand-scanning device did not work for the Claimant.
 6. The Claimant had a regularly scheduled doctors appointment the morning of March 18, 2011. The Human Resources Director Linda Burr and the Claimants two supervisors (Ms. Ray and Ms. Shepherd) knew about the Claimants appointment. This was confirmed by Linda Burr who testified at the hearing and the missed time form which was signed off by the two supervisors. Since the Claimant knew the scanner was not working the morning of March 18, 2011 she did not clock in and out. As a result the Claimant was paid for the hours she went to the doctor. She had always previously been paid when the scanner was broken and the Claimant was required to clock in and out using the manual form. In fact, on March 11, 2011 the Claimant was paid her normal hours although she did not clock out in order to go to Doctors Care, even though the hand-scanner was working that day.
 7. The Claimant was on light duty restrictions from March 11th to March 18th, 2011 and continued to work. She continued to work even though working outside of her work restrictions.
 8. The Employer discharged the Claimant for falsifying records for getting paid for the one hour she was at the doctor on March 18, 2011. It was the Claimants clear understanding based upon the acts and information given by the Employer that led the Claimant to believe she was to be paid for time missed from work for her medical appointments.
 9. Linda Burr, the Claimants Human Resources Director testified that the Claimant wanted to do more work in order to help out while she was on her restrictions but was not allowed to do so because of her restrictions.

- 
10. On March 18, 2011 the Claimant requested that Doctors Care allow her to go back to regular duty.
 11. Linda Burr testified that she knew the Claimant was going to Doctors Care on March 18, 2011 as did other people or supervisors in management.
 12. I find the Claimant was a credible witness. I further find that but for the malfunctioning hand-scanner the Claimant would have clocked out, thereby not having to use the missed time form that the Employer used as an excuse for terminating her.
 13. In the past when the hand scanner was working, the Claimant would clock into work, out for lunch, and back to work. If the hand-scanner had been working on March 18, 2011 the Claimant would not have been terminated.
 14. I do not find it plausible that the Claimant would intentionally put 9 years of service on the line for the one hour that she was at the doctor. She was out of the office for a doctors appointment. This appointment was for an admitted work related injury and the Employer knew the Claimant was at the doctors appointment. The Claimant also gave the Employer the time she was at the Doctors appointment so it was obvious she was not trying to falsify records, deceive the Employer, or hide anything else.
 15. The Claimant is temporarily totally disabled and is entitled to benefits for March 24, 2011 to the present and continuing.
 16. The Claimant is to be treated by an orthopedic doctor chosen by the Employer.

CONCLUSIONS OF LAW

Pursuant to S.C. Code Ann. §42-17-40 and based upon the above Findings of Fact, I make the following Conclusions of Law:

17. Under §42-1-160, the Claimant sustained a compensable injury to her back and right arm by accident arising out of and in the course of her employment.
18. Under §42-1-40 the Claimant's average weekly wage is \$1007.32, with a corresponding compensation rate of \$671.58.
19. Under §42-15-60 the Defendants are responsible for all causally-related medical treatment allowed under the Act.
20. Under §42-9-10 the Claimant is entitled to continued temporary total disability benefits from March 24, 2011 to the present and continuing.
21. The burden of proof applicable to a claim for workers compensation benefits is the preponderance of the evidence. The Claimant must establish by preponderance of the evidence the facts that will entitle her to an award. Walsh v. U.S. Rubber Company, 120 S.E. 2d 685 (1961); Herndon v. Morgan Mills Inc., 143 S.E. 2d 376 (1965). The Claimant has met her burden of proof in establishing her claims by a preponderance of the evidence.
22. Under §42-1-130 the Claimant was a covered employee at the time of her accident on March 11, 2011.
23. Under §42-15-20, proper notice was given to the Employer of the Claimants March 11, 2011 injuries to her right arm and back.
24. Under §42-15-20, proper notice was given to the Employer of the Claimants March 11, 2011 accident.
25. Under §42-9-10, the Claimant is entitled to receive compensation from the Defendants for her period of temporary total disability resulting from her March 11, 2011 accident from March 24, 2011 until the present and continuing.

ORDER

IT IS, THEREFORE, ORDERED that the Findings of Fact and Conclusions of Law are incorporated herein as if set forth verbatim, and that the Defendant shall provide the following benefits:

1. ORDERED, ADJUDGED AND DECREED that the Claimant is entitled to receive temporary total disability compensation from March 24, 2011 to the present and continuing;
2. ORDERED, ADJUDGED AND DECREED that the Defendant shall be responsible for any and all causally related medical treatment provided to the Claimant related to her compensable injury on March 11, 2011 including all medication expenses and mileage and it is further.
3. ORDERED, ADJUDGED AND DECREED that the Claimant sustained a compensable injury by accident on March 11, 2011 to her back and right upper extremity.

Within the statutory period, counsel for the Claimant and Defendants filed Application for Review in the case setting forth the grounds of appeal, copies of which were furnished to all interested parties prior to oral arguments presented before the Appellate Panel on March 20, 2012.

All proffered testimony has been taken. Such, together with all documentary evidence has been delivered by argument to the individual members of the Panel and has since been under study and consideration.

By appeal, Appellant-Defendants respectfully submitted:

1. The Single Commissioner erred in Finding of Fact No. 5 by finding that on March 11, 2011 and numerous previous occasions the hand-scanning device did not work for the Claimant. This contradicts Findings of Fact No. 6 wherein the Single Commissioner notes that the hand scanner was working on March 11, 2011, thus this finding appears to be in error and confuses the issues in the claim.

- 
2. The Single Commissioner erred in Finding of Fact No. 6 by finding as follows:

"Since the claimant knew the scanner was not working on the morning of March 18, 2011 she did not clock in and out. As a result the claimant was paid for the hours she went to the doctor. She had always previously been paid when the scanner was broken and the claimant was required to clock in and out using the manual form. In fact, on March 11, 2011 the claimant was paid her normal hours although she did not clock out in order to go to Doctors Care, even though the hand-scanner was working that day." This finding is not supported by the reliable, probative, and substantial evidence in the record. The Claimants injury occurred on March 11, 2011, there is insufficient period or pattern to support a finding that the Claimant was "always" paid for missed time for medical visits and further ignores the fact that the claimant was still required to clock in and out for medical visits, be it by scanner or manual form, and failed to do so on March 18, 2011.

3. The Single Commissioner erred in Finding of Fact No. 7 by finding that the claimant was working outside her work restrictions. This finding in in disregard of the evidence that appropriate light duty work had been provided for the claimant.
4. The Single Commissioner erred in Finding of Fact No. 8 by finding that it was the claimants "clear understanding" based upon the acts and information given to her by the employer that led the claimant to believe she was to be paid for time missed from work for her medical appointments. This finding is not supported by the reliable, probative, and substantial evidence in the record.
5. The Single Commissioner erred in Finding of Fact No. 12 by finding the claimant to be a credible witness and that but for the malfunctioning hand-scanner the claimant



would have clocked out, thereby not having to use the missed time form that the employer used as an excuse for terminating [the claimant]. The finding that the claimant would have clocked out had the scanner been working contradicts the previous finding that the claimant believed that she did not have to clock out. With such conflicting information given by the claimant, she cannot be found credible in her testimony in this regard.

6. The Single Commissioner erred in Finding of Fact No. 13 by finding that in the past when the hand scanner was working, the claimant would clock into work, out for lunch, and back to work. If the hand scanner had been working on March 18, 2011 the claimant would not have been terminated. This finding is contrary to other findings that the claimant thought she was to be paid for the time missed for medical appointments. Further, this finding is based on speculation due to the claimants lunchtime practices that have nothing to do with medical appointments, workers' compensation procedures, or other instances more closely related to the circumstances at issue.
7. The Single Commissioner erred in Finding of Fact No. 14 by finding that the "it was obvious [the claimant] was not trying to falsify records, deceived the employer, or hide anything else" because the employer knew the claimant was at the doctor for an appointment for an admitted work related injury. This finding is not supported by the reliable, probative, and substantial evidence in the record.
8. The Single Commissioner erred in Finding of Fact No. 15 by finding that the claimant is temporarily totally disabled and is entitled to benefits for March 24, 2011 to the present and continuing. This finding is not supported by the reliable, probative, and

substantial evidence in the record. The claimant was terminated for cause while she was working full duty, thus the claimant should not be entitled to TTD.

9. The Single Commissioner erred in Conclusion of Law No. 4 by concluding that the claimant is entitled to temporary total disability benefits from March 24, 2011 to the present and continuing. This conclusion is not supported by the reliable, probative, and substantial evidence in the record.
10. The Single Commissioner erred in Conclusion of Law No. 5 by concluding that the claimant has met her burden of proof in establishing her claims by a preponderance of the evidence. This conclusion is not supported by the reliable, probative, and substantial evidence in the record.
11. The Single Commissioner erred in Conclusion of Law No. 9 by concluding that under 42-9-10 the claimant is entitled to receive compensation from the defendants for her period of temporary total disability resulting from her March 11, 2011 accident from March 24, 2011 until the present and continuing. This conclusion is not supported by the reliable, probative, and substantial evidence in the record.
12. The Single Commissioner erred in ordering that the claimant is entitled to receive temporary total disability compensation from March 24, 2011 to the present and continuing. This award is not supported by the reliable, probative, and substantial evidence in the record.
13. The Single Commissioner erred in failing to find that the claimant had been terminated for cause and therefore is not entitled to temporary total disability benefits.

By appeal. Appellant-Claimant respectfully submitted:

1. Did the Commissioner err in finding as fact that the Claimants compensation rate is \$671.58 with an average weekly wage of \$1,007.32, error being that such finding is against the preponderance of evidence on the record, is grounded in speculation, and is based upon erroneous legal conclusions?
2. Did the compensation Commissioner err in finding as a matter of law that the Claimants compensation rate is \$671.58 with an average weekly wage of \$1,007.32, error being that such finding is against the preponderance of evidence on the record, is grounded in speculation, and is based upon erroneous legal conclusions?

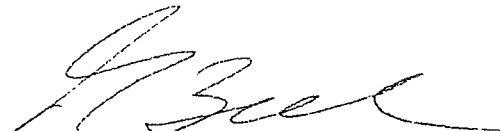
In an Appellate Review, the Commission has the power to weigh the evidence as presented at the initial hearing and, after careful review in the instant case, the Commission by unanimous vote, has determined that the Hearing Commissioners Findings of Fact and Rulings of Law should be Affirmed in Full. The Panel affirms the decision of the Single Commissioner.

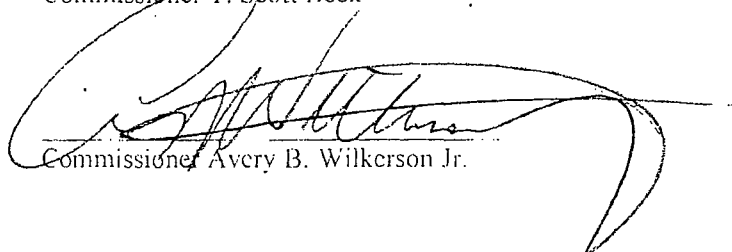
ORDER

The Order of the Single Commissioner filed in the above titled matter on September 28, 2011, is hereby affirmed by the panel and the same shall constitute the Decision and Order of the Appellate Panel.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION


Commissioner Andrea C. Roche


Commissioner T. Scott Beck


Commissioner Avery B. Wilkerson Jr.

Date: 5/23, 2012

CERTIFICATE OF SERVICE

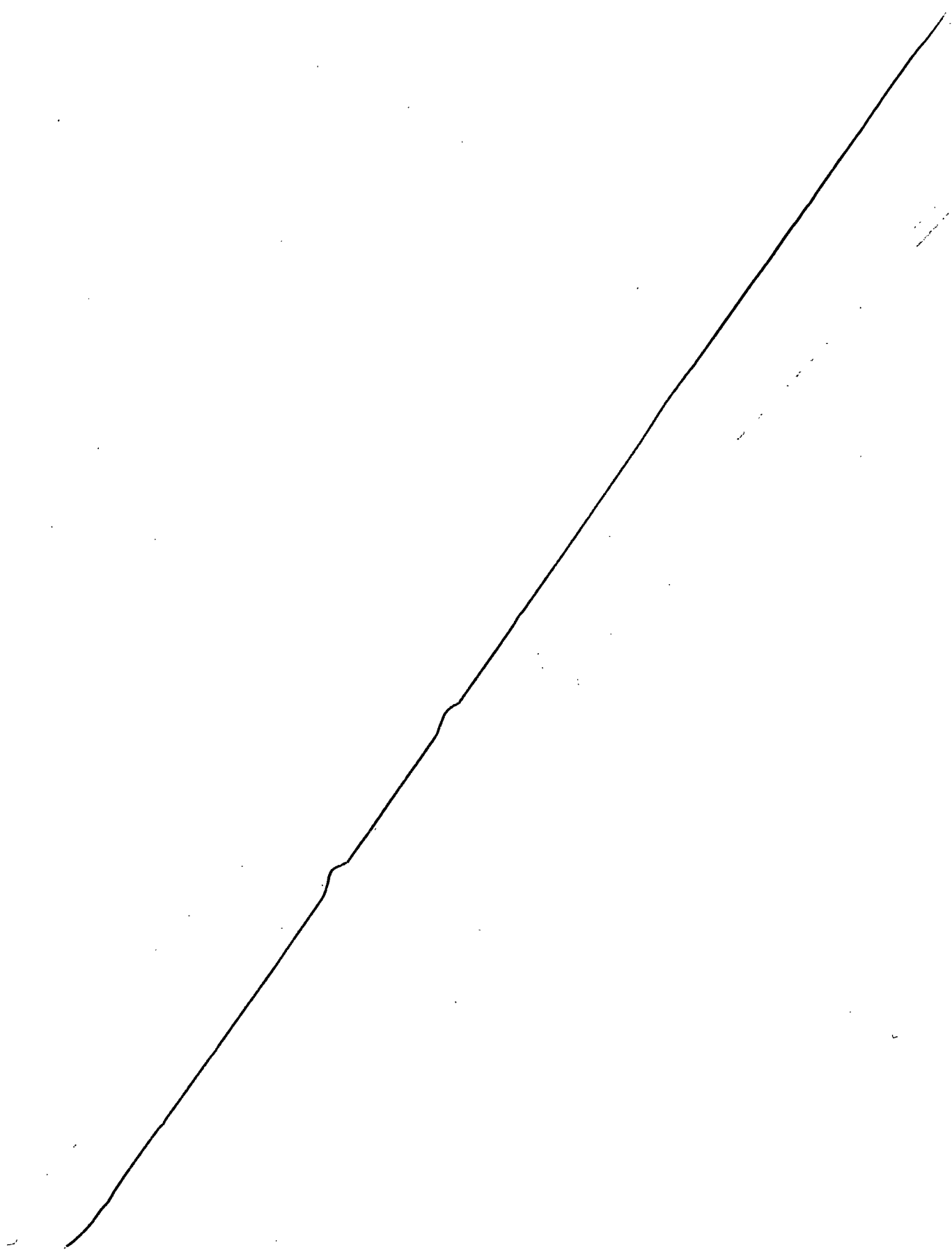
This is to certify that the undersigned has this date served this order in the above entitled action upon all parties to this cause by depositing a copy hereof, postage paid, in the United State mail addressed to the attorney or attorneys for said parties

This 23 day of May, 2012

By Patricia W. Dutton

Administrative Assistant to the Commissioner

Mark R. Calhoun
& Daniel Azidean





WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Gayla Ramey SSN: _____ Employer's Name: Unity Healthpost Acute Care Tanglewood
Address: _____ Address: 213 Tanglewood Court
City: _____ State: _____ Zip: _____ City: Ridgeway State: SC Zip: 29130
Home Phone: () - _____ Work Phone: () - _____ Insurance Carrier: American Zurich Ins. Co.
Preparer's Name: Mark R. Calhoun Law Firm: Calhoun Law Firm Preparer's Phone #: (803) 957-8401

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds:

Date of Injury or Illness: 3-11-11

☒ Injury ☐ Illness ☐ Repetitive Trauma

1a. The claimant sustained an injury to Back, Rt. Arm (Part(s) of Body Injured) on 3-11-11 (Month/Day/Year) in Fairfield county, state of South Carolina.

1b. Body part(s) affected are: Back, Rt. Arm

Briefly describe how the accident occurred. Claimant Fell down Stairs.

2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.

3. The relationship of employer and employee existed at the time of injury.

4. At the time of the injury the claimant was performing services arising out of and in the course of employment.

5. Notice of the accidental injury was given to the Employer on 3-11-11 (Month/Day/Year) in the following manner:

Verbally

☒ 6. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: _____

☒ (b) additional medical examination and treatment for: Pain and Discomfort.

☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:

3-11-11 through an undetermined period of time.

☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☒ (1) General Disability:

☒ Total

☒ (2) Specific Disability:

☒ Total

☒ (3) Wage Loss

☒ Partial

☒ Partial

☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of \$ 1100.00, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:

Unity Healthpost Acute Care

11a. Further grounds or unusual aspects of claim:

Claimant requests all benefits under the Act.

11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:

Doctors Care

11c. To the best of your knowledge, did you have any prior permanent disability? no

If yes, describe: _____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. I am filing a claim. I am not requesting a hearing at this time.

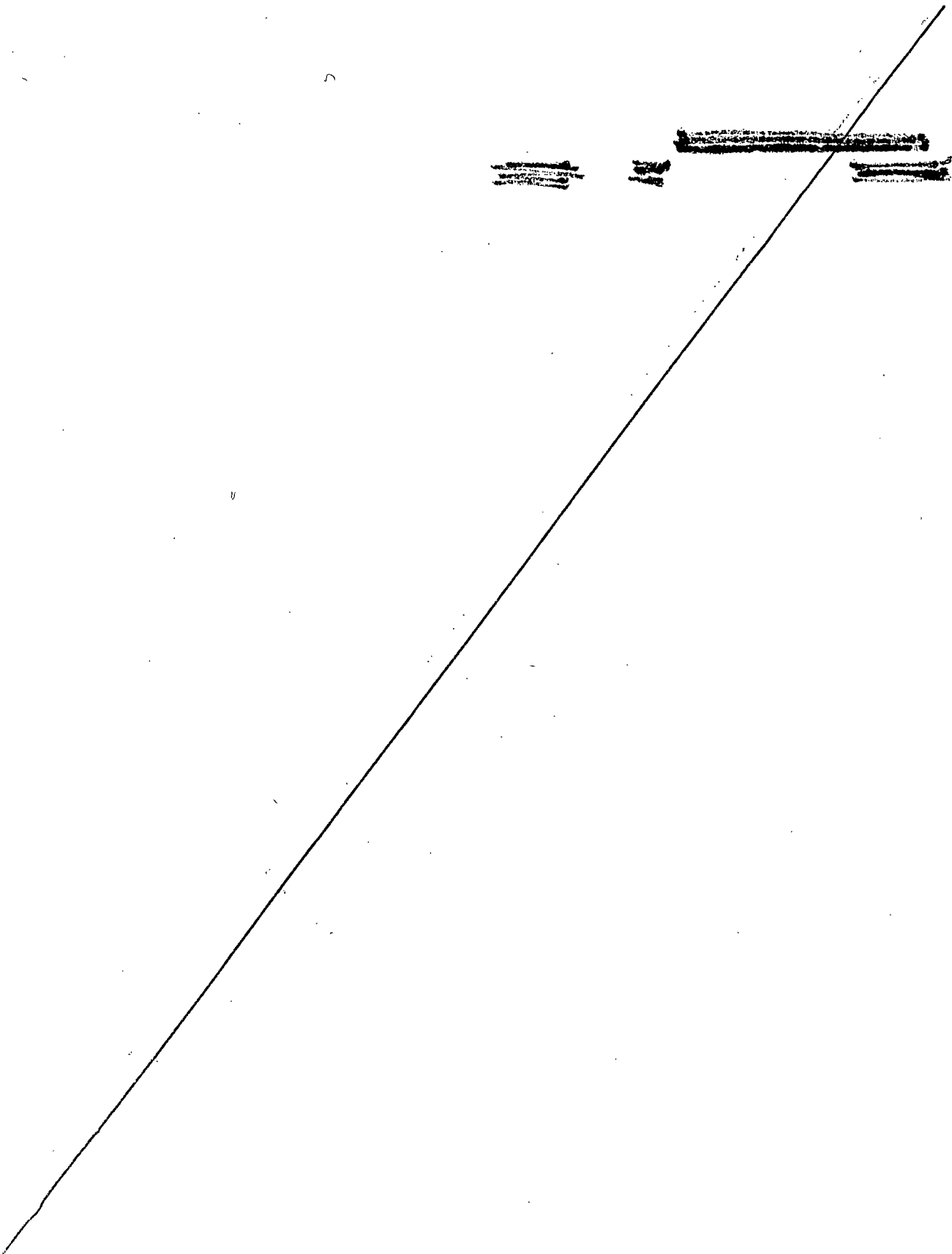
☒ 13b. I am requesting a hearing. A \$25 fee is required.

14. Estimated time needed for hearing: One hour

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: Mark Calhoun Title: Attorney Email: mrcalhounlaw@earthlink.net Date: 4-5-11

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.



South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723
www.wcc.sc.gov



WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: Gayla Ramey SSN: _____ Employer's Name: Unity Healthpost Acute Care Tanglewood
Address: [REDACTED] Address: 213 Tanglewood Court
City: [REDACTED] State: [REDACTED] City: Ridgeway State: SC Zip: 29130
Home Phone: () - () Work Phone: () - () Insurance Carrier: American Zurich Ins. Co.
Preparer's Name: Mark R. Calhoun Law Firm: Calhoun Law Firm Preparer's Phone #: (803) 957-8401

Complete each information blank. To request a hearing, check Box 13b, indicate the kinds of benefits claimed by checking the box(es) at Lines 6, 7, 8, and 9, and file this form in duplicate.

A claim for workers' compensation benefits is made based on the following grounds:

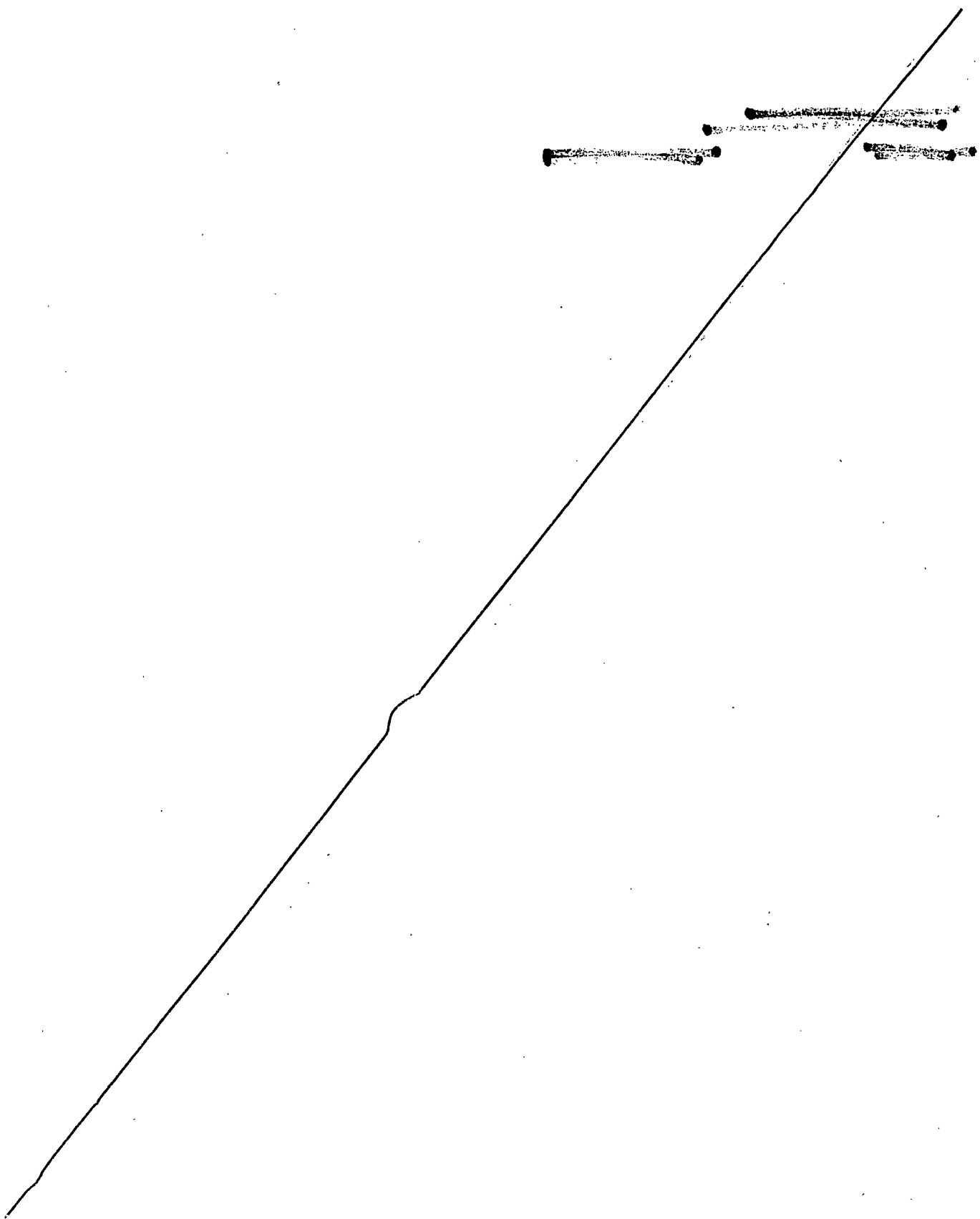
Date of Injury or Illness: 3-11-11

- ☒ Injury ☐ Illness ☐ Repetitive Trauma Back, Rt. Arm 3-11-11 Fairfield South Carolina
- 1a. The claimant sustained an injury to Back, Rt. Arm (Part(s) of Body Injured) ON 3-11-11 (Month/Day/Year) in _____ county, state of _____.
- 1b. Body part(s) affected are: Back, Rt. Arm
Briefly describe how the accident occurred. Claimant Fell down Stairs.
2. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the claimant was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the Employer on 3-11-11 (Month/Day/Year) in the following manner:
Verbally
- ☒ 6. Due to injury, the claimant is in need of (check one):
☐ (a) medical examination and treatment for: _____
☒ (b) additional medical examination and treatment for: Pain and Discomfort.
- ☒ 7. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:
3-11-11 through an undetermined period of time.
- ☒ 8. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):
☒ (1) General Disability: ☒ Total ☐ (2) Specific Disability: ☒ Total
☒ (3) Wage Loss ☒ Partial ☒ Partial
- ☐ 9. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: _____
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$ 1100.00 and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:
Unity Healthpost Acute Care
- 11a. Further grounds or unusual aspects of claim:
Claimant requests all benefits under the Act.
- 11b. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Doctors Care.
- 11c. To the best of your knowledge, did you have any prior permanent disability? no
If yes, describe: _____
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.
- ☐ 13a. I am filing a claim. I am not requesting a hearing at this time.
- ☒ 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: One hour

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature: Mark Calhoun Title: Attorney Email: Mcalhounlaw@earthlink.net Date: 4-5-11

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Questions about the use of this form may be directed to the Commission's Claims Department.





Claimant's Name:	Gayla Ramey	Employer's Name:	Unihealth Post Acute Care Tanglewood
Address:	[REDACTED]	Address:	213 Tanglewood Court
City:	[REDACTED] State: [REDACTED] Zip: [REDACTED]	City:	Ridgeway State SC ZIP 29130
Home Phone:	[REDACTED] Work Phone	Insurance Carrier:	American Zurich Ins. Co.
Date of Injury:	March 11, 2011		
Preparer's Name:	R. Daniel Addison	Law Firm:	Hedrick, Gardner, Kincheloe & Garofalo, L.L.P.
		Preparer's Phone #:	(803) 727-1200

Date of Injury or Illness: March 11, 2011

Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer/carrier in answer to the claim, respectfully shows:

1. It is **admitted** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:
Defendants admit claimant sustained a minor injury to her right arm and upper back.
2. It is **admitted** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
3. It is **admitted** the relationship of employer and employee existed at the time in question. The reasons for denial are:
4. It is **admitted** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
5. It is **admitted** notice of injury was given the employer. The reasons for denial are:
6. It is **denied** the employee needs / is entitled to additional medical care as a result of injury or illness. The reasons for denial are:
Defendants have provided the claimant all medical treatment to which she is entitled.
7. It is **denied** the employee is entitled to temporary total disability for the period(s) of :
The claimant is not entitled to any indemnity benefits. Defendants accommodated the claimant's light duty restrictions. The claimant unjustifiably refused suitable employment in violation of S.C. Code 42-9-190.
8. It is **denied** the employee is permanently disabled. The reasons for denial are:
No facts to substantiate.
9. It is **denied** the employee has serious disfigurement.
10. It is contended that an average weekly wage of \$ TBD by Form 20 applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: The defendants are not aware of any affirmative defenses. However, if further discovery reveals the basis for any affirmative defenses, the defendants will amend this answer to assert those defenses.

12. Estimated time needed for hearing: 45 minutes

I certify I have served this document pursuant to R.67-212 by delivering a copy to:

Name: Mark R. Calhoun, Mark R. Calhoun, Attorney At Law

Address: 714 East Main Street, Lexington, SC, 29072

On the 29th day of April, 2011 by ☒ first class mail ☐ personal service ☐ certified mail.

I verify the contents of this Form are accurate and true to the best of my knowledge.

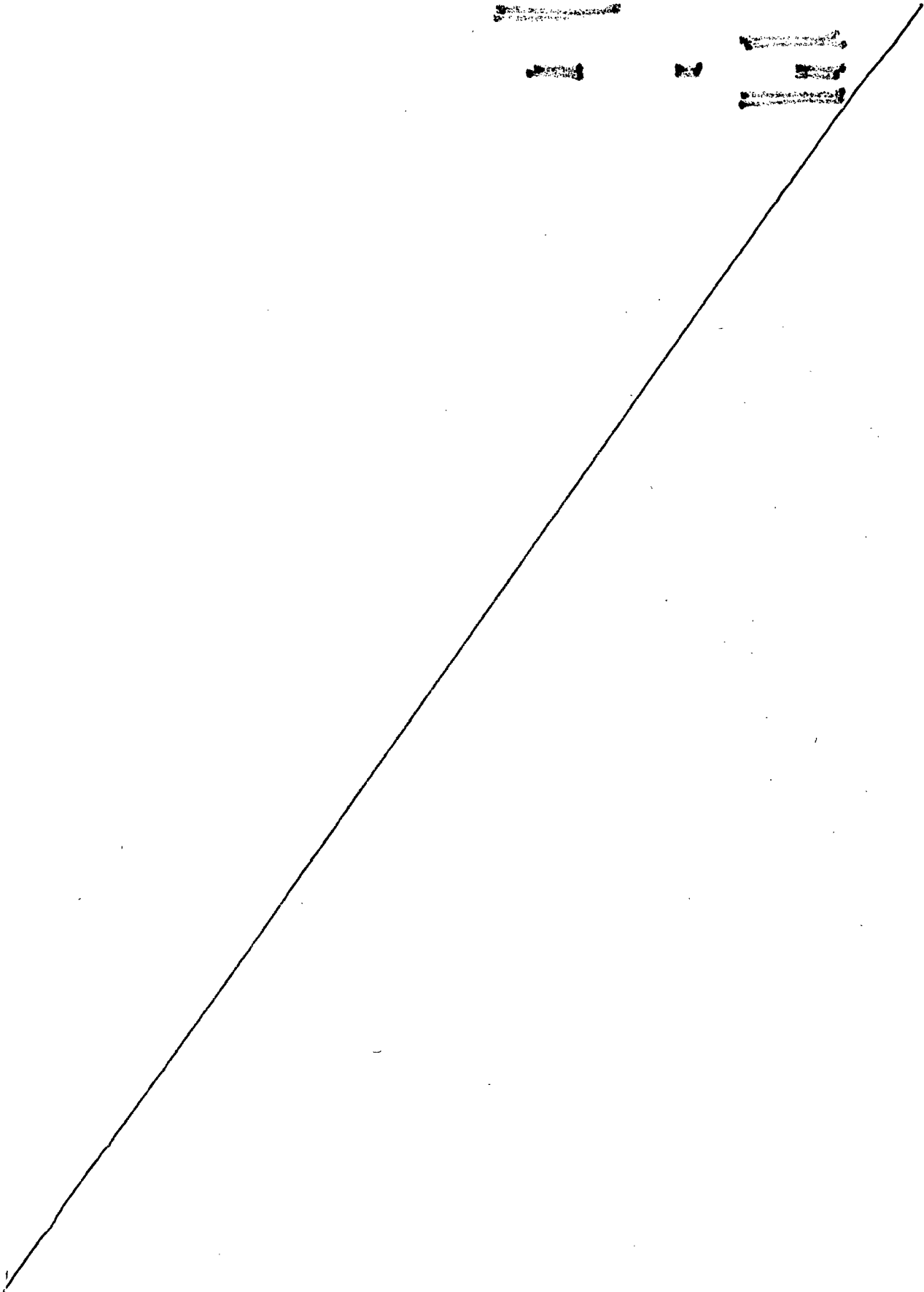
Deborah F. Cooper for Dan Addison
Preparer's Signature: Title

daddison@hedrickgardner.com

April 29, 2011

Email

Date





Claimant's Name: Gayla Ramey Employer's Name: Unihealth Post -Acute Care Tanglewood
Address: [REDACTED] Address: 213 Tanglewood Court
City: [REDACTED] State: SC Zip: 29130 City: Ridgeway State: SC Zip: 29130
Home Phone: _____ Work Phone: () - Carrier: American Zurich Insurance Co.
Preparer's Name: Mark R. Calhoun Preparer's Phone #: (803) 957-8401

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: to be determined 2. AWW: to be determined Date of Injury: 03/11/2011
3. Type of injury and body part(s): Back, Right Arm.
4. Facts in controversy: See Addendum.
5. Legal issues involved:
 - a) Is Claimant at MMI? (We say she is not).
 - b) Past due TTD.
 - c) Whether claimant is entitled to Dodge v. Brucolli medicals? (We say she is).
 - d) Determine Comp. Rate.
 - e) Claimant requests that Dr. Timothy Zgleszewski be appointed the Claimants Authorized Treating Physician for future medical treatment.
6. Unusual aspects: None.
7. Witnesses (designate if expert):* Gayla Ramey, Linda Burr and any witnesses listed on behalf of the Employer.
8. Exhibits:
 - 1) Deposition Transcript of Linda Burr scheduled for August 3, 2011.
 - 2) Claimants Wage Records were subpoenaed on April 6, 2011. At this time the wage records have not been provided by the Employer (Subpoena Enclosed).
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Medical Records will be submitted pursuant to R.67-612 and the APA.
10. Name, address, and specialty, if any, of the treating physician: Doctors Care, Dr. Michael Killian- 4214 Hardscrabble Road Columbia, SC 29223.
11. Impairment rating(s); body part(s); physician and date of opinion: The Claimant is not at MMI. See enclosed report of Dr. Zgleszewski
12. I am amending my Form 50/51 in the following manner: None

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: [Signature] Email: mrcalhounlaw@earthlink.net

Date of hearing: August 10, 2011 at 11:45 AM Time needed for hearing: 1: 00 hours

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58
Rev. 9/07

58

PRE-HEARING BRIEF

ADDENDUM

The Claimant was injured on March 11, 2011 when she fell on steps entering her place of employment. Mrs. Ramey has been employed as a nurse with the Employer for approximately 9 years. Prior to her injury she had never suffered any problems or symptoms related to her lower, mid or upper spine (APA of Family Practice Dr. Alice Brooks p. 1-108). She is married with 4 grown children. 2 of these grown children currently live with Mrs. Ramey and her husband along with her grandchildren. She and her husband support all of these individuals. When the Claimant fell she landed on her right side and right arm. The most immediately painful injury was to her right arm of which she informed her supervisor. She was quickly taken to Doctors Care whom she also informed of her right arm and quickly developing back pain. After Mrs. Ramey's back pain increased, she informed her supervisors of this also.

When the Claimant was seen on the same date of injury at Doctors Care, she was diagnosed with contusions, right arm pain and back pain (APA p.109). She was immediately given work restrictions of no lifting more than 10 pounds, ground work only, no repetitive bending, stooping, squatting, pushing, jerking, twisting or bouncing, no standing more than 30 minutes per hour, limited use of back, no overhead lifting, no repetitive hand activity and no use of the right arm. She was given pain and anti-inflammatory pain medication by Doctors Care. The Claimant was diagnosed with neck pain and spondylolisthesis and an MRI of the cervical spine was ordered. On April 8, 2011 she was referred for evaluation by an orthopedic back specialist (APA p.125-126).

The Claimant was never seen by an orthopedic specialist as referred by Doctors Care because shortly after the referral the Employer fired her. The reason for the termination as explained to the Claimant was that she signed her timesheet indicating she should get paid for the period of time that she was at Doctors Care receiving treatment on her Workers Compensation claim. The Employer explained to Mrs. Ramey that she is not entitled to be paid for the time she is receiving medical treatment on her workers' compensation claim and likewise terminated her under the allegation that she falsified her timesheet. Once Mrs. Ramey was terminated the Employer ended her medical treatment.

Mrs. Ramey was evaluated by an orthopedic spine specialist on July 19, 2011. Dr. Timothy Zgleszewski states to a reasonable degree of medical certainty that the Claimants industrial injuries are causally related to her fall on March 11,

2011. That Mrs. Ramey is not at MMI and recommends a course of treatment in order to lessen her period of disability (APA p.130-134). Dr. Zgleszewski is willing to provide this treatment to the Claimant and the Claimant respectfully submits that the Court appoint Dr. Zgleszewski as the authorized treating physician.



Claimant's Name: Gayla Ramey Employer's Name: Unihealth Post -Acute Care Tanglewood
Address: [REDACTED] Address: 213 Tanglewood Court
City: [REDACTED] State: SC Zip: 29130 City: Ridgeway State: SC Zip: 29130
Home Phone: _____ Work Phone: () - Carrier: American Zurich Insurance Co.
Preparer's Name: Mark R. Calhoun Preparer's Phone #: (803) 957-8401

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: to be determined 2. AWW: to be determined Date of Injury: 03/11/2011
3. Type of injury and body part(s): Back, Right Arm.
4. Facts in controversy: See Addendum.
5. Legal issues involved:
 - a) Is Claimant at MMI? (We say she is not).
 - b) Past due TTD.
 - c) Whether claimant is entitled to Dodge v. Brucolli medicals? (We say she is).
 - d) Determine Comp. Rate.
 - e) Claimant requests that Dr. Timothy Zgleszewski be appointed the Claimants Authorized Treating Physician for future medical treatment.
6. Unusual aspects: None.
7. Witnesses (designate if expert):* Gayla Ramey, Linda Burr and any witnesses listed on behalf of the Employer.
8. Exhibits:
 - 1) Deposition Transcript of Linda Burr scheduled for August 3, 2011.
 - 2) Claimants Wage Records were subpoenaed on April 6, 2011. At this time the wage records have not been provided by the Employer (Subpoena Enclosed).
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
Medical Records will be submitted pursuant to R.67-612 and the APA.
10. Name, address, and specialty, if any, of the treating physician: Doctors Care, Dr. Michael Killian- 4214 Hardscrabble Road Columbia, SC 29223.
11. Impairment rating(s); body part(s); physician and date of opinion: The Claimant is not at MMI. See enclosed report of Dr. Zgleszewski
12. I am amending my Form 50/51 in the following manner: None

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: [Signature] Email: mrcalhounlaw@earthlink.net

Date of hearing: August 10, 2011 at 11:45 AM Time needed for hearing: 1: 00 hours

On behalf of ☒ Claimant ☐ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58
Rev. 9/07

58

PRE-HEARING BRIEF

ADDENDUM

The Claimant was injured on March 11, 2011 when she fell on steps entering her place of employment. Mrs. Ramey has been employed as a nurse with the Employer for approximately 9 years. Prior to her injury she had never suffered any problems or symptoms related to her lower, mid or upper spine (APA of Family Practice Dr. Alice Brooks p. 1-108). She is married with 4 grown children. 2 of these grown children currently live with Mrs. Ramey and her husband along with her grandchildren. She and her husband support all of these individuals. When the Claimant fell she landed on her right side and right arm. The most immediately painful injury was to her right arm of which she informed her supervisor. She was quickly taken to Doctors Care whom she also informed of her right arm and quickly developing back pain. After Mrs. Ramey's back pain increased, she informed her supervisors of this also.

When the Claimant was seen on the same date of injury at Doctors Care, she was diagnosed with contusions, right arm pain and back pain (APA p.109). She was immediately given work restrictions of no lifting more than 10 pounds, ground work only, no repetitive bending, stooping, squatting, pushing, jerking, twisting or bouncing, no standing more than 30 minutes per hour, limited use of back, no overhead lifting, no repetitive hand activity and no use of the right arm. She was given pain and anti-inflammatory pain medication by Doctors Care. The Claimant was diagnosed with neck pain and spondylolisthesis and an MRI of the cervical spine was ordered. On April 8, 2011 she was referred for evaluation by an orthopedic back specialist (APA p.125-126).

The Claimant was never seen by an orthopedic specialist as referred by Doctors Care because shortly after the referral the Employer fired her. The reason for the termination as explained to the Claimant was that she signed her timesheet indicating she should get paid for the period of time that she was at Doctors Care receiving treatment on her Workers Compensation claim. The Employer explained to Mrs. Ramey that she is not entitled to be paid for the time she is receiving medical treatment on her workers' compensation claim and likewise terminated her under the allegation that she falsified her timesheet. Once Mrs. Ramey was terminated the Employer ended her medical treatment.

Mrs. Ramey was evaluated by an orthopedic spine specialist on July 19, 2011. Dr. Timothy Zgleszewski states to a reasonable degree of medical certainty that the Claimants industrial injuries are causally related to her fall on March 11,

2011. That Mrs. Ramey is not at MMI and recommends a course of treatment in order to lessen her period of disability (APA p.130-134). Dr. Zgleszewski is willing to provide this treatment to the Claimant and the Claimant respectfully submits that the Court appoint Dr. Zgleszewski as the authorized treating physician.

The deposition of Linda Burr was taken on August 5, 2011. Ms. Burr's testimony clearly demonstrates that firing of the Claimant was a pre-textual termination. Ms. Burr testified that the Claimant reported her injured arm and back the day of the accident (Deposition transcript page 8, lines 12-14). Ms. Burr also testified that she could not remember any prior disciplinary problems for Ms. Gayla Ramey (Deposition transcript page 9, lines 1-15). Ms. Burr also testified the Claimant never complained of any prior back problems before during the 9 years that Ms. Burr worked with Gayla Ramey (Deposition transcript page 12, lines 2-4).

Linda Burr terminated the Claimant. Ms. Burr explained that the reason she terminated the Claimant was that the punch clock was not working the day Gayla Ramey went to authorized medical treatment on March 18, 2011 therefore Mrs. Ramey was required to fill in a time sheet stating what time she worked on that day. Mrs. Ramey filled in her normally scheduled hours which were 7am to 10:30am that morning. Even though Mrs. Ramey informed her Employer that she was at the doctor's office from approximately 8:25am to 9:21am, she was terminated because Ms. Burr claims that employees are not to be paid for loss time spent receiving medical treatment on their workers compensation claims (deposition transcript page 14 lines 1-18; pg 15 lines 1-5; page 15 lines 6-13). This was done even though Mrs. Ramey's written request to correct the punch clock was approved by supervisors Karri Ray and Tonya Shepard (Deposition transcript page 18, lines 6-23).

For the Claimants average weekly wage and compensation rate, the wage records provided on August 2, 2011 state that the Claimant earned a total of \$57,156.93 for the 52 weeks preceding the date of injury. This gives a corresponding compensation rate of \$1,099.17.

\$ 732.04

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700
www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No.: 1103442

Claimant's Name:	Gayla Ramey	Employer's Name:	Unihealth Post Acute Care Tanglewood
Address:	[REDACTED]	Address:	213 Tanglewood Court
City:	[REDACTED]	City:	Ridgeway State SC ZIP 29130
Home Phone:	(803) 227-2212	Carrier:	American Zurich Ins. Co.
Preparer's Name:	R. Daniel Addison	Preparer's Phone #:	(803) 727-1200

A claim for workers' compensation benefits is made based on the following grounds:

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: To be determined 2. AWW: \$To be determined Date of Injury: March 11, 2011
3. Type of injury and body part(s) Minor injury to right arm and upper back.
4. Facts in controversy: What is the extent of the injuries causally related to the accident? Is the claimant at maximum medical improvement for those injuries causally related to the accident? Is the claimant entitled to temporary disability benefits although she was terminated for cause? To what further benefits is the claimant entitled?
5. Legal issues involved Same as above; §42-15-60; §42-9-190.
6. Unusual aspects: None anticipated.
7. Witnesses (designate if expert)* The claimant; anyone named by the claimant; Lynda Burr; William Bellotti.
8. Exhibits: Personnel records of the employer regarding the claimant; deposition of claimant; deposition of Lynda Burr.
9. Medical evidence: (Indicate report pursuant to R.67-612; deposition or appearance pursuant to the APA and R 67-612")
None other than those submitted by claimant.
10. Name, address, and specialty, if any, of the treating physician: Doctors Care -- Ridgeview - Columbia, SC -- general medicine.
11. Impairment rating(s); body part(s); physician and date of opinion: N/A.
12. I am amending my Form 50/51 in the following manner N/A.

I verify the contents of this Form are accurate and true to the best of my knowledge.

Signature:

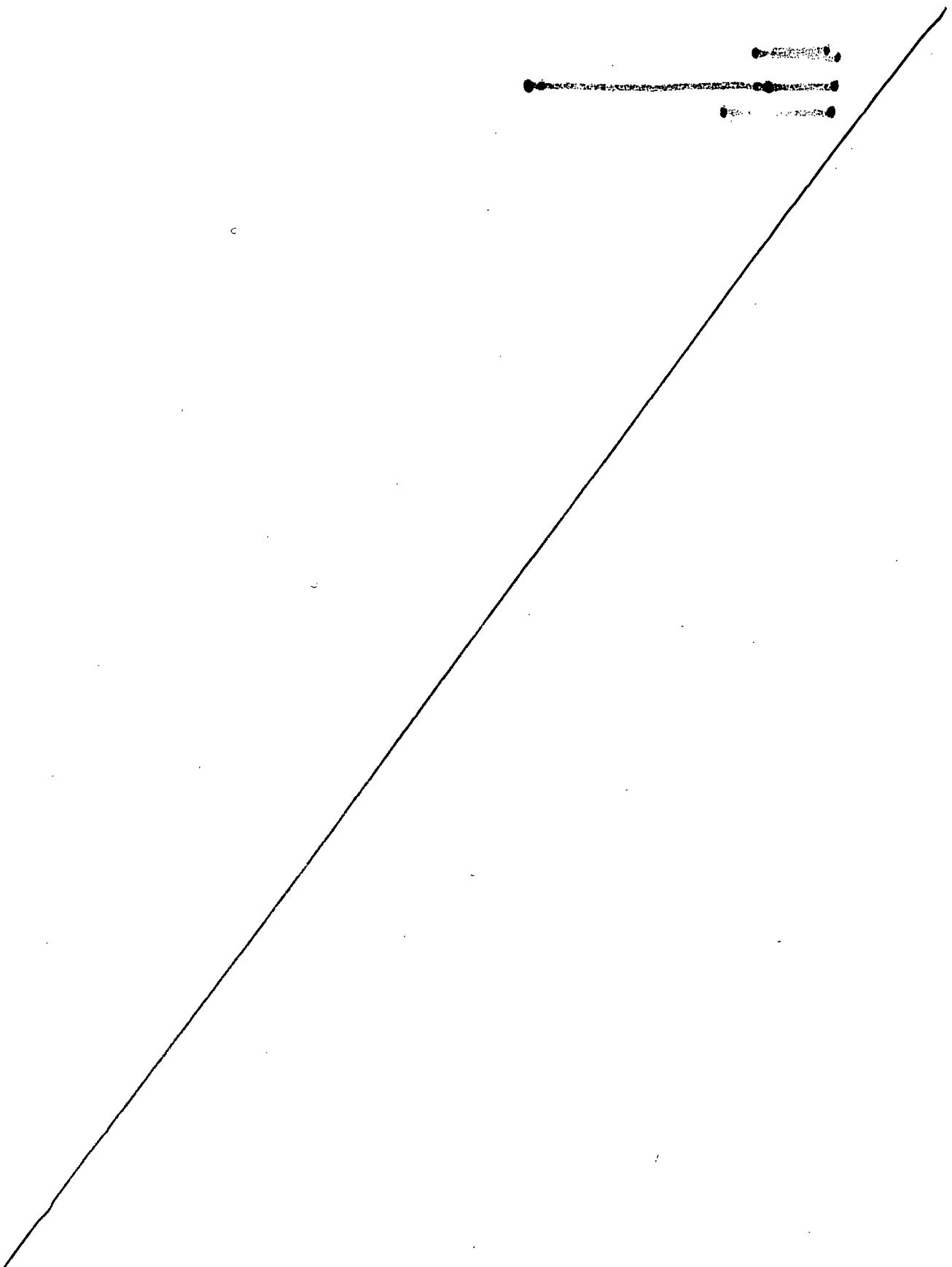
Email: daddison@hedrickgardner.comDate of Hearing August 10, 2011Time needed for hearing: 1 hour

On behalf of

☐ Claimant☒ Employer

File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.
* Commissioners reserve the right to admit expert witnesses at hearings.

WCC FORM # 58



South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1333 Main Street, Suite 500
Columbia, South Carolina 29202-1715
(803) 737-5700

WCC File # 1103442
Carrier File # 6817 498 209762 3
Carrier Code #
Employer FEIN

Gayla Ramey

Claimant's Name

SSN

Unihealth Post Acute Care Tanglewood

Employer's Name

213 Tanglewood Court, Ridgeway, SC 29130

Address

City

State

Zip

American Zurich Ins. Co.

Insurance Carrier

R. Daniel Addison

Preparer's Name

(803) 727-1200

Phone #

Request for Commission Review by ☐ claimant ☒ employer (check one)

Date of injury: March 11, 2011

The undersigned makes application for review of the findings of the Commissioner in the above captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages, if necessary).

SEE ATTACHED GROUNDS FOR REVIEW.

(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.

I certify that _____ I have served this document pursuant to R.67-211 by delivering a copy to Mark R. Calhoun
Name

714 East Main Street, Lexington, SC 29072

Address

on the 12th day of October, 2011 by ☒ first class mail; ☐ personal service; ☐ certified mail.

R. Daniel Addison
Preparer's Signature

Attorney for Employer/Carrier
Title

October 12, 2011
Date

Check this box if you are not represented by an attorney. ☐

If the claimant appeals and is representing himself or herself, the Judicial Department will prepare the additional copies of this form and serve this form on the opposing party. R.67-701 B. Otherwise, file the original and 4 copies of this form with the Judicial Department. The appeal must be postmarked no later than 14 days from the date of service of the Hearing Commissioner's decision. R.67-701 and R.67-205. Attach the filing fee to this form. Attach a Form 32 if you are unable to pay the filing fee. Refer to R.67-701 through R.67-711 for additional information.

GROUND FOR REVIEW

1. The Single Commissioner erred in Finding of Fact No. 5 by finding that on *March 11, 2011* and numerous previous occasions the hand-scanning device did not work for the claimant. This contradicts Finding of Fact No. 6 wherein the Single Commissioner notes that the hand scanner was working on March 11, 2011, thus this finding appears to be in error and confuses the issues in the claim.
2. The Single Commissioner erred in Finding of Fact No. 6 by finding as follows: "Since the claimant knew the scanner was not working on the morning of March 18, 2011 she did not clock in and out. As a result the claimant was paid for the hours she went to the doctor. She had always previously been paid when the scanner was broken and the claimant was required to clock in and out using the manual form. In Fact, on March 11, 2011 the claimant was paid her normal hours although she did not clock out in order to go to Doctor's Care, even though the hand scanner was working that day." This finding is not supported by the reliable, probative, and substantial evidence in the record. The claimant's injury occurred on March 11, 2011, there is insufficient period or pattern to support a finding that the claimant was "always" paid for missed time for medical visits and further ignores the fact that the claimant was still required to clock in and out for medical visits, be it by scanner or manual form, and failed to do so on March 18, 2011.
3. The Single Commissioner erred in Finding of Fact No. 7 by finding that the claimant was working outside her work restrictions. This finding is in disregard of the evidence that appropriate light duty work had been provided for the claimant.
4. The Single Commissioner erred in Finding of Fact No. 8 by finding that it was the claimant's "clear understanding" based upon the acts and information given to her by the employer that led the claimant to believe she was to be paid for time missed from work for her medical appointments. This finding is not supported by the reliable, probative, and substantial evidence in the record.
5. The Single Commissioner erred in Finding of Fact No. 12 by finding the claimant to be a credible witness and that but for the malfunctioning hand-scanner the claimant would have clocked out, thereby not having to use the missed time form that the employer used as an excuse for terminating [the claimant]. The finding that the claimant would have clocked out had the scanner been working contradicts the previous finding that the claimant believed that she did not have to clock out. With such conflicting information given by the claimant, she cannot be found credible in her testimony in this regard.
6. The Single Commissioner erred in Finding of Fact No. 13 by finding that in the past when the hand scanner was working, the claimant would clock into work, out for lunch, and back to work. If the hand scanner had been working on March 18, 2011 the claimant would not have been terminated. This finding is contrary to other findings that the claimant thought she was to be paid for the time missed for medical appointments. Further, this finding is based on speculation due to claimant's lunchtime practices that have nothing to do with medical appointments, workers' compensation procedures, or other instances more closely related to the circumstances at issue.
7. The Single Commissioner erred in Finding of Fact No. 14 by finding that the "it was obvious [the claimant] was not trying to falsify records, deceive the employer, or hide anything else" because the employer knew the claimant was at the doctor for an appointment for an admitted work related injury. This finding is not supported by the reliable, probative, and substantial evidence in the record.
8. The Single Commissioner erred in Finding of Fact No. 15 by finding that the claimant is temporarily totally disabled and is entitled to benefits for March 24, 2011 to the present and continuing. This finding is not supported by the reliable, probative, and substantial evidence in the record. The claimant was terminated for cause while she was working full duty, thus the claimant should not be entitled to TTD.

9. The Single Commissioner erred in Conclusion of Law No. 4 by concluding that the claimant is entitled to temporary total disability benefits from March 24, 2011 to the present and continuing. This conclusion is not supported by the reliable, probative, and substantial evidence in the record.
10. The Single Commissioner erred in Conclusion of Law No. 5 by concluding that the claimant has met her burden of proof in establishing her claims by a preponderance of the evidence. This conclusion is not supported by the reliable, probative, and substantial evidence in the record.
11. The Single Commissioner erred in Conclusion of Law No. 9 by concluding that under 42-9-10 the claimant is entitled to received compensation from the defendants for her period of temporary total disability resulting from her March 11, 2011 accident from March 24, 2011 until the present and continuing. This conclusion is not supported by the reliable, probative, and substantial evidence in the record.
12. The Single Commissioner erred in ordering that the claimant is entitled to receive temporary total disability compensation from March 24, 2011 to the present and continuing. This award is not supported by the reliable, probative, and substantial evidence in the record.
13. The Single Commissioner erred in failing to find that the claimant had been terminated for cause and therefore is not entitled to temporary total disability benefits.



**BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION
W.C.C. FILE No.: 1103442**

Gayla Ramey,

Claimant,

vs.

Unihealth Post-Acute Care Tanglewood,
Employer, and American Zurich Insurance,
Carrier,

Defendants.

DEFENDANTS' BRIEF

STATEMENT OF THE CASE

This claim was heard before Commissioner G. Bryan Lyndon on August 10, 2011 in Columbia, South Carolina. Both parties and/or their representatives were present and evidence of the claim was presented. This claim arises out of an accident occurring on March 11, 2011 while the claimant was working for the defendant/employer.

The claimant was involved in a fall and landed on her right arm and buttocks. Therefore, the defendants have admitted the injuries to the low back and right arm. The defendants have provided treatment for the claimant; however, her most recent treatment and her ongoing recommendations are focused on her cervical spine and upper back. They assert that the claimant has had problems with her neck for which she has had treatment, including injections, prior to this accident. The defendants question the relationship of the claimant's neck and upper back symptoms to the accident. The defendants have agreed to send the claimant for evaluation by an orthopedist of their choosing and assert that the claimant should be limited to the treatment offered. The claimant requests that she be provided with treatment per the recommendations of

Dr. Zgleszewski in her IME. Because the defendants are providing treatment, the issue of additional or alternative treatment as requested by the claimant was held in abeyance.

The primary issue for determination at the hearing was whether or not the claimant is entitled to temporary total disability benefits from the date of her termination to the present and continuing. The claimant asserts that she is entitled to temporary disability compensation as her termination by the employer is not tantamount to refusal of suitable employment. The defendants, however, assert that the claimant is an RN and her job duties did not involve a great deal of lifting as her tasks were more managerial and clerical in nature, and thus the claimant was being fully accommodated in her restrictions until she was terminated for falsifying paperwork. The defendants note that Medicare is heavily involved with the running of the defendant/employer's facility and that as such there can be no falsification of records. In the incident in question, the claimant left work for a doctor's appointment, but failed to deduct that time from her pay that day. The defendant/employer terminated the claimant for this reason, which is a policy they assert has been enforced in the past and is not unique to the claimant.

The claimant also asserts that her average weekly wage and compensation rate have been incorrectly calculated. She takes the position that her pay for the 52-week period prior to her accident would result in an average weekly wage of \$1,099.17, which yields a compensation rate at the maximum rate for 2011 of \$704.92. It is the position of the defendants that the Form 20 Statement of Earnings was properly completed according to the terms of the Act and that the claimant's wages for the four quarters prior to the quarter in which the accident occurred show an average weekly wage of \$1,007.32 and a resulting compensation rate of \$671.58.

On September 28, 2011, Commissioner Lyndon issues an order finding that the claimant was entitled to temporary total disability benefits from March 24, 2011 to the present and continuing. It was found that the claimant was a credible witness and that he did not believe that

her failure to deduct the time for her medical appointment from her pay was done intentionally for the purpose of being deceitful, but was merely an error in procedure due to malfunction of the scanner that would typically be used to clock in and out. It was also found that the defendant/employer led the claimant to believe that she would be paid for the she was at her causally-related medical appointments. Commissioner Lyndon further found that the defendants had properly calculated the claimant's average weekly wage and compensation rate. He also found that the claimant had no previous problems with her spine and had only had treatment for trapezius muscle issues which have resolved.

On October 10, 2011, the claimant filed a Request for Commission Review (Form 30) of the decision and order of the Single Commissioner. The claimant appealed the Single Commissioner's finding and conclusion that the claimant's average weekly wage and compensation rate were correct per the Form 20 Statement of Earnings prepared by the defendant/employer. On October, 12, 2011, the defendants also filed a Request for Commission Review (Form 30) of the decision and order of the Single Commissioner. The defendants' application contained thirteen (13) exceptions to the decision and order of the Single Commissioner, these exceptions are incorporated herein by reference. In summary, the defendants take exception to the Single Commissioner's findings and conclusions regarding the circumstances of the claimant's termination, whether it was justified, and whether it is effective to bar the claimant from receiving temporary total disability benefits. The defendants also take exception to the Single Commissioner's finding that the claimant did not previously suffer from and receive treatment for neck and upper back problems similar to that for which she currently seeks treatment.

STATEMENT OF THE FACTS

At the hearing the claimant testified on her own behalf. She stated that she is 50 years old and that she completed her Associate's Degree to obtain her RN. She explained that she received a scholarship from the defendant/employer in 2008 to go to nursing school. She also noted that she has further educational background prior to obtaining her RN degree. The claimant asserted that her job as an RN with the defendant/employer involves administering treatment to residents and also includes activities like turning residents who are bedridden, assisting residents get in and out of beds and wheelchairs, and pushing wheelchairs to get residents from one part of the facility to another. She also stated that she did clerical duties such as medical charting and working with residents' family doctors to coordinate their care needs.

The claimant asserted that prior to the work accident she never had any problems with her back. She noted in 2008 that she was treated for muscle spasms in her right shoulder. She stated that she was having a lot of stress at the time and was having muscle spasms in the right shoulder. The claimant testified that she went to the doctor and received some steroid injections in the muscle and the spasms did relax and the problem went away. The claimant asserted that her previous problems were muscular only and not in her spine.

On the date of the accident, the claimant stated that she was sent to Doctor's Care immediately following her fall. She testified that she had clocked-in that morning via hand-scanning device, but did not clock out when she was sent for treatment. She further stated that her understanding is that she was paid for her normal hours that day despite having to leave work to go to the doctor.

The claimant went on to testify that she was given work restrictions by the providers at Doctor's Care on that first visit. She stated that she was told not to spend more than 30 minutes per hour on her feet; to limit the use of her back; no use of her right arm; no lifting greater than

ten pounds; and no repetitive bending, twisting, stooping, squatting, or pushing. The claimant asserted that she continued working as normal and her restrictions were not accommodated. She asserted that she was required to walk all over the facility, do a great deal of paperwork, pull charts from overhead to file forms, and sometimes she had to push residents in wheelchairs. The claimant stated that she felt that the tasks she was doing were in violation of her restrictions, but that she was scared of losing her job.

The claimant testified regarding her March 18, 2011 appointment with Doctor's Care. The claimant stated that she had discussed her appointment previously with Lynda Burr, the facility Human Resources Director. She stated that she came in early that morning because she needed to see Ms. Burr about the appointment and knew that Ms. Burr was leaving early that day. The claimant stated that Ms. Burr was not at the facility by the time she had to leave to go to her appointment and she had to go ahead and leave without speaking to Ms. Burr.

The claimant asserted that she attempted to clock-out around 7:30 that morning using the hand scanner, but that the scanner would not work when she tried to use it. The claimant stated that she left without doing anything further to sign out because she needed to get to the appointment. She stated that she returned at 9:45 that morning, and was told to go home about 45 minutes later by her supervisor Tonya Shepherd because Ms. Shepherd wanted her to work the next two days. The claimant stated that when she returned from the doctor, she completed a Request for Missed Time form to note the time she missed that would not be reflected on the punch clock due to the scanner malfunction. She indicated on the form the time period of 7:00 a.m. to 10:30 a.m. and asserted that was meant to reflect her time missed for the appointment. She stated that she got the form approved by her supervisors, Carrie Ray and Tonya Shepherd, and that both of those supervisors knew that she had an appointment that morning.

The claimant testified that on the day she was initially injured, she was not told to punch out before she was sent to the doctor. She further stated that she was paid her regular wages for the time that she left and went to the doctor on the date of her injury. The claimant testified that it was her understanding from those events that she would be paid for work time that she missed for appointments related to her work injury and that no one had advised her any differently. The claimant asserted that neither Ms. Ray nor Ms. Shepherd indicated there was any problem when she asked for approval of her missed time form on March 18th.

The claimant stated that she was fired three days later on March 21, 2011. She explained that she was called to Lynda Burr's office and told that she was not allowed to be on the clock while she was out for a doctor's appointment and was terminated.

The claimant stated that since her termination from the defendant/employer, she has not been able to find work within her restrictions. She asserted that since she has not had any treatment she was afraid of doing something that would cause further injury. The claimant asserted that in looking for work she has looked through newspapers to see if there are any available jobs within her restrictions.

On cross examination, the claimant was asked about the paperwork that she completed at the time of her injury. The claimant was shown a notice informing her that she would not be paid for time spent at doctor's visits which she signed as part of her initial workers' compensation paperwork. The claimant admitted that she signed all of the paperwork that she was given, but she didn't actually read all of it closely. The claimant recalled being told that she could use PTO time for medical appointments during the waiting period until workers' compensation insurance kicked in. The claimant confirmed that the appointment on the March 18th that led to her termination was in fact her third doctor's appointment regarding her work injury.

The claimant noted that she had been having problems with the hand scanner for several days prior to March 18th. She stated that she did not even try to clock in using the scanner that morning because there was a certain procedure that had to be done by Ms. Burr to fix it and that since Ms. Burr was not there, she didn't bother to try using the hand scanner. The claimant was read her time correction form whereupon she had written that she was correcting her time because the "clock would not accept punch" which indicated that she was requesting to be paid for the time indicated on the form. The claimant denied that as her intention and asserted that she was attempting to confirm missed time for a medical appointment. The claimant confirmed that she listed her time for the day of March 18th as 7:00 a.m. to 10:30 a.m. and that she had to complete the form because the hand scanner was not working, and agreed that she was listing that time period as her work hours for that day.

The claimant admitted that she has had to miss work for medical problems previously during the time she has been employed with the defendant/employer. She confirmed that she had gallbladder surgery in 2007 and was also out for about a month when her mother passed away. The claimant noted that she did not get fired for those periods of missed time, and it was even after dealing with those issues that she was offered her nursing school scholarship. She also admitted that there is at least one other person in the facility who has a workers' compensation claim and continues working on light duty. The claimant agreed that she was treated fairly up until the point that she was terminated.

The claimant went on to testify that on her initial visit to Doctor's Care that she reported that her right arm, mid back, neck, and "tail" where she had landed where hurting. The claimant was pointed to her own APA, page 109, reflecting that first where there is discussion of the right arm and back, but nothing regarding any neck complaints. She was also pointed to her return visit on March 14, 2011, where she reported to the providers at Doctor's Care that she was "very

improved." There was no discussion of neck pain and no indication from the claimant that she was not capable of performing her job or that the defendant/employer was not complying with the work restrictions. The claimant was then directed to the report from March 18th, which was the first indication that she was experiencing neck pain, but again noted that there was improvement in her condition.

The claimant agreed that the doctor's restrictions did not prevent her from walking on the job, but merely indicated that she should not walk more than 30 minutes of each hour. She disagreed that it was primarily the duty of the CNA's to move the residents around the facility and that the nurses more so supervised the CNA's. The claimant admitted that she did not have to routinely do things like changing residents, but stated that it was in her job description. The claimant also agreed that the defendant/employer's facility is a no-lift facility and there are Hoyer lifts to help them move residents and the staff is required to obtain help before moving the residents. The claimant insisted that her job went well beyond assessing residents' medical conditions and administering medications. She insisted that she was required to do more hands-on care tasks and was required to assist in "any and all" aspects of resident care. The claimant further asserted that, in her opinion, the facility was understaffed. She stated that the two CNA's on the hall cannot see to all 40 residents at all times, so she did a lot of CNA duties.

The claimant admitted that her only efforts to find another job have been through looking at listing in the newspapers and on the internet. She admitted that she has not actually applied for any jobs. The claimant stated that based on the job descriptions that she feels that the jobs she has seen would be beyond her work restrictions, but she has not gone in person to inquire about the job duties.

The claimant was next questioned regarding her annual physical assessment with the defendant/employer. She recalled going through the questionnaire from 2009 and indicating that

she was taking some medication for swelling in her feet. The claimant was also read medical reports from her family doctor from December 2006 wherein she presented with complaints of neck pain and trapezius muscle tenderness. The claimant stated that she recalled only having muscle spasms, but did not recall the dates indicated in 2006. The claimant clarified from her prior testimony that she has had problems with muscle spasms on more than one occasion. The claimant confirmed that she has not previously had an MRI of her cervical spine and did not know what was causing the muscle spasms.

On re-direct examination, the claimant asserted that she was released at full duty on March 18, 2011 because she asked to be. She asserted that she told the providers at Doctor's Care that her arm felt better but that she was still having trouble with her back, but that she wanted to try being on full duty because she was needed at the facility. The claimant asserted that she did this because she was afraid that she would lose her job if she did not get back to full duty. The claimant was again questioned about the March 18th report on re-cross examination. She insisted that she did not tell the doctor that she was 85% improved, as indicated in the report. The claimant also asserted that the statement on the work note that "she feels comfortable performing full work duties" was not entirely accurate and that she only requested to try her full duties.

The Commissioner questioned the claimant regarding the hand scanner. The claimant confirmed that it has malfunctioned in the past and would not accept her hand scan. She explained that she has always been paid when the hand scanner failed to work and that the procedure is to fill out a time correction form and have it approved by a supervisor to confirm that she was actually at work during the time indicated on the form. The claimant also confirmed that it is standard to punch out anytime she leaves the facility for any reason. The claimant stated that on the days prior to March 18, 2011, when the scanner was not working that she

clocked in and out manually and that she was in the facility during her entire shift those days performing her job duties as reflected on her manual time forms. The claimant also confirmed that time form for March 18 only indicated that she worked and needed to be paid for the time indicated on the form, it did not specify that she had left for a doctor's appointment at any point during the hours indicated on the form.

The defendants called Lynda Burr to testify on their behalf. Ms. Burr stated that she is the Human Resources Director at the Tanglewood facility and has been in that position for nine years. Ms. Burr stated that her duties include the handling of all personnel records and any workers' compensation claims in the facility. She further confirmed that she was dealing with the claimant's workers' compensation claim. Ms. Burr stated that someone else, possibly Ms. Elkins the unit supervisor, arranged for the claimant to go to the doctor for treatment on the date of the injury. Ms. Burr talked to the claimant on subsequent occasions about her injury.

Ms. Burr explained that the facility works with injured employees to meet the needs of their individual restrictions. She noted that they do not create new jobs, but they often move people to other positions to suit their restrictions during light duty. Ms. Burr stated that it is policy to do everything possible to accommodate restrictions assigned by the doctors for injured employees.

Ms. Burr confirmed that she was involved in the claimant's termination. She explained that the hand scanner was not working for the claimant to clock in and out on the date in question, March 18, 2011. She stated that the claimant had turned in a time correction form stating that she was present at work from 7:00 a.m. to 10:30 a.m. on that date. However, she later turned in a doctor's note reflecting that she was not present at work for part of the time indicated on the time form for March 18th. The doctor's excuse and the time form were shown

to the facility administrator, who made the decision that the claimant was to be terminated for falsifying her time sheet.

Ms. Burr further confirmed that employees on workers' compensation are not paid for time that they leave work to attend doctor's appointments. She stated that workers are given a packet when injuries occur giving them all the procedural information and someone goes over the materials with the worker. She also confirmed that these materials include a notice to workers that they will not be paid for time during medical appointments. Ms. Burr confirmed that Ms. Elkins had gone over this paperwork with the claimant, but noted that in her subsequent conversations with the claimant that the claimant never asked any questions or expressed a lack of understanding of the materials that she was given.

Ms. Burr went on to testify that in the days following the claimant's injury, she never expressed any inability to perform her assigned tasks or expressed any concern about her restrictions not being properly met. She stated instead that the claimant only told her that she wanted to get back to work on the floor and that she was fine. Ms. Burr stated that she informed the claimant that she could not put her back to regular duty without a release to do so from her doctor. Ms. Burr noted that the claimant had restrictions against pushing so that she could not push the medication cart. She stated that the nursing supervisor had the claimant doing paperwork while she was on restricted duty. She further explained that she always advises employees with restrictions to self-monitor their activities to stay within their restrictions and if they are given a task that is outside their restrictions to come to her to adjust their duties. Ms. Burr testified that the claimant never complained about the modified duty that she was given. She stated that she received the release note from Doctor's Care noting the claimant felt comfortable performing her regular duties and stated that this note was consistent with the claimant's requests to her to be put back to full duty.

Ms. Burr next testified that the facility has terminated other employees for submitting false time requests. She estimated that it has happened about three to five times in the nine years that she has worked for the defendant/employer. Ms. Burr stated that falsification of any document is grounds for immediate termination per corporate policy, not just the policy of the facility. She explained that inconsistencies on the time sheet compared to other facility records create issues for the facility with DHEC and Medicare when the facility records are reviewed. She stated that all facility records must be accurate and consistent with one another. The Commissioner also questioned Ms. Burr as to the nature of the falsification of records of the other employees who were fired for falsification of documents. Ms. Burr stated that several were terminated for falsifying time for entire shifts, but others were terminated for falsification of other records that were not related to time and pay. She also recalled that none of the other persons fired for record falsification had ongoing workers' compensation claims.

The medical records reflect that the claimant initially sought treatment with Doctor's Care on March 11, 2011 on the date of her accident. The claimant reported that she slipped on some stairs and injured her right forearm, right hand, and her thoracic spine. The claimant presented with bruising and swelling in the right arm and hand, and bilateral paraspinal muscle pain in her mid back. (A.P.A. p. 109). The claimant was given restrictions of no lifting more than 10 pounds, no use of her right arm, limited use of her back, no standing for greater than 30 minutes per hour, and no repetitive bending/stooping/pushing/twisting. (A.P.A. p. 110).

The claimant next followed-up with Doctor's Care on March 14, 2011. The claimant reported feeling very improved with no pain in her right arm. The right arm contusion was noted to be healing with only mild ecchymosis, and she was reported to have only mild tenderness to palpation of the left paraspinal muscles. (A.P.A. p. 112). Her work restrictions were reduced to

allow standing without restriction, pushing and twisting without restriction, and she was allowed full use of the right arm. (A.P.A. p. 113).

The claimant was seen again at Doctor's Care on March 18, 2011, reporting new complaints of right lateral neck and trapezius pulling sensation. It was noted that she otherwise denied complaints, that her mid-back felt 85% improved, and that there was no discomfort in the right upper extremity. On exam, the claimant was found to have mild tenderness in the right lateral cervical spine, but with full neck range of motion. It was noted that the claimant had no thoracic spine pain and no shoulder pain. (A.P.A. p. 115). The work note provided on this visit noted the claimant's mild cervical pain, but stated that she felt comfortable performing full work duties, thus she was given no restrictions. (A.P.A. p. 116).

The claimant next returned to Doctor's Care on March 24, 2011, three days after her termination, and was complaining of thirteen days of right shoulder pain radiating into her neck and back. On exam the claimant was noted to have a palpable muscle spasm in the right trapezius. The claimant's diagnosis was amended from a mid back strain and right arm contusion to that of muscle spasm, spondylolisthesis, and neck pain. She was referred for physical therapy and her work restrictions were amended to include limited use of her neck. These symptoms persisted on the claimant's follow-up visit on April 1st, and she complained of difficulty finding a comfortable sleeping position due to neck pain. She also was again found to have tenderness in her cervical spine and palpable muscle spasm.

The claimant was sent for a cervical spine MRI on April 4, 2011, which revealed evidence of chronic degenerative changes and a left disc protrusion at C3-4 and some spurring from C3 to C6. The claimant went back to Doctor's Care for review of the MRI and was noted to have bilateral tenderness to palpation with muscle spasm bilaterally in her trapezius distribution. She was prescribed a stronger pain medication and a steroid taper.

The claimant went for a claimant's IME with Dr. Timothy Zgleszewski. She reported to Dr. Zgleszewski that after the fall she had immediate pain in her mid-back; neck, and right wrist. She further reported that she developed a stabbing sensation in her low back a few days later and reported continued problems with wrist pain, a scar with excess skin growth, and neck pain; despite the records from Doctor's Care that do not corroborate the claimant's statements to Dr. Zgleszewski. Dr. Zgleszewski stated that the claimant has probable facet joint dysfunction at all levels of her back and recommended a course of pain management-related treatment modalities.

The claimant's previous medical records from her family doctor were also submitted into evidence. The claimant presented to her family doctor on December 20, 2006 with complaints of right "neck pain" and noted that she had previously undergone massage therapy that was temporarily helpful, indicating that this was an ongoing problem for the claimant. The claimant was found to have tenderness in her neck and over the right trapezius muscles, (A.P.A. p. 39), substantially similar to that which was noted in the Doctor's Care reports after March 24, 2011. These complaints recurred on April 7, 2008, when the claimant presented to her family doctor with complaints of neck and back pain with pain radiating to her right shoulder and pain with forward flexion. The claimant was noted to again have a palpable muscle spasm in her right trapezius and this was injected at the time. (A.P.A. p. 102). The claimant's most recent documented recurrence of neck pain was on April 16, 2010. She presented to her family doctor on this occasion with complaints of right shoulder pain into the back of her neck that she described as constant and often a burning sensation. She again had a palpable right trapezius muscle spasm. (A.P.A. pp. 95-96).

The personnel records of the defendant/employer regarding the circumstances of the claimant's workers' compensation claim and the false records that led to her termination were

also included in the evidence of the case. Those records correspond with those discussed in the testimony of the witnesses.

ARGUMENTS

I. The Single Commissioner erred in finding that the claimant is entitled to temporary total disability benefits from March 21, 2011 to the present and continuing. The claimant was terminated based on grounds established by corporate policy to which all employees are held accountable, as such, the Single Commissioner's decision interferes with the employer's management of its facility.

The claimant was terminated for providing false information on her time correction form.

The claimant testified that she knew that she was supposed to clock out any time she left the facility for any reason. Yet she did not fill out her time form accordingly when she left the facility for her appointment on March 18, 2011. Whether or not her intention was to mislead the defendant/employer for gain in compensation is secondary to the fact that she stated that she knew that she was to clock in and clock out any time she left the facility. The claimant even testified that this was the case to the extent that workers are to clock out when going to retrieve something from their cars and return immediately. Despite her stated knowledge of the company rules, she failed to follow procedure in filling out her manual time sheet for March 18, 2011.

The defendant/employer's policy that records must be accurate across all plains is designed to deal with the heavy regulations of nursing facility administration. It is imperative for the defendant/employer to have a wholly accurate record of what personnel were onsite at any given moment of every day. Strict records must be kept to ascertain details such as resident-to-staff ratios and what personnel is available and providing care to residents at any given time. Proper staffing is imperative in the defendant/employer's industry; therefore, there is a strong emphasis on attendance and record-keeping procedures. The Single Commissioner focused his analysis of the circumstances of the claimant's termination on whether or not she intended to get paid or otherwise deceive the defendant/employer. The claimant's intention is irrelevant as it

was her failure to properly and accurately complete her time correction form to show the time during which she was actually on site at the facility that led to her termination.

The findings of the Single Commissioner that the claimant would have clocked out, and that she was justified by not properly noting her time sheet, and thus granting her temporary total disability benefits are unduly burden the defendant/employer in the management of its facility. The claimant was terminated based on a company policy that sites falsification of any records as grounds for immediate termination. A policy that the testimony shows has been enforced regularly in the past. The Single Commissioner's finding creates a situation where the defendant/employer has to treat workers' compensation claimants as an exception to the general rules to avoid being held responsible for temporary total disability benefits for terminating an employees based on standard policy.

Further, the claimant failed to prove that she was indeed disabled from any form of work. The claimant has achieved a level of education that makes it possible for her to earn a living using her skills above her general physical ability. While there may have been certain physical aspects with the claimant's job as an RN in a nursing care facility, she certainly has a skill set that is transferrable to positions that do not involve taking care of invalids. The claimant expressed that she read advertisements for available positions in the newspapers and on the internet, but she never contacted the potential employers to see if she could perform the jobs within her restrictions. There are work opportunities for nurses beyond that of resident care facilities and hospitals. Nurses are often employed in doctor's offices assisting in the care of able-bodied patients, as well as in various administration and clerical roles where their medical record keeping knowledge is needed. The claimant may have required specific accommodation to avoid working outside of her restrictions in a resident care facility, but in-patient caretaking is not the sole job opportunity for someone with the claimant's skills and she gave no indication

that she had explored these alternative options or that she was incapable of performing other lighter duty positions in which nurses are employed.

Based on the foregoing, the findings of the Single Commissioner that the claimant is entitled to temporary total disability benefits should be reversed.

The Single Commission also made multiple findings regarding the hand scanner at the defendant/employer's facility, whether it was functioning, and whether the claimant would have been fired if it had been working. These findings are not consistent with one another, some are speculative, and they hold no bearing on the merits of the claimant's termination. The Single Commissioner went so far as to find that but for the malfunctioning hand scanner, the claimant would have clocked out and would not have had to use the form that resulted in her termination. This finding is based on nothing but speculation. However, contrary to the Single Commissioner's finding, the claimant also testified that she did not clarify her time spent at the doctor on the time form because she had not been required to clock out when she went to the doctor on the day she was injured. By her statements, the claimant appeared to indicate that based on the events of the date of her injury she did not have to clock out for medical visits. The Single Commission next used the history of the claimant not being asked to clock out and being paid her normal wages on the date of the injury to justify the claimant's purported understanding that she would be paid for time spent at medical appointments. The finding that she was justified in not clocking out based on the prior events and the finding that if the scanner was working then she would have clocked out are in direct contradiction of one another. These findings cannot mutually exist and should be reversed.

II. The Single Commissioner's finding that the claimant was working beyond her restrictions is without merit.



The Single Commissioner found based on the claimant's allegation that she was working outside of her assigned restrictions. The claimant's testimony was extremely vague regarding her duties while under medical restrictions. She primarily described what her regular job duties were, and then asserted that she performed her normal job. The claimant offered testimony that she was required to "walk all over" the facility while she was on modified duty. The restrictions from Doctor's Care did not prevent the claimant from walking or standing, only advised that she not walk or stand for more than 30 minutes per hour on her March 11, 2011 work note. This restriction was removed as of her follow-up visit on March 14, 2011. The claimant could not state with any specificity how far or how much she was required to walk to stand, other than "all over," in the four days for which this restriction applied. The claimant also asserted that she had to assist in turning of residents and pushing residents in wheelchairs. Again, the claimant was only restricted against pushing from March 11th to March 14th before the restrictions were decreased. Also, while she asserted that nurses had to engage in these activities, upon further questioning, she stated that it was something nurses would do when CNA's were not available. Further testimony was also offered by Ms. Burr that employee's with restrictions are charged with self-monitoring and asking for help in task that they should avoid or coming to her for further modification of duties.

To further discredit the claimant's assertion that she was working outside of her restrictions, the medical records indicate that the claimant asked to be released from restrictions so that she could perform her regular work. All available evidence, aside from the claimant's self-serving and vague statements that her restrictions were not being met, indicates that the claimant's job was indeed modified to meet her given work restrictions. The evidence also indicates that the claimant requested to be put back to full duty so that she could perform her

regular work. Based on the forgoing, the finding of the Single Commissioner as to this issue should be reversed.

III. The Single Commissioner erred in concluding as a matter of law that the claimant "met her burden of proof in establishing her claims." This conclusion is overly broad and does not reflect that further issues, such as the extent of the injury, were raised and positions were stated, but were not conclusively ruled upon.

The claimant raised multiple issues for the hearing. She asserted that she was entitled to temporary total disability benefits; that she was entitled to treatment per the recommendations of her IME with Dr. Zgleszewski; and specifically that she was entitled to treatment for her neck in addition to the admitted low back and right wrist injuries. Based on the defendants' agreement to send the claimant for an orthopedic evaluation and to have the claimant's back as a whole evaluated as part of that exam, the issues regarding the asserted right to treatment with Dr. Zgleszewski and relationship of the recommended neck treatment to the injury were not the focus of this hearing. These issues were essentially held in abeyance pending the orthopedic evaluation. The conclusion by the Single Commissioner that the claimant has proved "her claims" is overbroad and appears to indicate that the claimant proved and prevailed on each and every position that was stated at the hearing. This conclusion should be reversed in favor of specific findings and conclusions limited to the issues actually addressed and ruled upon.

IV. The Single Commissioner was correct in determining the claimant's average weekly wage and compensation rate.

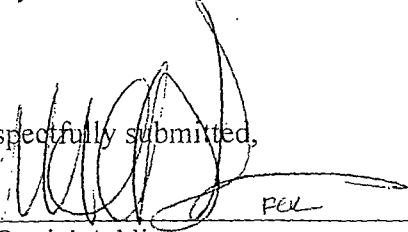
The claimant asserts that an alternative method of calculation of her average weekly wage and compensation rate should be used. However, the defendants submitted a properly completed Form 20 Statement of Earnings calculating the claimant's average weekly wage by using her gross earnings from the four quarters prior to that in which the injury occurred. The

claimant has merely stated that by using the period of 52 weeks prior to the date of injury, instead of excluding the quarter in which the injury occurred as the Act dictates, that the claimant's average weekly wage is greater and therefore the greater number should be used. The claimant's request is arbitrary and states no overwhelming reason that the standard method of calculation is unfair to her. To apply an alternate method of determining average weekly wage, the claimant must show some circumstance that created the unfairness and must present detail as to why it is not an accurate reflection of the claimant's earnings. The claimant offered no evidence to this effect and stated only that if differently calculated, different numbers are obtained. This does not meet the requirements to support the need for an alternate method of calculation of average weekly wage in the face of a properly completed Form 20 established by the actual earnings reported on the claimant's pay records.

CONCLUSION

Based upon the foregoing, the defendants respectfully request that the decision and order of the Single Commissioner be reversed. The reliable, probative, and substantial evidence in the record shows that the claimant was provided with suitable modified duty to meet her restrictions, after which she was terminated for violation of company policy, and she has subsequently failed to prove that she is incapable of securing alternate employment that is within her work restrictions.

Respectfully submitted,


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December 15, 2011

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1103442

Gayla Ramey,	)	
	)	
Employee/Claimant,	)	
	)	
v.	)	CLAIMANTS REPLY BRIEF
	)	
Unihealth Post Acute Care- Tanglewood,	)	TO THE FULL COMMISSION
Employer and	)	
	)	
American Zurich Insurance Company,	)	
Carrier/Defendants.	)	
_____	)	

STATEMENT OF THE CASE

Commissioner G. Bryan Lyndon heard this case on August 10, 2011 in Columbia, South Carolina and all parties agreed to jurisdiction. The Claimant was injured on March 11, 2011 when she fell down stairs at her place of employment injuring her back and right arm.

The Claimant had been employed by the employer for the previous 9 years and was shortly thereafter terminated for requesting to be paid for one hour missed from work due to an employer authorized medical appointment. Up to the hearing date the Employer had ended medical treatment to the Claimants back, right arm or any other body parts but consented to provide this treatment at the hearing. The Hearing was called upon the filing of the Claimants Form 50. The Claimant was seen prior to hearing by Dr. Zgleszewski for an IME who confirmed that the Claimant had injured her back including the cervical spine, requiring treatment.

The Claimants position on average weekly wage is that she be paid the average for the previous 52 weeks before the date of accident. This gross amount divided by 52 would yield

\$1,099.17 which would result in the maximum compensation rate for 2011, \$704.92. The Employer alleged that the average weekly wage should be determined based on the figures the provided on the Form 20 which would yield \$1,007.32 resulting in a compensation rate of \$671.58.

The only issue presented for determination by the Single Commissioner was whether the Employer is allowed to terminate the Claimant's temporary total disability benefits from the date of her termination to the present and continuing. The Claimant was terminated on March 21, 2011 after she had informed her supervisors and Human Resource Manager that she was leaving work to attend an authorized medical appointment at Doctors Care. The Claimant asserts that the Employers supervisors were well informed that the Claimant was going to see a doctor and due to a malfunctioning hand-scanning device could not check-in coming to work or check-out going to the doctor's appointment. The procedure the Claimant was required to use due to the malfunctioning hand-scanning device was filling in a missed time form that had to be signed off on by her supervisor. The Claimants supervisor did this when the Claimant returned from her doctor's appointment. The Employers explanation was that the Claimant was simply terminated because she had requested to be paid for missed time from work due to authorized medical treatment for her workers comp. injury and the Employer classified this as falsifying paperwork. The Claimant further alleged that she was not being accommodated with the work restrictions issued to her by Doctors Care prior to her termination. The Claimant further asserts that she had previously been paid for time missed from work due to authorized medical treatment on this workers comp. case in the previous 10 days since her date of injury.

On September 28, 2011 Commissioner G. Bryan Lyndon issued an Order finding that the Claimant is entitled to temporary total disability benefits from March 24, 2011 to the present and

continuing finding that "I do not find it plausible that the Claimant would intentionally put nine years of service on the line for the 1 hour that she was at the doctor." Commissioner Lyndon found that the Claimant was a credible witness, and was such a valuable employee to the Employer that she was given a scholarship by the Employer in order to obtain her R.N. Degree. Commissioner Lyndon further found that the Claimant has never been previously accused of falsifying paperwork, has had no previous problems with her spine and that the Claimants two supervisors and the human resource manager knew that the Claimant was attending an appointment. That the Employer had the Claimant working outside of her work restrictions. In addition to having knowledge of the March 18th appointment, the Employers actions led the Claimant to believe that she was to be paid for time missed from work for her medical appointment. Commissioner Lyndon believes that the malfunctioning hand scanner was used as an excuse for terminating the Claimant.

Both the Claimant and the employer filed a Request for Commission Review of the Decision and Order of the Single Commissioner. The Claimant only appealed the Single Commissioners finding on the average weekly wage and compensation rate. The Single Commissioner found that the compensation rate on the Form 20 prepared by the Employer was correct. Although the employer's application (Form 30) contained 13 exceptions to the Decision and Order of the Single Commissioner, the only issue litigated at the Single Commissioner Hearing was the Employers termination of the Claimant. The Employer admitted the entire back prior to hearing. The Single Commissioner further found that the only treatment to the back that the Claimant had received prior to the date of injury were for trapezius muscular issues and shoulder.

STATEMENT OF THE FACTS

The Claimant testified that she is a 50 year old woman who was a 9 year employee for the employer. She lives in a household with 11 other people which comprise her children and grandchildren. She obtained her R.N. degree while working for the employer and in fact was given a scholarship by the employer so she could obtain this degree in 2008. Her job duties include providing treatment to patients, assessments, helping patients move, turning patients and helping them get in and out of bed. Also pushing patients in wheelchairs in addition to the medication cart. Ms. Ramey performed charting and working with doctors and family members in order to provide patient care. She had never previously had any problems related to her back. The Claimant stated that she did receive medical treatment for muscle spasms in her shoulder. For approximately 2 weeks she had muscle spasms in her right shoulder that were treated with steroid injections which cleared the issue up.

The Claimant testified that when she was injured on March 11, 2011 she punched-in that morning with a hand scanner (because it was working). Shortly thereafter, the Claimant fell, was injured, and was immediately sent to Doctors Care. She did not punch-out with the hand scanner before she left to Doctors Care. She testified that she was still paid for her normal hours that day including the time she was at Doctors Care, although she did not punch out.

Doctors Care immediately placed the Claimant on work restrictions of no more than 30 minutes per hour on her feet, limited use of the back, no use of the right arm, 10 pound lifting restriction and no repetitive bending, twisting, stooping, squatting or pushing. The Employer kept the Claimant working her full duty. There were two other Employees, Tammy Watkins and Lisa Jacobs, who have pending workers comp. cases who were also working normal duty as was the Claimant. The Claimant stated that she was scared of being terminated, although she was still

working regular duties because she understood one of these two women were about to be fired. This fear was based on hearsay but she was never the less worried about losing her job. Consequently, when the Claimant attended the medical appointment on March 18th, 2011, she requested that the doctor allow her to go off light duty because she needed to work full duty in order to help with the understaffing on her floor. The Claimant was concerned that the understaffing problem and her inability to work full duty, would result in her being terminated. She explained that she did this in attempt to preserve her job even though her back pain still existed. The other two employees with workers compensation claims were also working full duty in violation of their work restrictions and Ms. Ramey felt compelled to do the same or risk termination.

On March 18, 2011 the Claimant attended a doctor's appointment at Doctors Care. The Claimants Human Resource Manager, Linda Burr was aware of this appointment on the morning of the 18th. The Claimant testified that in fact she arrived at work earlier than required (7am) because she understood Ms. Burr would be leaving early and the Claimant wanted to speak to Ms. Burr before she left to her doctor's appointment. When the Claimant arrived to work on the 18th Ms. Burr had already left the premises. The hand scanner punch in device was not working on the 18th so the Claimant was unable to punch in or out of work that day. The Claimant returned from her Doctors Care appointment at approximately 9:45am and left work for the day at 10:30am. The Claimants supervisor Tonya Shephard told the Claimant to leave work early because she wanted her to work the next two days which were a Saturday and Sunday. The Claimant confirmed that on the day she was injured, March 11, 2011, she had punched in, but did not punch out when she left to see the doctor. In fact she never punched out that day because she did not return to work the date of injury but yet was still paid her normal hourly wages

although she was at the doctors receiving treatment. The understanding the Claimant had from her employer was that she was entitled to be paid for time missed due to authorized medical treatment. The Claimant was questioned by Single Commissioner G. Bryan Lyndon on this subject. The Commissioner noted that there were several days that the hand scanner did not work. The Claimant confirmed that she was always paid for the time she submitted when the hand scanner was not working, on the request for missed time form. The Claimant confirmed that her supervisor always verified the time listed on the request for missed time form and approved these forms in writing. That this had been the procedure for the 9 years that the Claimant had worked for the Employer and she had never been denied time using this procedure previous to March 18, 2011. *In fact, supervisor Tonya Shephard approved the missed hour in writing on the request for missed time form on March 11, 2011.*

On March 18, 2011 the Claimant was required to submit a request for missed time form due to the hand scanner being broken. The time that the Claimant submitted that she arrived and left that day were 7:00am to 10:30am. The Claimant had both of her immediate supervisors working on the 18th, Carrie Ray and Tonya Shephard review, approve and sign the request for missed time form. Both supervisors were aware that the Claimant had been to the doctor for approximately one hour that morning. Three days later the Claimant was fired on March 21, 2011. The Claimant was called into the office of resource manager Linda Burr and terminated. No other supervisor was present. The Claimant understood that the reason she was being terminated was that she was not allowed to be paid for time missed while out due to a doctor's appointment.

The Claimant stated that she did not indicate to Ms. Burr that she had done anything wrong and was in fact exercising extra caution to not give her Employer an excuse to fire the

Claimant. The Claimant testified that she could not understand why she was being terminated by Ms. Burr after the Claimant was informed that she was to be paid for missed time due to doctors' appointments, Supervisors Linda Burr, Carrie Ray, and Tonya Shephard knew the Claimant had attended a doctor's appointment the morning of the 18th and supervisor Shephard actually signed a form authorizing the Claimant to be paid for the time she missed work for her doctor's appointment.

She stated that since she was terminated she had been unable to find any employment that does not violate her work restrictions. That the employer has provided no further medical treatment other than that provided by Doctors Care through April 8, 2011. The Claimant desires the only treatment recommended by an Orthopaedic doctor for her back Dr. Zgleszewski.

The Claimant explained that on the day she was injured she was given a short stack of documents to sign. She stated that she did not read the documents as she was not given an opportunity to read the documents. The Claimant was required to fill the forms out before she was allowed to leave her place of work to see the doctor the day of injury. She further explained that the reason her signature looks "shaky or wobbly", is that she was required to sign the form with her left hand due to her right arm injury. She was not given a copy. The Employer presented a document to the Claimant that she signed on that day, alleging that the Claimant agreed not to be paid for missed time from work due to doctors' appointments. The Claimant stated she did not read that document and did not agree to that statement. However it is to be noted that this agreement was only related to the workers compensation waiting period. The Claimant explained that she understood she would be allowed to use PTO until the workers comp. coverage "kicked in". She stated that before March 18, 2011 the hand scanner had also not worked on the 16th, 17th in addition to the 18th. Due to the previous problems with the hand-scanner, the Claimant did not

attempt to punch-in with the scanner on the 18th because she knew it was not working. On her request for missed time form she wrote "clock not accepting punch". She explained that when she arrived at work at 7am on the 18th, her supervisor knew that the Claimant was there and she was getting ready to leave for a doctor's appointment that morning. She informed the supervisor when she was leaving for the medical appointment and when she returned back from the appointment at approximately 9:45am. Tonya Shephard was the supervisor the Claimant communicated with the morning of the 18th.

The Claimant confirmed that in her 9 years of employment with the Employer she had never had a previous workers compensation claim. When she first appeared for a workers comp. related medical appointment on March 11, 2011 she informed the doctors that she had pain in her right arm, her back and on her buttocks. The medical record from her March 11, 2011 Doctors Care appointment confirms that the Claimant injured her "back".

When questioned on her job duties, the Claimant stated that the job description for a nurse is to "assist with any and all care and that means hands on as well as hands off care of your patients". She says that this encompasses all patient needs in any area in every aspect. This includes lifting patients and moving patients in and out of bed. She explained that the Employers facility is understaffed and as a result she is required to perform job duties that are not typical for a R.N. That her customary job duties as an R.N. and uncustomary job duties were required for her to be performed before and after she was placed under work restrictions. Consequently, the Claimants job search at other facilities was only for positions that did not violate her work restrictions.

The Employer alleged that the Claimant had previously suffered from cervical pain as early as 2006. The Claimant explained and the medical records confirmed that the Claimant had

pain in the right trapezius muscle that was treated with massage and an injection into the right trapezius muscle on two occasions. She stated that periodically over the years 2008 and 2010, she has suffered from muscle spasms in her shoulders and trapezius muscles at the base of her neck. She explained that within 24 hours of receiving a steroid injection into her trapezius muscle, the pain stopped entirely.

The only witness called to testify by the Employer was Human Resource Director Linda Burr. Ms. Burr has also worked for the employer for nine years. Ms. Burr is responsible for handling workers compensation claims. Ms. Burr stated that she did not speak to the Claimant about her workers compensation injury until the day after it occurred, March 12, 2011. She stated that another person scheduled the Claimants medical appointment on March 11, 2011. She believes it was Ms. Elkins (who did not testify). She stated that the employer never requires employees to work in violation of the restrictions that have been issued by doctors on workers compensation cases. She explained that the Employer will "try to do everything you possibly can to meet the restrictions as placed by the doctor,...when they have a workers compensation claim".

Ms. Burr testified that the Claimant was terminated for falsifying a timesheet. She stated that the Claimant turned in a request for missed time form due to the hand scanner not working properly. Ms. Burr explained that the Claimant later turned in a doctor note that said she was not working during a portion of the time on the request for missed time form. She explained that this was considered falsifying a timesheet, although Ms. Burr and the Claimants two supervisors were aware that the Claimant was at the doctor during the missed time and the form was approved by supervisor Shephard. She stated that on workers compensation claims employees are not paid "when they go to the doctor through their pay or where they punch into the clock".

She further stated that employees are given documents after the injury date explaining that they are not to be paid for missed time from work due to authorized medical treatment. She stated that when the packet was given to Ms. Ramey the date of the injury, Ms. Burr was not present and she did not go over the packet with Ms. Ramey in order to determine whether or not the Claimant understood it. She only asked the Claimant if she had any questions concerning the packet on March 12, 2011 the Claimant was given to review. Neither the Claimant nor Ms. Burr testified that the Claimant was given a copy of the documents she was ordered to sign before she was sent to the doctor on the date of injury.

Ms. Burr also confirmed that the claimant was eager to get back on the floor and work her full duties as soon as possible. Ms. Burr told the Claimant that she could not put the claimant back to full duty unless the doctor released the Claimant. She stated that the only work that the Claimant performed before termination was paperwork. Ms. Burr also confirmed that the approximate seven days the Claimant worked before she was fired that the Claimant did not make any complaints to Ms. Burr but did whatever work she was told to do.

Ms. Burr stated that during the 9 years that she and Ms. Ramey worked together the Claimant never complained of pain or problems with her back.

Ms. Burr's testimony as to the reason for the Claimant's termination differed as to what she stated in her deposition testimony on August 10, 2011. At the hearing Burr testified that the claimant was "terminated for falsifying a timesheet". During her deposition Ms. Burr stated "an employee was not to be paid for any time that they are receiving treatment on a workers compensation claim". Ms. Burr admitted that she knew the Claimant had a doctor's appointment on the morning of the March 18th, 2011 and each of the Claimant's two supervisors knew also. Ms. Burr admitted that it would be "professional suicide" to put the wrong time on a time sheet

when all of the Claimants supervisors knew that she was going to be at a doctor's appointment. Ms. Burr candidly admitted that to falsify a document indicates an intent to deceive. That there could be no deceit when Ms. Burr and each of the supervisors had full knowledge of what the Claimant was doing that morning. Further, the documentation provided to the Claimant upon her termination confirmed that Ms. Burr terminated the Claimant for requesting time while she was out seeing a doctor on a workers comp. case. This further coaborates Ms. Burr's deposition testimony that the Claimant was fired solely for the reason for requesting payment for time missed from work while receiving medical treatment on a workers compensation claim. After further questioning by the single commissioner Ms. Burr also stated that the previous employees (not workers comp. claimants) that have been fired for falsifying records had requested that they be paid for full shifts (8-12 hour shifts), not for one hour missed while the Claimant was at a doctor's appointment.

ARGUMENTS

- I. The Claimant attended a medically authorized doctor's appointment with the consent of her supervisor and submitted a request for missed time form that was approved by her supervisor. The Claimants termination for requesting to be paid for missed time from work due to a workers compensation doctors appointment is purely a pre-textual excuse for termination.**

The Commission lacks statutory authority to make findings on why an employee was terminated- and to bar compensation on this ground. See Smith v. South Carolina Department of Mental Health, 329 S.C. 485, 494 S.E.2d 630 (Ct. App. 1997)("we do not believe [issues of why claimant was terminated] were strictly relevant to the matter before the commissioner—whether [employer] was entitled to discontinue the disability payments being made to [claimant]."). The sole inquiry is whether employment was offered suitable to the employee's capacity and whether the employee accepted it. Here, there is no question Claimant accepted the work that was

offered. The employer *unilaterally* withdrew the offer of suitable employment. As such, they *must* pay temporary compensation.

The sole agency with authority to bar statutory benefits for termination for misconduct is the Department of Employment and Workforce (formerly the Employment Security Commission). See S.C. Code Ann. §42-35-120 (2010)(“ worker is ineligible for benefits for: Discharge for cause connected with the employment.”). As the Workers’ Compensation Commission has no similar statute, it lacks authority to bar temporary compensation to a disabled employee fired from a light duty position for cause.

The Workers’ Compensation Act “requires employers to pay temporary total disability to an employee who has been ‘out of work due to a reported work related injury’ for eight days.” Martin v. Rapid Plumbing, 369 S.C. 278, 631 S.E.2d 547 (Ct.App.2006), *quoting* S.C. Code § 42-9-260(a)(Supp. 2006). The Commission must follow the substantive law set forth in Title 42 and the case law, to wit, the law “requires employers to pay temporary total disability to an employee who has ‘been out of work due to a reported work related injury’ for eight days.” Martin v. Rapid Plumbing, 369 S.C. 278, 631 S.E.2d 547 (Ct.App.2006), *quoting* S.C. Code § 42-9- 260(A) (Supp. 2006). Here, the employer unilaterally withdrew its offer of light duty work to Ms. Ramey. As such, the Employer and Carrier must pay temporary total as a matter of law.

The record is clear that on the day the claimant was terminated,(March 21, 2011), she was informed that the reason of termination was for the Claimant requesting to be paid for time missed from work due to attending an authorized and approved workers compensation medical appointment. The Human Resource Director confirmed this fact in her deposition. Once Ms. Burr had been informed that terminating an employee for requesting to be paid for time spent at

Doctors Care was not proper she attempted to change the cause for termination to "falsifying documents". It is clear the Claimant was unable to clock-out on March 18, 2011 and previous days, because the hand- scanner was not working. It is also clear that the Claimant did not clock-out with the hand-scanner although it was working on the date of injury. The Claimant was still paid for the time she was at the doctor's office on March 11, 2011 although she did not clock-out and the hand scanner was working. Most importantly, Ms. Burr and the Claimants two immediate supervisors (Shephard and Ray) were all aware that the Claimant attended a doctor's appointment the morning of March 18, 2011. More specifically, that when the Claimant returned from her doctor's appointment on March 18, 2011 and she filled out the request for missed time form, it was *approved by supervisor Shephard in writing*. Due to information that the Claimant had received, she was scared of being terminated for her position due to her inability to work full duty. She was being especially careful to not give her employer a valid reason to terminate her.

The employer led the Claimant to believe that she would be paid for time missed from work due to authorized medical treatment for her workers comp. injury. After the employer led the Claimant to reasonably believe this fact, they turned around and used it as an excuse to fire her. Ms. Burr changed her testimony at the hearing and attempted to claim that the Claimant was not fired for requesting payment for time missed from work for medical treatment she used the "falsifying documents" as an excuse although the supervisor instructed the Claimant to do so and approved it in writing. It is absurd for the employer to argue that the Claimant would throw away nine years of work in order to be paid for one missed hour. The record is uncontroverted that the supervisors requested that she attend the appointment and approved her missed time form. The record is undisputed that the supervisor approved the Claimants request to be paid for the one hour of missed time. Supervisors Shephard, Ray and Burr all agree that they were fully aware

that the Claimant was attending a doctor's appointment for that one hour. The Single Commissioner was correct in that it would be "professional suicide" for Ramey to do what the employer alleges that she did in falsifying documents. The employer terminated the Claimant for doing precisely what the employer instructed the Claimant to do. It would be a travesty for the employer to be able to terminate the Claimant for requesting payment for the same time missed that the Claimant was paid for under the precise same circumstances ten days earlier. It is to be noted that the Single Commissioner found the Claimant credible, not Ms. Burr.

The employer argues that the Claimant should have made a more extensive job search in looking for other employment. The Claimant testified that she searched newspapers and the internet for job positions that would not violate her extensive work restrictions. She could not find any. The employer argues that if the Claimant had contacted potential employers, she would have somehow found out that the job restrictions did not apply to her. This argument is not based on the record and is pure speculation.

The employer next argues that the Single Commissioners finding that the Claimant being paid on March 11, 2011 after not clocking out to attend a doctor's appointment and the Claimant likely not being terminated if the hand scanner was working on March 18, 2011 are contradictory. The Single Commissioners ruling merely points out that the employer paying the Claimant for a doctor's appointment on March 11, 2011, after not clocking-out reasonably led the Claimant to believe that she was to be paid for time missed for medical treatment. It was this reasonable belief that led the Claimant to process the request for missed time form on March 18, 2011. If the hand scanner had been working on March 18, 2011, the Claimant would not have been required to process the request for missed time form, thereby requesting to be paid for the one hour of time she was led to believe she should be paid for. If the hand scanner had been

working on March 18, 2011 the employer would not have been able to unjustly claim that the Claimant falsified documents. Likewise, these two findings do mutually exist and are consistent with one another.

II. Due to an understaffed floor and the Claimants fear that she may be terminated, the employer kept the Claimant working full duty in violation of her work restrictions.

Although the Claimants work restrictions were temporarily modified on March 18, 2011 at her request, they were later reinstated. She testified that she was required to be on her feet for more than thirty minutes per hour, and to move, help lift and push patients in wheelchairs. In fact, the Claimant was so eager to retain her employment she was working full duty because she did not want the work restrictions to be used as an excuse by the employer to terminate her. Therefore she requested that the doctor allowed her to try working full duty at her appointment on March 18, 2011. Ms. Ramey was doing everything that she could to accommodate her employer, including doing work in violation of her work restrictions. After attempting to do so for three work days, the doctor placed Ms. Ramey back under her original work restrictions and referred her to an orthopaedic doctor.

III. The Employer admitted the entire back prior to the hearing, consequently treatment for the Claimants cervical spine was not litigated at the hearing.

The employer's third argument appears to allege that the employer somehow did not admit the entire back and is still attempting to deny the cervical spine by claiming "these issues were essentially held in abeyance pending the orthopaedic evaluation". The employer clearly admitted the entire spine pre-hearing (Hearing Transcript p. 9-10). Furthermore, the medical evidence is clear that the Claimant reported pain in her back/ neck from the onset of her medical treatment with Doctors Care and the employer. The only orthopaedic evaluation received by the Claimant with Dr. Zgleszewski clearly gives causation in the back including the cervical spine. At no point

in the hearing transcript does the employer contest the Claimants entire spine being admitted or injured including the Claimant and Linda Burr's testimony. The Claimant injured her spine, the employer admitted the entire back and the Claimant is to receive treatment for this body part as per the Single Commissioners Order.

IV. A) Average weekly wage under §42-1-40 means the earnings of the injured employee in the employment in which she was working at the time of the injury during the period of 52 weeks immediately preceding the date of the injury.

The Claimants personnel file and wage record confirm that the Claimant earned \$57,156.93 the 52 weeks immediately before the date of injury, March 11, 2011. The wage records also show that the Claimant was working more overtime hours in the year 2011 than was worked 2010. § 42-1-40 of the South Carolina Code of Laws Annotated clearly states that average weekly wage is the earnings of the Claimant during these 52 weeks immediately before the date of injury. See Hinson v. Berkley County School Board (Unpublished Opinion No. 2000-UP-163, filed March 6, 2000) and Breeland v. Colleton County, 216 S.C. 147, 57 S.E. 2d 63(1950). The maximum compensation rate for 2011 is \$704.92. Using the average weekly wage of the immediate 52 weeks before the date of injury, the Claimant's compensation rate would be \$732.04. This is substantially above the maximum compensation rate for 2011 of \$704.92.

The Employer contends that the average weekly wage should be calculated by taking the total wages paid for the last four quarters immediately preceding the quarter in which the injury occurred, pursuant to §42-1-40. However all four of the quarters that the Employer used for an accident that occurred on March 11, 2011 are in the year of 2010. The ending period of the last quarter is December 11, 2010. Using the four quarters for the year 2010 gives the Claimant a compensation rate of \$671.58. The Claimants actual compensation rate of \$732.04 is already substantially capped by the maximum compensation rate for 2011. The Employers Form 20

compensation rate of \$671.58 makes a further substantial reduction to the Claimants actual compensation rate.

B) It is an exceptional circumstance that the Claimant was working more overtime before her injury in 2011 than she worked in the year 2010.

The Claimants wage records clearly confirm that the Claimant was working more overtime in the year 2011 than she worked in the year 2010. The Court of Appeals has ruled this to be an exceptional circumstance. Booth v. Midland Traine Heating & Air Conditioning, 298 S.C. 251, 379 S.E.2d 730 (S.C. A. pp. 1989). Likewise, it would be substantially unfair for the Claimant to receive a compensation rate that is \$60.40 lower than her actual compensation rate. Especially in light of the fact that the Claimants actual compensation rate has already been reduced by \$27.72 due to the 2011 compensation rate cap. When for exceptional reasons the foregoing would be unfair, either to the Employer or Employee, such other method of commuting average weekly wages may be resorted to as will most nearly approximate the amount which the injured employee would be earning were it not for the injury. South Carolina Code Annotated, §42-1-40. As our Supreme Court has stated, "The objective of wage calculation is to arrive at a fair approximation of the Claimants probable future earning capacity. His disability reaches into the future, not the past, his loss as a result of the injury must be thought of in terms of its impact on probable future earnings." Bennett v. Gary Smith Builders, 271 S.C. 94, 98-99, 245 S.E.2d 129, 131 (1978).

Clearly, the maximum compensation rate for 2011 of \$704.92 would most nearly approximate the amount which the Claimant would be earning were it not for her injury on March 11, 2011. It would be unfair for the Claimant for her compensation rate to be further reduced when it has already been capped.

CONCLUSION

Based upon the foregoing, the Claimant respectfully requests that the Decision and Order of the Single Commissioner be affirmed. The credible, reliable and overwhelming evidence in the record shows that the Claimant was terminated for believing and doing exactly what the employer represented to her and requested that she do in obtaining medical treatment. This was used as a pretextual excuse for firing the Claimant after nine years of employment. The Claimant has been unable to find employment that does not violate her work restrictions in a very tumultuous economy. The Claimant should be entitled to obtain treatment to her back until she is placed at maximum medical improvement.

Respectfully Submitted,



Mark R. Calhoun
Attorney for Claimant
Calhoun Law Firm, P.A.
714 East Main Street
Lexington, SC 29072
803-957-8401

January 12, 2012

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

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

WCC File No: 1103442

Gayla Ramey, Employee..... Claimant,

v.

Unihealth Post Acute Care Tanglewood, Employer,

and

American Zurich Insurance Co., Carrier..... Defendants,

Of Whom

Claimant is..... Respondent,

and

Defendants are Appellants.

NOTICE OF APPEAL

Defendants hereby appeal the Order of the South Carolina Workers' Compensation Commission filed May 23, 2012. Appellant received written notice of entry of this Order on May 24, 2012.

GROUND'S FOR REVIEW

1. The Commission erred in Finding of Fact No. 5 by finding that on *March 11, 2011* and numerous previous occasions the hand-scanning device did not work for the claimant. This contradicts Finding of Fact No. 6 wherein the Commission notes that the hand scanner was working on March 11, 2011; thus this finding appears to be in error and confuses the issues in

the claim. This finding is not supported by the reliable, probative, and substantial evidence in the record.

2. The Commission erred in Finding of Fact No. 6 by finding as follows: "Since the claimant knew the scanner was not working on the morning of March 18, 2011 she did not clock in and out. As a result the claimant was paid for the hours she went to the doctor. She had always previously been paid when the scanner was broken and the claimant was required to clock in and out using the manual form. In Fact, on March 11, 2011 the claimant was paid her normal hours although she did not clock out in order to go to Doctor's Care, even though the hand scanner was working that day." This finding is not supported by the reliable, probative, and substantial evidence in the record. Claimant's injury occurred on March 11, 2011. There is insufficient evidence in the record establishing a period or pattern to support a finding that Claimant was "always" paid for missed time for medical visits and further ignores the fact that Claimant was still required to clock in and out for medical visits, be it by scanner or manual form, and failed to do so on March 18, 2011.
3. The Commission erred in Finding of Fact No. 7 by finding that Claimant was working outside her work restrictions. This finding is in disregard of the evidence that appropriate light duty work had been provided for Claimant and is not otherwise supported by the reliable, probative, and substantial evidence of record.
4. The Commission erred in Finding of Fact No. 8 by finding that it was Claimant's "clear understanding" based upon the acts of Employer and information given to her by Employer that led Claimant to believe she was to be paid for time missed from work for her medical appointments. This finding is not supported by the reliable, probative, and substantial evidence in the record.
5. The Commission erred in Finding of Fact No. 12 by finding Claimant to be a credible witness and that "but for the malfunctioning hand-scanner Claimant would have clocked out, thereby not having to use the missed time form that Employer used as an excuse for terminating [the claimant]." The finding that Claimant would have clocked out had the scanner been working contradicts the previous finding that Claimant believed that she did not have to clock out. With such conflicting information given by Claimant, she cannot be found credible in her testimony in this regard as a matter of law. This finding is not supported by the reliable, probative, and substantial evidence in the record.
6. The Commission erred in Finding of Fact No. 13 by finding that in the past when the hand scanner was working, Claimant would clock into work, out for lunch, and back to work. If the hand scanner had been working on March 18, 2011, Claimant would not have been terminated. This finding is contrary to other findings that Claimant thought she was to be paid for the time missed for medical appointments. Further, this finding is based on speculation due to Claimant's lunchtime practices that have nothing to do with medical appointments, workers' compensation procedures, or other instances more closely related to the circumstances at issue. This finding is not supported by the reliable, probative, and substantial evidence of record.
7. The Commissioner erred in Finding of Fact No. 14 by finding that the "it was obvious [Claimant] was not trying to falsify records, deceive the employer, or hide anything else"

because Employer knew Claimant was at the doctor for an appointment for an admitted work related injury. This finding is not supported by the reliable, probative, and substantial evidence in the record.

8. The Commission erred in Finding of Fact No. 15 by finding that Claimant is temporarily totally disabled and is entitled to benefits commencing March 24, 2011, to the present and continuing. This finding is not supported by the reliable, probative, and substantial evidence in the record. Claimant was terminated for cause while she was working full duty, thus Claimant should not be entitled to TTD pursuant to S.C. Code §42-9-190 and the Commission's determination must be reversed.

9. The Commission erred in Conclusion of Law No. 4 by concluding that Claimant is entitled to temporary total disability benefits commencing March 24, 2011, to the present and continuing. This Conclusion is not supported by the reliable, probative, and substantial evidence in the record. This Conclusion further relies on erroneous Findings of Fact as set forth more fully above.

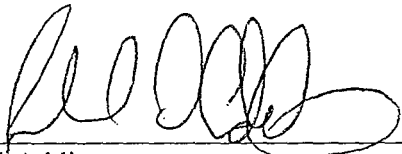
10. The Commission erred in Conclusion of Law No. 5 by concluding that Claimant has met her burden of proof in establishing her claims by a preponderance of the evidence. This Conclusion is not supported by the reliable, probative, and substantial evidence in the record. This Conclusion further relies on erroneous Findings of Fact as set forth more fully above.

11. The Commission erred in Conclusion of Law No. 9 by concluding that under S.C. Code §42-9-10, Claimant is entitled to received compensation from Defendants for her period of temporary total disability resulting from her March 11, 2011 accident commencing March 24, 2011, until the present and continuing. This Conclusion is not supported by the reliable, probative, and substantial evidence in the record. This Conclusion ignores the mandate set forth in S.C. Code §42-9-190 that an injured worker who refuses suitable employment "shall not" be entitled to compensation. This Conclusion further relies on erroneous Findings of Fact as set forth more fully above.

12. The Commission erred in ordering that Claimant is entitled to receive temporary total disability compensation commencing March 24, 2011, to the present and continuing. This award is not supported by the reliable, probative, and substantial evidence in the record. This award further relies on erroneous Conclusions of Law and Findings of Fact as set forth more fully above.

13. Without waiving any of the specific objections raised above, the Commission erred as a matter of law in failing to find that Claimant had been terminated for cause and therefore is not entitled to temporary total disability benefits in accordance S.C. Code §42-9-190.

June 22, 2012



R. Daniel Addison
Hedrick Gardner Kincheloe & Garofalo, LLP
Post Office Box 11267

Columbia, South Carolina 29211
(803) 727-1200
Attorney for Appellants

NOTICE OF APPEAL IN A CIVIL CASE
THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION APPELLATE PANEL

Andrea C. Roche, Commissioner
T. Scott Beck, Commissioner
Avery B. Wilkerson, Jr., Commissioner

W.C.C. File No.

Gayla Ramey, ... Claimant/Respondent,

v.

Unihealth Post Acute Care Tanglewood, ... Employer/Appellant,

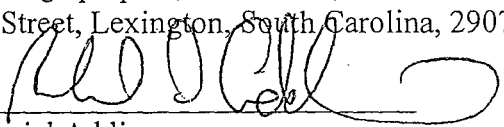
and

American Zurich Ins. Co., ... Carrier/Appellant.

PROOF OF SERVICE

I certify that I have served the Notice of Appeal on Respondent, Gayla Ramey, by depositing a cop of it in the United States Mail, postage prepaid, on June 22, 2012, address to her attorney of record, Mark Calhoun, 714 East Main Street, Lexington, South Carolina, 29072

June 22, 2012



R. Daniel Addison
Hedrick Gardner Kincheloe & Garofalo, LLP
P.O. Box 11267
Columbia, SC 29211
(803) 727-1200
Attorney for the defendants/appellants

because Employer knew Claimant was at the doctor for an appointment for an admitted work related injury. This finding is not supported by the reliable, probative, and substantial evidence in the record.

8. The Commission erred in Finding of Fact No. 15 by finding that Claimant is temporarily totally disabled and is entitled to benefits commencing March 24, 2011, to the present and continuing. This finding is not supported by the reliable, probative, and substantial evidence in the record. Claimant was terminated for cause while she was working full duty, thus Claimant should not be entitled to TTD pursuant to S.C. Code §42-9-190 and the Commission's determination must be reversed.

9. The Commission erred in Conclusion of Law No. 4 by concluding that Claimant is entitled to temporary total disability benefits commencing March 24, 2011, to the present and continuing. This Conclusion is not supported by the reliable, probative, and substantial evidence in the record. This Conclusion further relies on erroneous Findings of Fact as set forth more fully above.

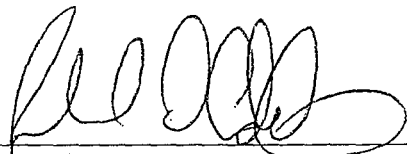
10. The Commission erred in Conclusion of Law No. 5 by concluding that Claimant has met her burden of proof in establishing her claims by a preponderance of the evidence. This Conclusion is not supported by the reliable, probative, and substantial evidence in the record. This Conclusion further relies on erroneous Findings of Fact as set forth more fully above.

11. The Commission erred in Conclusion of Law No. 9 by concluding that under S.C. Code §42-9-10, Claimant is entitled to received compensation from Defendants for her period of temporary total disability resulting from her March 11, 2011 accident commencing March 24, 2011, until the present and continuing. This Conclusion is not supported by the reliable, probative, and substantial evidence in the record. This Conclusion ignores the mandate set forth in S.C. Code §42-9-190 that an injured worker who refuses suitable employment "shall not" be entitled to compensation. This Conclusion further relies on erroneous Findings of Fact as set forth more fully above.

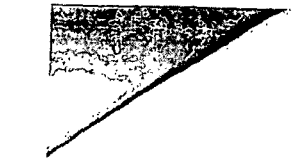
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13. Without waiving any of the specific objections raised above, the Commission erred as a matter of law in failing to find that Claimant had been terminated for cause and therefore is not entitled to temporary total disability benefits in accordance S.C. Code §42-9-190.

June 22, 2012



R. Daniel Addison
Hedrick Gardner Kincheloe & Garofalo, LLP
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Columbia, South Carolina 29211
(803) 727-1200
Attorney for Appellants

NOTICE OF APPEAL IN A CIVIL CASE
THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION APPELLATE PANEL

Andrea C. Roche, Commissioner
T. Scott Beck, Commissioner
Avery B. Wilkerson, Jr., Commissioner

W.C.C. File No.

Gayla Ramey, ... Claimant/Respondent,

v.

Unihealth Post Acute Care Tanglewood, ... Employer/Appellant,

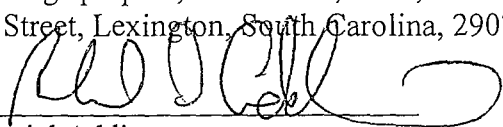
and

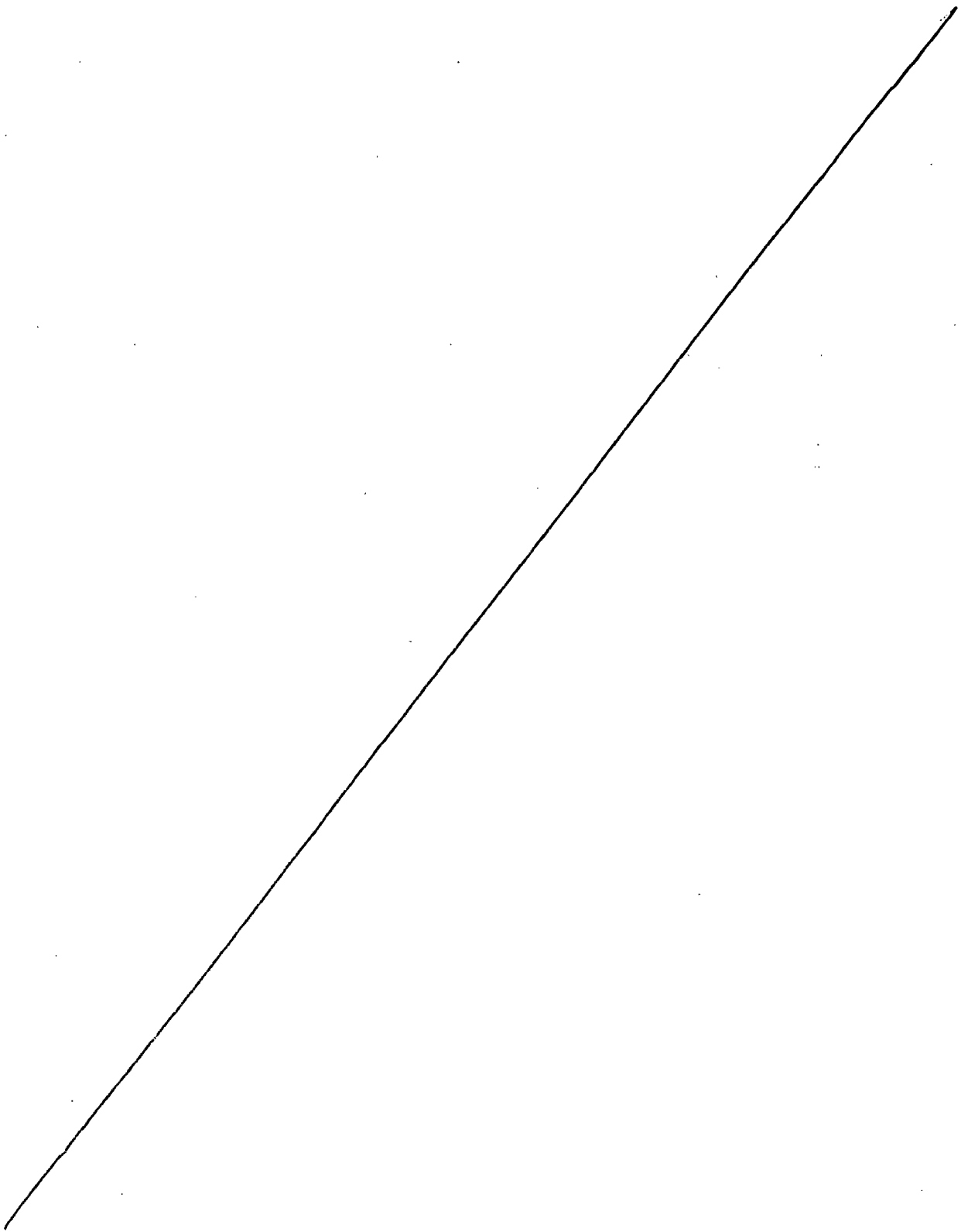
American Zurich Ins. Co., ... Carrier/Appellant.

PROOF OF SERVICE

I certify that I have served the Notice of Appeal on Respondent, Gayla Ramey, by depositing a copy of it in the United States Mail, postage prepaid, on June 22, 2012, address to her attorney of record, Mark Calhoun, 714 East Main Street, Lexington, South Carolina, 29072

June 22, 2012


R. Daniel Addison
Hedrick Gardner Kincheloe & Garofalo, LLP
P.O. Box 11267
Columbia, SC 29211
(803) 727-1200
Attorney for the defendants/appellants



South Carolina Workers' Compensation Commission

P.O. Box 1715 • 1333 Main Street, Suite 500

Columbia, South Carolina 29202-1715

(803) 737-5700

WCC File #

Unassigned

Carrier File #

68174982097623

Carrier Code #

Employer FEIN

Gayla Ramey

Claimant's Name

SSN

Address City State Zip

Home Phone

Work Phone

Unihealth Post Acute Care Tanglewood

Employer's Name

213 Tanglewood Court Ridgeway SC 29130

Address City State Zip

American Zurich Ins. Co.

Insurance Carrier

Lynda C Burr

(803)337-3211

Preparer's Name

Phone #

A. Total Wages Paid

Date of injury: 3/11/2011

month day year

1. Check Applicable Method:

- ☒ Report of earnings of injured employee based on four completed quarters.
☐ Report of earnings of injured employee who did not complete four quarters based on actual time worked.
☐ Report of earnings of similar employee. Injured employee did not work sufficient time before alleged injury. Hire Date: _____
☐ Report of earnings of injured employee based on alternative method because Form 20 results in a compensation rate that is not fair and just. (Attach documentation to show how average weekly wage and compensation rate were calculated.)

2. List total wages paid as reported to Employment Security Commission on the Employer Quarterly Contribution and Wage Reports during the four quarters immediately preceding the quarter in which the injury occurred. Do not include the quarter during which the injury occurred.

Quarter	Ending Date	Total Wages Paid		
1st	06/12/2010	\$15152.33		
2nd	09/04/2010	13474.57		
3rd	11/27/2010	12391.67		
4th	12/11/10	11361.90	Total Paid	2. 52380.47

3. List total value of other allowances of any character made in lieu of wages during four quarters above. 3. 0
4. Add lines 2 and 3 TOTAL WAGES PAID: 4. 52380.47
5. List total number of weeks paid to employee during the four quarters immediately preceding the quarter in which the injury occurred. 5. 52

B. Average Weekly Wage

6. To calculate average weekly wage, divide total wages (line 4) by total weeks paid (line 5).

**AVERAGE WEEKLY
WAGE:**

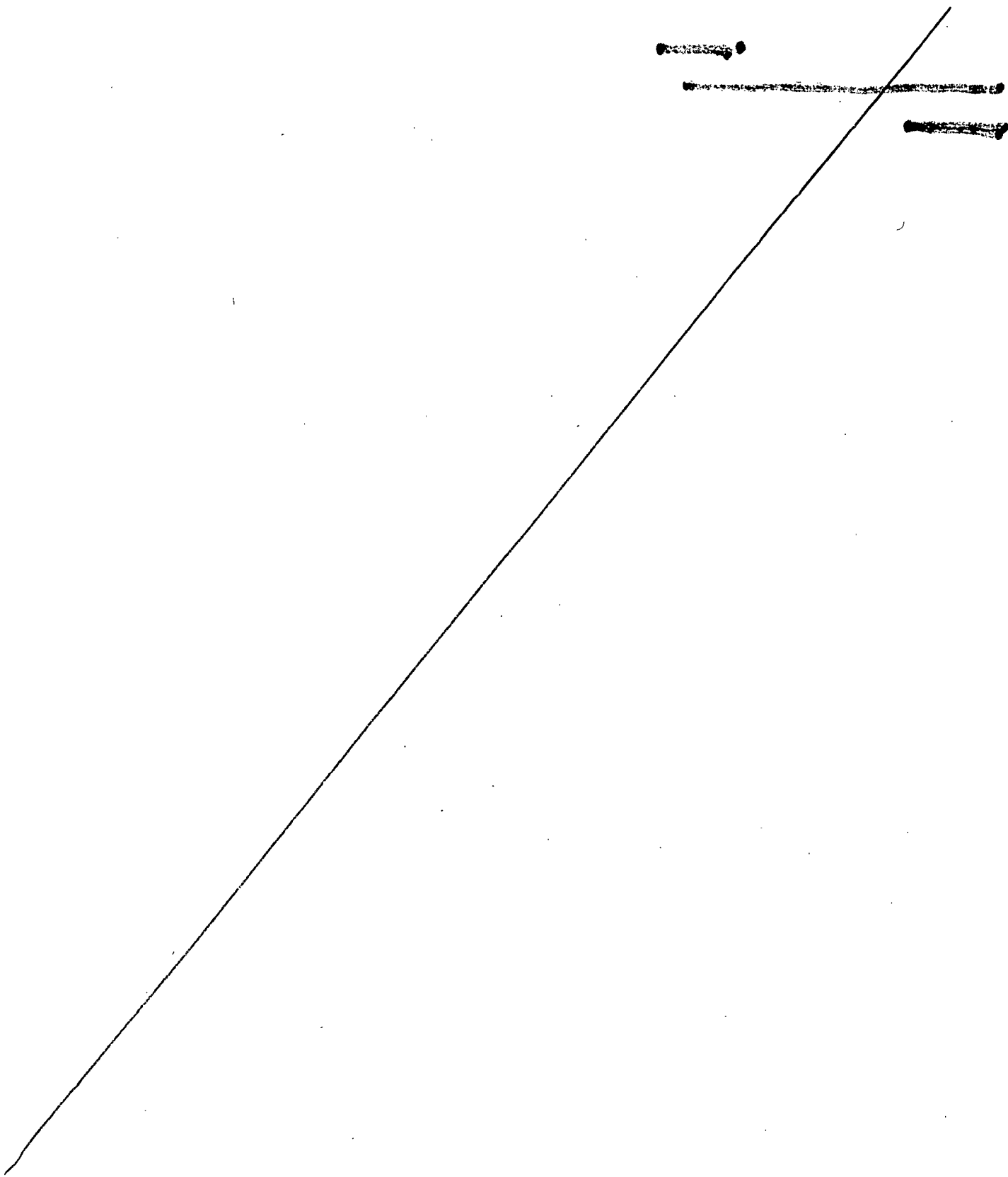
6. 1007.32

C. Compensation Rate

7. The general rule for calculating the compensation rate is to multiply average weekly wage (line 6) by .6667. Estimate compensation rate by multiplying average weekly wage (line 6) by .6667. See part 8 below to determine the actual compensation rate. 7. 671.58
8. The compensation rate is as follows (choose one):
- ☐ When average weekly wage (line 6) is less than \$75.00, the compensation rate is the average weekly wage. Enter average weekly wage on line 8.
- ☐ When the estimated compensation rate (line 7) is less than \$75.00 and average weekly wage (line 6) is more than \$75.00, the compensation rate is \$75.00. Enter \$75.00 on line 8.
- ☐ When the estimated compensation rate (line 7) is more than the maximum compensation rate for the year in which the injury occurred, enter the maximum compensation rate for the year in which the injury occurred on line-8.
- ☐ Employee is within the exceptions listed in S.C. Code Ann. Section 42-7-65. List applicable Exception here and enter appropriate compensation rate on line 8: _____
- ☒ The calculated compensation rate (line 7) applies. Enter amount from line 7 on line 8.

WEEKLY COMPENSATION RATE: 8. 671.58

Employer's representative shall prepare a Form 20 and serve per R.67-211 a copy on the claimant within thirty days of beginning temporary compensation. See R.67-1603 when no temporary compensation is paid. NOTE: Average weekly wage represents average gross pay before taxes and other deductions. WHEN THE CLAIMANT DOES NOT AGREE WITH THE COMPENSATION RATE ON LINE 8, HE OR SHE SHOULD CONTACT THE EMPLOYER'S REPRESENTATIVE TO TRY TO REACH AN AGREEMENT AS TO THE COMPENSATION RATE. IF NO AGREEMENT CAN BE REACHED THE CLAIMANT SHOULD CONTACT THE CLAIMS DEPARTMENT AT (803) 737-5723.



SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1103442



COPY

EMPLOYEE/CLAIMANT: GAYLA RAMEY

EMPLOYER: UNIHEALTH POST-ACUTE CARE TANGLEWOOD

INSURER: AMERICAN ZURICH INSURANCE COMPANY

SOUTH CAROLINA WORKERS' COMPENSATION HEARING

PURSUANT TO NOTICE OF WORKERS' COMPENSATION
HEARING, THE WITHIN HEARING WAS TAKEN ON THE 10TH DAY OF
AUGUST, 2011, COMMENCING AT THE HOUR OF 11:57 A.M., IN
COLUMBIA, SOUTH CAROLINA, BEFORE THE HONORABLE BRYAN
LYNDON, ATTENDED BY COUNSEL AS FOLLOWS:

JAN L. WHITWORTH
VERBATIM REPORTER

JAN L. WHITWORTH
COURT REPORTING SERVICES
POST OFFICE BOX 551
ROEBUCK, S.C. 29376

APPEARANCES

MARK R. CALHOUN, ESQUIRE, OF THE FIRM
CALHOUN LAW FIRM
714 EAST MAIN STREET
LEXINGTON, SOUTH CAROLINA 29072

ATTORNEY FOR THE EMPLOYEE/CLAIMANT,

R. DANIEL ADDISON, ESQUIRE, OF THE FIRM
HEDRICK GARDNER KINCHLOE & GARAFALO, LLP
POST OFFICE BOX 11267
COLUMBIA, SOUTH CAROLINA 29211

ATTORNEY FOR THE EMPLOYER/INSURER.

ALSO ATTENDING: WILLIAM BELLOTTI

I N D E X

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LINDA BURR:

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1 PURSUANT TO NOTICE OF HEARING, THE WITHIN HEARING
2 WAS TAKEN BY THE ABOVE-NAMED COURT REPORTER, A NOTARY
3 PUBLIC FOR THE STATE OF SOUTH CAROLINA, IN COLUMBIA,
4 SOUTH CAROLINA.

5 * * * * * * * * * * * * * * * *

6 BY COMMISSIONER LYNDON:

7 TODAY'S DATE IS AUGUST THE 10TH, 2011. THIS IS
8 SOUTH CAROLINA WORKERS' COMPENSATION CASE FILE
9 NUMBER 1103442. GAYLA RAMEY IS THE CLAIMANT
10 REPRESENTED BY ATTORNEY MARK CALHOUN VERSUS THE
11 EMPLOYER UNIHEALTH POST-ACUTE CARE TANGLEWOOD.
12 AMERICAN ZURICH IS THE CARRIER. DAN ADDISON IS THE
13 ATTORNEY FOR THE DEFENDANT. THE PURPOSE OF THE
14 HEARING IS TO DETERMINE ISSUES RAISED ON FORMS 50
15 AND 51. WE'VE HAD A DISPUTE OF SORTS ON THE AVERAGE
16 WEEKLY WAGE AND COMP RATE. THE CLAIMANT'S POSITION
17 IS THAT THE AVERAGE WEEKLY WAGE SHOULD BE \$1099.17,
18 WHICH WOULD RESULT IN THE MAXIMUM COMP RATE FOR
19 2011. I BELIEVE THAT MAY BE \$704.32, WHATEVER THE
20 MAXIMUM COMP RATE IS FOR 2011. THE POSITION OF THE
21 DEFENDANT IS A 20 HAS BEEN COMPLETED. THAT COMES
22 OFF DIRECTLY THE REPORT TO THE EMPLOYMENT SECURITY
23 COMMISSION, AND THAT THE CLAIMANT'S AVERAGE WEEKLY
24 WAGE WAS \$1007.32, WHICH WOULD RESULT IN A COMP RATE
25 OF \$671.58. I'LL MAKE A DECISION ON WHICH. WE HAD

1 A FAIRLY LONG DISCUSSION ABOUT THAT, AND I'LL DECIDE
2 WHICH I BELIEVE IS CORRECT. THE CLAIMANT'S POSITION
3 WAS THAT THE PREVIOUS 52 WEEKS DO COME OUT TO
4 \$1099.17. THE DEFENDANTS' POSITION WAS THAT THE
5 PREVIOUS FOUR QUARTERS THAT WERE REPORTED CONSISTENT
6 WITH THE CODE REQUIREMENTS IS \$1007.32. AND THE
7 PURPOSE OF THE HEARING, I BELIEVE I STATED, WAS TO
8 DISCUSS ISSUES RAISED ON FORMS 50 AND 51. THE DATE
9 OF ACCIDENT IS 3/11/2011.

10 ARE THERE ANY OBJECTIONS TO APAs, JURISDICTION,
11 VENUE, OR ANY OTHER ITEMS?

12 BY MR. CALHOUN:

13 NO, YOUR HONOR.

14 BY MR. ADDISON:

15 NONE FROM THE DEFENDANTS.

16 BY COMMISSIONER LYNDON:

17 ALL RIGHT. WITHOUT OBJECTION, THE COMMISSION
18 FILE BECOMES A PART OF THE RECORD WITH THE EXCEPTION
19 OF SELF-SERVING DECLARATIONS AND UNSTIPULATED
20 MEDICAL REPORTS.

21 PRIOR TO GOING ON THE RECORD, WE HAD A FAIRLY
22 LENGTHY PREHEARING CONFERENCE. ONE OF THE ISSUES
23 WAS WHAT I JUST MENTIONED, THE AVERAGE WEEKLY WAGE
24 AND COMP RATE. THE OTHER, COUNSEL FOR THE CLAIMANT
25 STATES THE CLAIMANT IS NOT AT M.M.I., AND SHE SEEKS

1 TREATMENT CONSISTENT WITH THAT THAT HAS BEEN
2 RECOMMENDED BY DR. "Z." I BELIEVE IT HAS BEEN
3 CONCEDED OR AGREED BY THE DEFENDANT TO SEND THE
4 CLAIMANT NOT TO A PHYSIATRIST BUT TO AN ORTHOPEDIST
5 OF THEIR CHOOSING. SO, THAT ISSUE SHOULD BECOME A
6 NON-ISSUE IF I UNDERSTAND THAT CORRECTLY. THE
7 BIGGEST POINT OF THIS CONTEST WOULD BE WHETHER OR
8 NOT THE CLAIMANT SHOULD RECEIVE TEMPORARY TOTAL FROM
9 3/21/11 TO THE PRESENT AND CONTINUING UNTIL SHE
10 REACHES M.M.I. COUNSEL STATES THAT THE CLAIMANT WAS
11 TERMINATED, I BELIEVE, ABOUT TEN DAYS AFTER GOING TO
12 A DOCTOR. WE REVIEWED THE EXHIBITS THAT ARE
13 ATTACHED TO THE EMPLOYER'S DEPOSITION REGARDING
14 THAT. AND QUITE SIMPLY, AND THIS WILL COME OUT IN
15 TESTIMONY, BUT COUNSEL STATES THAT NUMBER ONE, IT
16 WAS KNOWN THAT THE CLAIMANT WAS GOING TO A DOCTOR,
17 AND SHE HAD TROUBLE NOT ONLY CHECKING IN TO COMING
18 TO WORK AND CHECKING OUT GOING TO THE DOCTOR AND
19 CHECKING BACK IN AFTER COMING FROM THE DOCTOR, THERE
20 IS A HAND APPARENTLY RECOGNITION SYSTEM USED INSTEAD
21 OF JUST AN OLD PUNCH TIME CLOCK. THIS DID NOT
22 FUNCTION IN HER CASE, AND BUT FOR THAT WE WOULDN'T
23 BE HERE TODAY. SHE WOULD HAVE CHECKED IN, CHECKED
24 OUT, AND SHE WAS DISCHARGED FOR FALSIFYING RECORDS,
25 WHICH COUNSEL STATES REALLY IS -- IS A RIDICULOUSLY

1 HIGH STANDARD BASED ON WHAT HER INTENTIONS WERE THAT
2 SHE WILL TESTIFY TO. SHE IS A NINE-YEAR EMPLOYEE
3 WITH THE DEFENDANT. SO, SHE SHOULD GET THIS T.T.,
4 GET THE MEDICAL TREATMENT, AND AGAIN, SHE IS NOT AT
5 M.M.I.

6 THE POSITION OF THE DEFENDANT IS THAT THE
7 DEFENDANT WILL SEND THE CLAIMANT TO AN ORTHOPEDIST
8 THAT THEY CHOOSE. THE CLAIMANT IS AN R.N. SHE IS A
9 WELL-EDUCATED PERSON AND WAS ON LIGHT DUTY WITH NO
10 HEAVY LIFTING, BUT SHE IS PRETTY MUCH IN CHARGE --
11 SHE DOES A LOT OF DESK WORK AND CLERICAL-TYPE WORK,
12 CHARTING AND SO FORTH. SO, SHE WAS BEING FULLY
13 ACCOMMODATED. THAT THIS MEDICARE IS HEAVILY
14 INVOLVED IN THE RUNNING OF THIS FACILITY OR IS
15 AUDITED BY THEM. THERE CAN BE NO FALSIFICATION OF
16 RECORDS, AND THE RECORDS DO INDICATE THE CLAIMANT
17 LEFT AND WENT TO A DOCTOR, CAME BACK, HOWEVER DID
18 NOT DEDUCT THOSE HOURS FROM HER PAY THAT DAY. SO,
19 SHE WAS SEPARATED AS A RESULT OF THAT FOR CAUSE.
20 IT'S A POLICY THAT COUNSEL STATES A WITNESS WILL SAY
21 THAT THEY HAVE EXERCISED IN THE PAST, AND THAT ALSO
22 COUNSEL ASKS THAT I MAKE A CREDIBILITY FINDING. THE
23 CLAIMANT HAS HAD PREVIOUS BACK PROBLEMS AND/OR NECK
24 PROBLEMS FOR WHICH SHE HAS RECEIVED TREATMENT, I
25 BELIEVE, INJECTIONS AND SO FORTH, BUT SHE WAS NOT

1 FORTHCOMING ON AN EMPLOYMENT APPLICATION REGARDING
2 THIS. I BELIEVE THE QUESTION SPECIFICALLY WAS IF
3 YOU HAD HAD BACK PROBLEMS IN THE PAST, AND ONE WAS
4 SILENT AND ONE SAID "NO." SO, COUNSEL STATES IN ITS
5 TOTALITY, THE CLAIMANT SHOULD GET THE MEDICAL
6 TREATMENT THAT THEY ARE WILLING TO OFFER HER. THAT
7 THE COMP RATE SHOULD BE \$671.58 BASED ON THE
8 PROPERLY FILLED OUT FORM 20, AND IT'S DENIED THAT
9 SHE SHOULD RECEIVE ANY TEMPORARY TOTAL DISABILITY
10 BENEFITS BECAUSE SHE WAS SEPARATED FOR CAUSE,
11 SOMETHING THAT WAS CONSISTENT WITH THE POLICY THAT
12 THEY HAVE. AND Y'ALL CAN ADD TO THAT AS YOU SEE
13 FIT.

14 BY MR. CALHOUN:

15 NOTHING ELSE TO ADD TO THAT, YOUR HONOR.

16 BY MR. ADDISON:

17 COMMISSIONER, YOU INDICATED THAT THE TWO THINGS
18 THAT I DISCUSSED IN OUR APAs, ONE WAS SILENT AND ONE
19 SAID "NO." ACTUALLY, ONE HAS THE NO SYMBOL ON IT.
20 IT IS NOT SILENT.

21 BY COMMISSIONER LYNDON:

22 OKAY. I SAW IT. IT'S A ZERO WITH A SLASH.

23 BY MR. ADDISON:

24 ZERO WITH A SLASH, AND THE OTHER ONE HAS THE
25 ACTUAL WORD "NO" WRITTEN.

1 BY COMMISSIONER LYNDON:

2 THAT IS CORRECT. I DID MISS SPEAK.

3 BY MR. ADDISON:

4 I WANTED TO CLARIFY THAT FOR THE RECORD.

5 BY COMMISSIONER LYNDON:

6 THERE WAS -- IN THAT BLANK WAS A ZERO SLASH.

7 BY MR. ADDISON:

8 AND YOU HAD ASKED ME AT THE BEGINNING OF THIS
9 WHEN WE WERE OFF THE RECORD, COMMISSIONER, ABOUT
10 WHAT WAS ADMITTED. WE ADMITTED THE RIGHT ARM AND
11 THE LOW BACK ON THE 12-A, THE ORIGINAL REPORT OF
12 INJURY TO THE EMPLOYER WAS THAT SHE HAD FALLEN AND
13 HIT HER RIGHT ARM AND WENT DOWN AND FALLEN ON HER
14 BUTTOCKS WHEN SHE SLIPPED AND FELL ON THIS LANDING
15 AREA. SO, IT WAS INITIALLY ADMITTED AS TO THE LOW
16 BACK. THAT WAS WHAT WAS PUT ON THE FORM 51. MOST
17 OF THE TREATMENT THAT WAS PROVIDED BY DOCTORS CARE
18 WAS FOR THE UPPER NECK AREA, THE UPPER BACK AND NECK
19 AREA AND HER RIGHT ARM, WHICH WAS QUITE FRANKLY A
20 LITTLE BIT CONFUSING TO US, BUT I DON'T THINK AT ANY
21 POINT ANYBODY EVER DENIED THE CARE TO THAT AREA.
22 SO, WE'VE ADMITTED THE BACK, I SUPPOSE IS WHAT WE'VE
23 DONE.

24 BY COMMISSIONER LYNDON:

25 SO, ANY ORTHO WORK THAT SHE WOULD GET WOULD BE

1 FOR THE BACK, WHICH WOULD BE ALL THREE LEVELS AS I'M
2 UNDERSTANDING IT, RIGHT?

3 BY MR. ADDISON:

4 YES, SIR. BUT WE CERTAINLY -- AS I STATED WHEN
5 WE WERE OFF THE RECORD, OUR CONCERN IS THAT THERE
6 WERE PRIOR ISSUES. I BRING THAT UP BECAUSE WE FULLY
7 ADMITTED IT AS A LOW BACK INJURY INITIALLY, YOU
8 KNOW, FOR THE BUTTOCKS AREA, AND IT APPEARS THAT WE
9 WERE -- THE PROBLEM SEEMED TO BE IN THE CERVICAL
10 SPINE, AND THERE WERE PREVIOUSLY ISSUES THERE, WHICH
11 THE M.R.I. REFLECT FROM THERE AS WELL. IT'S A
12 DEGENERATIVE ISSUE GOING ON IN THE CERVICAL SPINE.

13 BY COMMISSIONER LYNDON:

14 ALL RIGHT, SIR.

15 MS. RAMEY.

16 BY THE WITNESS:

17 YES, SIR.

18 BY COMMISSIONER LYNDON:

19 WOULD YOU STATE YOUR FULL NAME FOR THE RECORD,
20 PLEASE.

21 BY THE WITNESS:

22 GAYLA RENEE ISON RAMEY.

23 BY COMMISSIONER LYNDON:

24 AND SPELL YOUR MIDDLE NAME.

25 BY THE WITNESS:

1 R-E-N-E-E.

2 BY COMMISSIONER LYNDON:

3 AND YOUR -- THERE WAS ONE NAME I DIDN'T GET.

4 BY THE WITNESS:

5 ISON.

6 BY COMMISSIONER LYNDON:

7 ISON, YES.

8 BY THE WITNESS:

9 MY MAIDEN NAME, I-S-O-N.

10 BY COMMISSIONER LYNDON:

11 * * * * *

12 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
13 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
14 MATTER HEREIN:

15 GAYLA RAMEY

16 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

17 BY COMMISSIONER LYNDON:

18 ALL RIGHT. ANSWER ANY QUESTIONS YOUR ATTORNEY

19 MAY HAVE, PLEASE.

20 BY MR. CALHOUN:

21 COMMISSIONER, CAN I STAND ON THIS SIDE?

22 BY COMMISSIONER LYNDON:

23 SURE. IN FACT, THAT'S BETTER.

24 DIRECT EXAMINATION BY MR. CALHOUN:

25 Q. HOW OLD ARE YOU, GAYLA?

1 A. FIFTY.

2 Q. AND HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD?

3 A. ELEVEN.

4 Q. ARE THEY ALL RELATED TO YOU?

5 A. YES.

6 Q. CHILDREN AND GRANDCHILDREN?

7 A. YES.

8 Q. HOW FAR DID YOU GO IN SCHOOL?

9 A. I GOT AN ASSOCIATE'S DEGREE FOR R.N., AND I'VE HAD
10 OTHER EDUCATIONAL BACKGROUND AS WELL.

11 Q. WHAT YEAR DID YOU GET YOUR R.N. DEGREE?

12 A. 2008.

13 Q. OKAY. IN FACT, DID YOUR EMPLOYER UNIHEALTH GIVE YOU
14 A SCHOLARSHIP TO GET THAT DEGREE?

15 A. YES, THEY DID.

16 Q. AND THAT SCHOLARSHIP WAS GIVEN TO YOU IN THE YEAR
17 2008?

18 A. IT WAS COMPLETED THEN, YES.

19 Q. OKAY. BRIEFLY DESCRIBE FOR THE COMMISSIONER WHAT
20 YOUR DUTIES ARE AT UNIHEALTH.

21 A. AS A R.N., WE WILL DO TREATMENT ON PATIENTS,
22 ASSESSMENTS INCLUDING MOVING AND HELPING, TURNING
23 THEM IN BED, SOMETIMES HELPING THEM GET IN AND OUT
24 OF BED. SOMETIMES PUSHING THEM AROUND IN
25 WHEELCHAIRS IF THEY NEED ASSISTANCE GOING FROM ONE

1 AREA OF THE FACILITY TO ANOTHER, PUSHING THE MED
2 CART, PULLING CHARTS OUT OF THE WALL AND DOING A LOT
3 OF CHARTING AND DEALING WITH -- WORKING WITH FAMILY
4 AND THE DOCTOR TO TAKE CARE OF THOSE PATIENTS.

5 Q. MS. RAMEY, HAVE YOU EVER HAD ANY PROBLEMS RELATED TO
6 YOUR SPINE, YOUR BACK?

7 A. NO.

8 Q. YOUR FAMILY PRACTICE MEDICAL RECORDS INDICATE THAT,
9 I BELIEVE, IN THE YEAR 2008 YOU RECEIVED FROM
10 TREATMENT FOR MUSCLE SPASMS?

11 A. YES.

12 Q. PLEASE EXPLAIN THAT TO THE COMMISSIONER.

13 A. I WAS HAVING A LOT OF STRESS AT THE TIME, AND FOR
14 ABOUT TWO WEEKS, I KEPT HAVING SOME MUSCLE SPASMS IN
15 MY RIGHT SHOULDER, AND THE DOCTOR GIVE ME SOME
16 STEROID INJECTIONS, WHICH CLEARED IT UP. SHE HAD
17 SAID IT WOULD TAKE ABOUT 24 HOURS FOR THAT MUSCLE TO
18 RELAX AND EVERYTHING WOULD GO AWAY, AND IT IN FACT
19 DID DO THAT.

20 Q. BUT THOSE ISSUES WITH YOUR SHOULDER WERE NEVER
21 RELATED TO YOUR SPINE IN ANY WAY?

22 A. NO.

23 Q. OKAY. THEY WERE MUSCULAR ONLY; IS THAT CORRECT?

24 A. YES.

25 Q. ALL RIGHT. WHEN YOU WERE INJURED ON MARCH THE 11TH,

1 HAD YOU PUNCHED IN THAT MORNING?

2 A. YES, I DID.

3 Q. AND WHEN YOU PUNCH IN, IS THAT ACTUALLY DONE THROUGH
4 A SCANNING DEVICE WITH YOUR HAND?

5 A. A HAND SCANNER, YES.

6 Q. AND AFTER YOU FELL, YOU WERE IMMEDIATELY SENT TO
7 DOCTOR'S CARE THAT DAY; IS THAT CORRECT?

8 A. YES.

9 Q. OKAY. SO, DID YOU EVER PUNCH OUT THAT DAY THAT YOU
10 FELL?

11 A. NO.

12 Q. WERE YOU PAID YOUR NORMAL HOURS FROM MARCH THE 11TH,
13 THE DAY THAT YOU FELL?

14 A. MY UNDERSTANDING IS THAT I WAS.

15 Q. OKAY.. AND DOCTORS CARE PUT YOU ON WORK RESTRICTIONS
16 THAT DAY, CORRECT?

17 A. YES, HE DID.

18 Q. OKAY. AND THOSE WORK RESTRICTIONS CONSISTED OF NO
19 MORE THAN 30 MINUTES PER HOUR ON YOUR FEET, LIMITED
20 USE OF YOUR BACK, NO USE OF THE RIGHT ARM, A TEN-
21 POUND LIFTING RESTRICTION, AND NO REPETITIVE
22 BENDING, TWISTING, STOOPING, SQUATTING, OR PUSHING;
23 IS THAT RIGHT?

24 A. YES.

25 Q. DID YOUR EMPLOYER ACCOMMODATE THOSE WORK

1 RESTRICTIONS, OR DID THEY KEEP YOU WORKING?

2 A. I KEPT WORKING.

3 Q. WHAT DID YOUR EMPLOYER HAVE YOU DOING AFTER MARCH
4 THE 11TH?

5 A. WALKING ALL AROUND THE FACILITY IN AND OUT OF
6 RESIDENT'S ROOMS, DOING A LOT OF PAPERWORK, WRITING
7 -- I HAD TO PULL CHARTS FROM OVERHEAD TO GET CERTAIN
8 PERSONAL INFORMATION TO PUT ON THOSE FORMS. SOME
9 TIMES I PUSHED THE RESIDENTS. IF THEY WERE LIKE IN
10 THE SMOKE AREA OR WHEREVER IN A WHEELCHAIR, AND I
11 NEEDED TO INTERVIEW THEM IN PRIVATE, I WOULD PUSH
12 THEM -- I HAD TO PUSH THEM INTO THEIR ROOMS IN ORDER
13 TO INTERVIEW THEM.

14 Q. SO, DO YOU FEEL THAT THE NEW JOB THAT YOUR EMPLOYER
15 HAD YOU PERFORMING VIOLATED THOSE WORK RESTRICTIONS
16 IN SOME WAY?

17 A. YES.

18 Q. WERE THERE OTHER WOMAN WORKING WITH YOU DURING THIS
19 PERIOD OF TIME WHO ALSO HAD BEEN INJURED IN WORKERS'
20 COMPENSATION CLAIMS?

21 A. YES.

22 Q. ALL RIGHT. NOW, WHAT WERE THEIR NAMES?

23 A. TAMMY WATKINS AND LISA JACOBS.

24 Q. OKAY. AND THESE WOMAN HAD PENDING WORKERS'
25 COMPENSATION CASES; IS THAT CORRECT?

1 A. YES, THEY DID.

2 Q. AND THEY WERE KEPT WORKING?

3 A. YES.

4 Q. OKAY. WHAT WAS YOUR -- WAS THERE ANYTHING ABOUT
5 YOUR UNDERSTANDING OF THOSE WOMEN THAT HAD YOU
6 WORRIED ABOUT YOUR JOB SECURITY IN THE FUTURE?

7 A. YES, I WAS UNDER THE UNDERSTANDING THAT ONE OF THEM
8 WAS ABOUT TO GET FIRED.

9 BY MR. ADDISON:

10 COMMISSIONER, I'M GOING TO HAVE TO OBJECT TO
11 SPECULATION. SHE HAS NO EVIDENCE OF THAT.

12 BY COMMISSIONER LYNDON:

13 I DO AGREE WITH THAT. WE KNOW THAT TWO OTHER
14 PEOPLE HAVE CLAIMS, AND WE CAN MOVE ON.

15 BY MR. CALHOUN:

16 OKAY.

17 DIRECT EXAMINATION RESUMED BY MR. CALHOUN:

18 Q. I'M NOT GOING TO ASK YOU ABOUT WHAT YOUR
19 UNDERSTANDING WAS, BUT YOU WERE SCARED OF LOSING
20 YOUR JOB; IS THAT CORRECT?

21 A. YES, I WAS.

22 Q. OKAY. YOU HAD A DOCTOR'S APPOINTMENT ON MARCH THE
23 18TH; ISN'T THAT CORRECT?

24 A. YES.

25 Q. AND IT WAS IN THE MORNING OF MARCH THE 18TH?

1 A. YES.

2 Q. DID LINDA BURR KNOW ABOUT THAT DOCTOR'S APPOINTMENT?

3 A. YES.

4 Q. WHAT TIME DID YOU GO TO WORK ON MARCH THE 18TH?

5 A. SEVEN A.M.

6 Q. WHY DID YOU GO IN AT SEVEN?

7 A. I UNDERSTOOD THAT LINDA WAS LEAVING EARLY THAT DAY
8 AND NEEDED TO SEE ME BEFORE SHE LEFT. SO, I WENT IN
9 AN HOUR EARLIER THAN USUAL TO GET -- TO TOUCH BASE
10 WITH HER ABOUT MY DOCTOR'S APPOINTMENT. BUT SHE HAD
11 TOLD ME THE DAY BEFORE TO GO EARLY BECAUSE SHE WAS
12 LEAVING EARLY.

13 Q. AND LINDA KNEW ABOUT YOUR DOCTOR'S APPOINTMENT ON
14 THE 18TH, CORRECT?

15 A. YES, SHE DID.

16 Q. ALL RIGHT. WHEN YOU SHOWED UP AT 7:30, WAS LINDA
17 THERE?

18 A. NO.

19 Q. OKAY. AND DID YOU EVENTUALLY LEAVE TO GO TO YOUR
20 DOCTOR'S APPOINTMENT?

21 A. YES.

22 Q. WERE YOU ABLE TO PUNCH IN BECAUSE OF THE HAND
23 SCANNER THAT DAY?

24 A. NO.

25 Q. WHAT WAS THE PROBLEM?

- 1 A. THE HAND SCANNER JUST WASN'T WORKING FOR MY HAND AT
2 THE TIME.
- 3 Q. OKAY. AND YOU HAD YOUR APPOINTMENT WITH DOCTORS
4 CARE, RIGHT?
- 5 A. YES.
- 6 Q. AND ABOUT WHAT TIME DID YOU RETURN TO WORK?
- 7 A. PROBABLY AROUND 9:45 A.M.
- 8 Q. AND YOU WERE SUPPOSED TO WORK THAT MORNING UNTIL
9 WHAT TIME?
- 10 A. I WAS TOLD TO LEAVE EARLY AT 10:30 A.M.
- 11 Q. OKAY. WHY WERE YOU TOLD TO LEAVE EARLY?
- 12 A. SHE WANTED ME TO WORK -- MY SUPERVISOR, TONYA
13 SHEPHERD, WANTED ME TO WORK THE NEXT TWO DAYS,
14 SATURDAY AND SUNDAY.
- 15 Q. OKAY. SO, THEY LEFT YOU OFF WORK EARLY?
- 16 A. YES.
- 17 Q. WHEN YOU WERE INJURED ON THE 18TH, YOU'VE TESTIFIED
18 THAT YOU WERE PAID FOR THE TIME AFTER YOU FELL AND
19 WENT TO DOCTORS CARE, CORRECT?
- 20 A. YES.
- 21 Q. AND THAT WAS THE DAY THAT YOU DID PUNCH IN, RIGHT?
- 22 A. YES.
- 23 Q. AND YOU DIDN'T PUNCH OUT WHEN YOU WENT TO THE
24 DOCTOR?
- 25 A. NO.

1 Q. SO, YOU WERE PAID FOR THAT TIME OUT OF WORK EVEN
2 THOUGH YOU HAD NOT PUNCHED OUT?

3 A. YES.

4 Q. OKAY. WAS YOUR UNDERSTANDING THAT YOU ARE ENTITLED
5 TO BE PAID FOR TIME FOR DOCTOR VISITS?

6 A. YES, AND NOBODY EVER TOLD ME ANY DIFFERENT.

7 Q. ALL RIGHT. AND THAT HAD BEEN CORROBORATED BY THE
8 FACT THAT YOU WERE PAID FOR THE DAY THAT YOU
9 ACTUALLY WERE INJURED, CORRECT?

10 A. YES.

11 Q. SO, WHEN YOU RETURNED TO WORK, YOU HAD TO FILL OUT
12 THIS REQUEST FOR MISSED TIME FORM DUE TO THE PUNCH
13 CLOCK; IS THAT RIGHT?

14 A. YES.

15 Q. AND THE TIMES THAT YOU WROTE ON THAT FORM WERE SEVEN
16 TO 10:30 A.M.?

17 A. THAT'S CORRECT.

18 Q. DID YOU HAVE TO GET YOUR SUPERVISORS TO APPROVE THAT
19 FORM?

20 A. YES, I DID.

21 Q. WHICH SUPERVISORS APPROVED THE FORM?

22 A. CARRIE RAY AND TONYA SHEPHERD.

23 Q. DID MS. RAY AND MS. SHEPHERD KNOW THAT YOU HAD BEEN
24 TO THE DOCTOR THAT MORNING?

25 A. YES.

1 Q. OKAY. DID THEY INDICATE THEY HAD ANY PROBLEM
2 SIGNING IT?

3 A. NO.

4 Q. OKAY. AND THEN YOU WENT HOME THAT DAY?

5 A. YES, I DID.

6 Q. NOW, YOU WERE FIRED THREE DAYS LATER ON MARCH THE
7 21ST, CORRECT?

8 A. YES.

9 Q. WHO CALLED YOU INTO HER OFFICE TO FIRE YOU?

10 A. LINDA BURR.

11 Q. AND HOW DID MS. BURR EXPLAIN TO YOU THE REASONS WHY
12 YOU WERE BEING FIRED?

13 A. THAT I WASN'T ALLOWED TO BE OUT TO A DOCTOR'S
14 APPOINTMENT ON THE CLOCK.

15 Q. OKAY. SHE SAID THAT YOU WERE ALLOWED TO BE PAID FOR
16 TIME GOING TO THE DOCTOR?

17 A. I UNDERSTOOD THAT TO BE CORRECT.

18 Q. DID YOU EVER INDICATE TO MS. BURR THAT YOU FELT THAT
19 YOU HAD DONE ANYTHING WRONG?

20 A. NO.

21 Q. YOU WERE ALREADY SCARED OF BEING FIRED; IS THAT
22 CORRECT?

23 A. YES.

24 Q. WOULD YOU HAVE DONE ANYTHING AT ALL TO GIVE YOUR
25 EMPLOYER AN EXCUSE TO FIRE YOU?

1 A. CERTAINLY NOT.

2 Q. IF MS. BURR AND YOUR TWO SUPERVISORS KNEW YOU WERE
3 AT THE DOCTOR THAT MORNING, HOW COULD THAT HAVE BEEN
4 FALSIFYING RECORDS?

5 A. THAT'S THE SAME EXACT QUESTION THAT I ASKED LINDA
6 WHEN SHE WAS TALKING TO ME ABOUT THE REASON WHY I
7 WAS TERMINATED. I DIDN'T UNDERSTAND WHY I WAS BEING
8 TERMINATED FOR GOING TO THE DOCTOR WHEN I WAS UNDER
9 THE UNDERSTANDING THAT I DID GET PAID ON WORKMANS'
10 COMP WHEN I WAS OUT TO THE DOCTOR, AND TONYA
11 SHEPHERD WHO IS MY DIRECTOR OF NURSING SIGNED MY
12 CLOCK IN AND OUT SHEET APPROVING ME TO GET PAID FOR
13 THAT TIME, SEVEN A.M. TO 10:30 A.M., AND...

14 Q. AND SHE KNEW YOU HAD LEFT AND GONE TO THE DOCTOR
15 THAT MORNING, CORRECT?

16 A. SHE DID. THAT'S WHY SHE SENT ME HOME EARLY. SHE
17 WAS THERE. SHE WAS THE FIRST PERSON -- TONYA
18 SHEPHERD WAS THE FIRST -- ONE OF THE FIRST PEOPLE I
19 SEEN WHEN I CAME BACK FROM THE DOCTOR.

20 Q. OKAY. SINCE YOU WERE FIRED, HAVE YOU BEEN ABLE TO
21 FIND ANY WORK?

22 A. NO. I'VE LOOKED AT VARIOUS DIFFERENT TYPES OF JOBS
23 ON THE INTERNET AND IN THE NEWSPAPER TO SEE IF THERE
24 WAS ANYTHING THAT I COULD DO, BUT THERE'S REALLY
25 NOTHING THAT I'VE FOUND THAT I COULD ACTUALLY DO

1 THAT WOULDN'T GO AGAINST MY WORK RESTRICTIONS. AND
2 SINCE I HAVEN'T HAD ANY TREATMENT, AND I DON'T
3 REALLY -- I'M REALLY KIND OF IN FEAR OF DOING
4 ANYTHING TO FURTHER INJURE MYSELF.

5 Q. DO YOU WANT THE TREATMENT THAT DR. "Z" HAS
6 RECOMMENDED FOR YOU?

7 A. YES.

8 Q. ARE YOU REQUESTING TO BE PAID FOR TEMPORARY TOTAL
9 DISABILITY BENEFITS UNTIL THE DOCTORS HAVE AN
10 OPPORTUNITY TO HELP YOU?

11 A. YES, I AM.

12 Q. AND ARE YOU REQUESTING THE PAST DUE T.T.D. FROM THE
13 DAY THAT YOU WERE FIRED, MARCH THE 21ST?

14 A. YES, I AM.

15 Q. WHAT HAVE YOU DONE TO LOOK FOR WORK SINCE YOU WERE
16 FIRED?

17 A. I'VE PICKED UP A COUPLE OF NEWSPAPERS, THE STATE AND
18 THE CAMDEN CHRONICLE, AND I'VE LOOKED ON LINE AT
19 SOME OF THE JOB SITES TO SEE IF THERE WAS ANYTHING
20 THAT I COULD POSSIBLY DO, BUT I HAVEN'T FOUND
21 ANYTHING THAT DIDN'T ACTUALLY REQUIRE ANYTHING THAT
22 WOULDN'T HURT ME AS FAR AS MY WORK RESTRICTIONS GO.

23 BY MR. CALHOUN:

24 OKAY. THAT'S ALL I HAVE, COMMISSIONER.

25 BY COMMISSIONER LYNDON:

1 ALL RIGHT. MA'AM, ANSWER ANY QUESTIONS THAT
2 MR. ADDISON MAY HAVE, PLEASE.

3 BY THE WITNESS:

4 OKAY.

5 CROSS EXAMINATION BY MR. ADDISON:

6 Q. MS. RAMEY.

7 A. YES.

8 Q. THE DAY YOU HAD YOUR INJURY, YOU FILLED OUT A BUNCH
9 OF PAPERWORK; DO YOU REMEMBER THAT?

10 A. YES, SIR.

11 Q. YOU TOLD ME THAT IN YOUR DEPOSITION. DO YOU
12 REMEMBER TELLING ME THAT?

13 A. YES.

14 Q. OKAY. WITHIN THAT PAPERWORK WAS A PIECE OF PAPER
15 THAT TOLD YOU YOU DIDN'T GET PAID WHEN YOU WENT TO
16 THE DOCTOR.

17 BY MR. ADDISON:

18 PAGE 136 OF THE DEFENDANTS' APA, COMMISSIONER.

19 BY COMMISSIONER LYNDON:

20 ALL RIGHT.

21 BY MR. ADDISON:

22 MAY I APPROACH, COMMISSIONER?

23 BY COMMISSIONER LYNDON:

24 YES, SIR.

25 CROSS EXAMINATION RESUMED BY MR. ADDISON:

1 Q. DO YOU REMEMBER SIGNING THAT PIECE OF PAPER RIGHT
2 THERE ON THE 11TH?

3 A. (REVIEWING DOCUMENT)

4 Q. I ASKED YOU THIS IN YOUR DEPOSITION.

5 A. I GUESS I DID SIGN IT.

6 Q. OKAY. IN THE LATER PART, IT SAYS "IN THE EVENT I
7 HAVE TO ATTEND A DOCTOR APPOINTMENT, CANNOT COME
8 INTO WORK BECAUSE OF MY INJURY OR HAVE TO LEAVE
9 EARLY, I UNDERSTAND I MUST CONTACT MY SUPERVISOR,
10 AND I WILL NOT BE COMPENSATED BY MY EMPLOYER FOR ANY
11 LOST TIME. IN ADDITION, I UNDERSTAND THAT WHENEVER
12 POSSIBLE, ALL APPOINTMENTS MUST BE MADE AROUND MY
13 WORK SCHEDULE." THE EMPLOYER SPECIFICALLY TOLD YOU
14 THE DAY YOU GOT INJURED ON THIS PIECE OF PAPER YOU
15 WEREN'T GOING TO BE PAID FOR WHATEVER TIME YOU
16 MISSED WHEN YOU WENT TO A DOCTOR'S OFFICE BY THE
17 EMPLOYER?

18 A. MY MISTAKE FOR NOT READING ALL OF THE -- THE BOOKLET
19 THAT I WAS GIVEN.

20 Q. OKAY. BUT YOU'VE MADE STATEMENTS THAT IT WAS YOUR
21 UNDERSTANDING THAT THE EMPLOYER WAS GOING TO PAY YOU
22 WHEN YOU WENT TO THE DOCTOR?

23 A. YES, SIR.

24 Q. BUT THEY SPECIFICALLY TOLD YOU THE DAY YOU GOT HURT
25 ON A PIECE OF PAPER AND YOU SIGNED THAT PIECE OF

1 PAPER THAT YOU WEREN'T GOING TO BE PAID WHEN YOU
2 WENT TO THE DOCTOR?

3 A. I SIGNED THE PAPERWORK, BUT I ACTUALLY DIDN'T GO
4 THROUGH AND READ EVERYTHING, YES, SIR.

5 Q. OKAY.

6 BY MR. ADDISON:

7 THAT'S PAGE 137 OF THE APA.

8 CROSS EXAMINATION RESUMED BY MR. ADDISON:

9 Q. "I, GAYLE RAMEY, ELECT TO USE MY PERSONAL LEAVE IN
10 LIEU OF WORKERS' COMP DISABILITY BENEFITS FOR THE
11 FOLLOWING REASONS DURING THE WORKERS' COMP WAITING
12 PERIOD." SO, THE WAITING PERIOD, THIS WAS DONE ON
13 3/11. DO YOU REMEMBER SIGNING THIS DOCUMENT?

14 A. YES, AND I ASKED ABOUT THAT PAPERWORK RIGHT THERE.

15 Q. ALL RIGHT. THE EMPLOYER ASSERTS THE RIGHT UNDER THE
16 WORKERS' COMP SYSTEM TO NOT START BENEFITS WITHIN
17 THE FIRST TWO WEEKS.

18 A. I WASN'T TOLD HOW LONG, BUT I WAS TOLD THAT I WOULD
19 BE ALLOWED TO USE P.T.O. TIME IF I NEEDED TO UNTIL
20 ANY KIND OF INSURANCE KICKED IN.

21 Q. ALL RIGHT. NOW, THE DAY THAT THIS ALL HAPPENED ON
22 THE 18TH, YOU WENT TO THE DOCTOR. IT WAS NOT THE
23 FIRST TIME YOU HAD BEEN TO THE DOCTOR. IT WAS
24 ACTUALLY THE THIRD TIME YOU HAD BEEN TO THE DOCTOR
25 TO DOCTORS CARE, CORRECT?

1 A. YES.

2 Q. WE HAVE THAT YOU WENT ON THE 11TH; YOU WENT ON THE
3 14TH, AND THEN YOU WENT ON THE 18TH.

4 A. YES.

5 Q. YOU HAD BEEN HAVING SOME PROBLEMS WITH THE MACHINE
6 GETTING YOUR HAND SCANNED BEFORE THAT DATE; BEFORE
7 THE 18TH, YOU HAD BEEN HAVING ISSUES, CORRECT?

8 A. YES.

9 Q. YOU WENT IN AND TRIED TO SCAN YOUR HAND, AND IT
10 WOULDN'T SCAN THAT MORNING AT 7:00, RIGHT?

11 A. (NO VERBAL RESPONSE)

12 Q. WHEN YOU WENT INTO THE FACILITY AT 7:00 ON THE DATE
13 OF THE 18TH, YOU TRIED TO SCAN YOUR HAND, AND THE
14 MACHINE WOULD NOT SCAN YOUR HAND AT 7:00?

15 A. NO.

16 Q. IS THAT NO YOU DIDN'T DO THAT OR NO IT DIDN'T SCAN
17 YOUR HAND?

18 A. NO, I DIDN'T DO THAT, BECAUSE I KNOW THE CLOCK WON'T
19 SCAN MY HAND IF IT ALREADY HAD A PROBLEM, AND MS.
20 BURR HAS TO DO A PROCEDURE WITH YOU AT THE CLOCK
21 WITH YOUR HAND IN ORDER FOR IT TO WORK AGAIN.

22 Q. SO, YOU DID NOT EVEN TRY TO SCAN IT THAT DAY?

23 A. NO.

24 Q. OKAY, ALL RIGHT. BECAUSE IT HAD BEEN FOR SEVERAL
25 DAYS HAD NOT BEEN SCANNING YOU?

1 A. YES.

2 Q. OKAY. ON THE 16TH, YOU TRIED TO CLOCK IN, AND IT
3 SAYS THE CLOCK WOULDN'T LET YOU PUNCH ---

4 BY MR. ADDISON:

5 THIS IS UNDER TAB ONE, WHICH I KNOW YOU DON'T
6 HAVE TABS, COMMISSIONER, BUT IT'S IN MS. BURR'S
7 DEPOSITION.

8 BY COMMISSIONER LYNDON:

9 OKAY.

10 BY MR. ADDISON:

11 IT'S IN DEFENDANTS' EXHIBIT ONE, THE FOURTH
12 PAGE. IT'S A TIME CARD REPORT.

13 CROSS EXAMINATION RESUMED BY MR. ADDISON:

14 Q. ON THAT TIME CARD REPORT, IT INDICATED THAT ON THE
15 15TH, YOU TRIED TO PUNCH IN AND IT WOULDN'T LET YOU,
16 AND ON THE 16TH, YOU TRIED TO PUNCH IN, THE 16TH --
17 EXCUSE ME, THE 17TH AND THEN THE 18TH; IS THAT
18 RIGHT, SEVERAL DAYS IN A ROW?

19 A. YES.

20 Q. OKAY. WHEN WAS THE LAST TIME YOU HAD TRIED TO SCAN
21 YOUR HAND BEFORE THE 18TH?

22 A. I DON'T REMEMBER THE LAST TIME I TRIED TO SCAN IT
23 AND IT DIDN'T WORK.

24 Q. OKAY. YOU WOULD AGREE WITH ME, I MEAN, THAT DAY YOU
25 WERE AT THE DOCTOR, NO QUESTION, ON THE 18TH?

1 A. YES, I WAS.

2 Q. OKAY. AND YOU WENT TO YOUR SUPERVISOR AND FILLED
3 OUT THIS DOCUMENT THAT WAS PRESENTED ON THE 18TH "A
4 REQUEST TO CORRECT OR ENTER A MISSED PUNCH"? YOU
5 ASKED THE EMPLOYER TO DO THAT FOR YOU?

6 A. YES.

7 Q. ALL RIGHT. IT WAS APPROVED BY CARRIE RAY AND TINA
8 SOMEBODY, I THINK?

9 A. TONYA SHEPHERD.

10 Q. TONYA SHEPHERD. WHICH ONE OF THOSE TWO DID YOU GO
11 TO?

12 A. BOTH.

13 Q. BOTH AND TOLD THEM THAT YOU WANTED THE CLOCK -- YOUR
14 PUNCH TO BE ACCEPTED BECAUSE ---

15 A. NO, THAT'S NOT WHAT I HAD TO DO.

16 Q. OKAY. ALL RIGHT. "REASON FOR REQUEST: CLOCK NOT
17 ACCEPT PUNCH." DID YOU WRITE THAT?

18 A. THAT'S RIGHT.

19 Q. OKAY. IT LOOKS LIKE YOUR HANDWRITING. THAT'S WHY
20 I'M ASKING.

21 A. THAT'S SO LINDA KNOWS THAT THE CLOCK IS STILL NOT
22 TAKING YOUR PUNCH.

23 Q. OKAY.

24 A. AND SHE STILL HASN'T GOT WITH YOU IN ORDER TO
25 CORRECT THAT.

1 Q. WHAT WAS SPECIFICALLY WRITTEN WAS "CLOCK WOULD --
2 CLOCK NOT ACCEPT PUNCH." I'M READING ---

3 A. THAT'S RIGHT.

4 Q. --- IT VERBATIM.

5 A. CLOCK NOT ACCEPTING PUNCH; THAT'S RIGHT.

6 Q. OKAY. YOU DIDN'T TRY TO PUNCH IT THAT DAY. YOU HAD
7 BEEN HAVING PROBLEMS THE DAY BEFORE. YOU THEN PUT
8 IN A REQUEST TO HAVE THE EMPLOYER PAY YOU FOR THE
9 TIME THAT YOU LISTED ON THAT DOCUMENT, WHICH WAS
10 SEVEN A.M. TO 10:30 A.M.?

11 A. WHEN I ARRIVED AT WORK, THE SUPERVISOR THAT DID
12 CLOCK ME IN KNEW I WAS THERE AND KNEW I WAS GETTING
13 READY TO LEAVE FOR A DOCTOR'S APPOINTMENT AT SOME
14 POINT THAT MORNING, AND I TOLD HER WHEN I WAS
15 LEAVING. AND WHEN I RETURNED FROM MY DOCTOR'S
16 APPOINTMENT, I TOLD TONYA SHEPHERD WHO IS MY
17 DIRECTOR OF NURSING THAT I WAS BACK FROM THE DOCTOR.

18 BY MR. ADDISON:

19 COMMISSIONER, I'M GOING TO HAVE TO -- THIS IS
20 NON RESPONSIVE. I ASKED A PRETTY SIMPLE QUESTION,
21 IF IN THE STATEMENT THAT SHE FILLED OUT AND GAVE TO
22 THE EMPLOYER WAS ASKING TO BE PAID FROM SEVEN
23 O'CLOCK TO 10:30.

24 BY COMMISSIONER LYNDON:

25 ASK THE QUESTION AGAIN.

1 YOU CAN EXPLAIN YOUR ANSWER, BUT IF YOU WOULD
2 ANSWER SPECIFICALLY THAT QUESTION. AND ALSO, YOUR
3 ATTORNEY IS GOING TO GET A CHANCE TO ASK YOU TO
4 CLARIFY ANYTHING YOU WANT TO.

5 BY THE WITNESS:

6 OKAY.

7 CROSS EXAMINATION RESUMED BY MR. ADDISON:

8 Q. I MEAN, THE DOCUMENT WAS FILLED OUT ON THE 18TH AND
9 SPECIFICALLY STATED THAT THE IN TIME WAS SEVEN
10 O'CLOCK A.M. AND THE OUT TIME WAS 10:30 A.M. THAT'S
11 WHAT YOU WERE REQUESTING TO BE PAID FOR?

12 A. YES.

13 Q. OKAY. AND THAT WAS BECAUSE THE MACHINE HAD SCREWED
14 UP BEFORE AND YOU HAD NOT EVEN TRIED TO PUNCH IN
15 THAT MORNING BECAUSE IT HAD BEEN SCREWING UP FOR A
16 COUPLE OF DAYS?

17 A. YES, I HAD TO USE ONE OF THOSE SHEETS BECAUSE THE
18 CLOCK HADN'T BEEN WORKING.

19 Q. OKAY, ALL RIGHT. NOW, YOU SAID THAT YOU WERE SCARED
20 ABOUT LOSING YOUR JOB WHEN YOU HAD THIS WORKER'S
21 COMP INJURY. I MEAN, YOU'VE HAD PROBLEMS; YOU'VE
22 HAD MEDICAL PROBLEMS BEFORE WORKING WITH THE
23 EMPLOYER, HAVEN'T YOU? YOU'VE BEEN OUT FOR SURGERY.
24 YOU HAD A GALLBLADDER REMOVAL EARLIER IN 2007, I
25 BELIEVE?

1 A. YES, I DID.

2 Q. YOU'VE HAD SOME OTHER MEDICAL ISSUES THAT HAVE HAD
3 TO BE DEALT WITH. YOU HAVEN'T HAD ANY WORKERS' COMP
4 CLAIMS, BUT YOU'VE HAD SOME OTHER MEDICAL ISSUES
5 WHERE YOU'VE MISSED TIME FROM WORK FOR VARIOUS
6 MEDICAL ISSUES HERE AND THERE, HAVEN'T YOU?

7 A. WHEN MY MOTHER DIED, I HAD TO BE OUT FOR LIKE A
8 MONTH.

9 Q. OKAY. DID THEY FIRE YOU FOR ANY OF THAT?

10 A. NO.

11 Q. THEY ACTUALLY PAID FOR YOU TO GO TO NURSING SCHOOL;
12 DID THEY NOT?

13 A. YES, THEY DID.

14 Q. IN 2008 OR 2007 AND 2008. YOU APPLIED FOR IT AND
15 GOT A SCHOLARSHIP THROUGH THE EMPLOYER. SO, I MEAN,
16 YOU WERE INDICATING TO THE COMMISSIONER SOMEHOW THAT
17 YOU HAD SOME FEAR OF THIS EMPLOYER ONCE YOU HAD A
18 WORKERS' COMP CLAIM -- YOU WOULD AGREE WITH ME THERE
19 ARE OTHER PEOPLE THAT ARE AT THAT FACILITY THAT HAVE
20 COMP CLAIMS THAT CONTINUE TO WORK ON LIGHT DUTY;
21 WOULD YOU NOT?

22 A. THERE IS ONE OF THE NURSES WORKING ON LIGHT DUTY.

23 Q. OKAY. SO, YOU SAID YOU HAVE THIS GREAT FEAR OF
24 BEING FIRED, BUT I MEAN, THE EMPLOYER HAD TREATED
25 YOU FAIRLY WELL UP TO THE POINT WHERE YOU ACTUALLY

1 WERE TERMINATED ON THE 18TH, HAVE THEY NOT?

2 A. YES.

3 Q. OKAY. THE DAY YOU REPORTED THE INJURY, YOU WENT
4 INTO DOCTORS CARE AND TOLD DOCTORS CARE THAT YOUR
5 LOW BACK WAS BOTHERING YOU, THE PARASPINAL MUSCLES
6 IN YOUR BACK AND YOUR RIGHT ARM; DO YOU REMEMBER
7 THAT?

8 A. RESTATE THAT.

9 BY MR. ADDISON:

10 STARTING AT PAGE 109 IN THE CLAIMANT'S APA,
11 COMMISSIONER.

12 BY THE WITNESS:

13 ON WHAT DATE? I'M SORRY.

14 BY MR. ADDISON:

15 ON 3/11.

16 THE WITNESS ANSWERS:

17 A. YES, I TOLD DOCTORS CARE THAT MY ARM AND MY MID BACK
18 AND MY NECK WAS HURTING ME AS WELL AS MY TAIL WHERE
19 I HAD LANDED ON MY TAIL.

20 Q. OKAY. AND THE REASON I'M ASKING, MA'AM, IS BECAUSE
21 I'VE LOOKED OVER THE DOCTORS CARE NOTE, AND THERE IS
22 ZERO MENTION OF YOUR NECK ANYWHERE ON THE DOCTORS
23 CARE NOTE. IT SAYS "FELL AT WORK. RIGHT HAND --
24 RIGHT ARM/HAND BRUISE SWOLLEN," AND DOWN AT THE
25 BOTTOM IT SAYS THAT YOU'VE "GOT PARASPINAL MUSCLES

1 WITH P.T.P. AND MIDLINE PAIN. RIGHT DISTAL F.A.
2 PALMAR ASPECT ON YOUR ARM WITH A LARGE ABRASION ON
3 THE ARM."

4 A. YES.

5 Q. PAIN WITH YOUR GRIP IN YOUR RIGHT HAND AND THEN OVER
6 BESIDE THAT, IT SAYS "RIGHT FOREARM, RIGHT HAND, AND
7 T-SPINE." DOWN BELOW, "ASSESSMENT DIAGNOSIS: HAS
8 ABRASIONS, CONTUSIONS RIGHT ARM, NUMBER TWO IS BACK
9 PAIN, AND NUMBER THREE IS RIGHT ARM PAIN." WHEN YOU
10 WENT IN ON THE 11TH -- EXCUSE ME, ON THE 14TH, A
11 COUPLE OF DAYS LATER, THIS IS PAGE 12 OF THE
12 CLAIMANT'S APA. IT STATES, "STRAIGHT LEG RAISE IS
13 NEGATIVE." THAT'S "NEGATIVE S.L.R." ON THERE. IT
14 SAYS "MILD P.T.P. OF THE LEFT PARASPINAL MUSCLES,
15 PLUS TWO RIGHT PATELLAR REFLEX AND
16 CONTUSION/ABRASION OF HAND WITH MILD ECCHYMOSIS."
17 AND IT SAYS "PATIENT STATES VERY IMPROVED, NO RIGHT
18 ARM." NOTHING IN HERE SAYS THAT YOU TOLD THE DOCTOR
19 THAT DAY THAT THE EMPLOYER WASN'T MEETING THE
20 RESTRICTIONS AS YOU JUST TOLD THE COMMISSIONER.
21 THERE'S NO INDICATION FROM YOU TO THE DOCTOR AT
22 DOCTORS CARE THAT YOU WEREN'T CAPABLE OF DOING WHAT
23 YOU WERE DOING AT THE JOB. IT ACTUALLY STATES THAT
24 YOU TOLD THE DOCTOR THAT YOU WERE VERY IMPROVED ON
25 THAT DATE. ON THE 18TH WHEN YOU CAME BACK TO

1 DOCTORS CARE, IT'S THE FIRST TIME YOU TALK ABOUT
2 YOUR NECK. IT SAYS -- AND WHAT YOU SAID THERE WAS -
3 - I'M NOT REAL SURE WHY THE DOCTOR WROTE IT THIS
4 WAY, BUT HE'S GOT "ZERO TENDERNESS IN CERVICAL
5 SPINE, MILD TENDERNESS LATERAL RIGHT CERVICAL SPINE,
6 FULL NECK RANGE OF MOTION. UPPER EXTREMITY STRENGTH
7 IS BILATERAL. ZERO SHOULDER PAIN. ZERO THORACIC
8 SPINE PAIN. COMPLAINS OF SLIGHT RIGHT LATERAL NECK
9 TRAPEZIUS PULLING, OTHERWISE DENIES COMPLAINTS. MID
10 BACK FEELS A-P-P-R," I GUESS APPROPRIATE --
11 "APPROXIMATELY 85 PERCENT IMPROVED. RIGHT UPPER
12 EXTREMITY WITH NO DISCOMFORT. SOMA CAUSES PATIENT
13 TO BE SEDATED AT WORK." SO, YOU TOLD HIM ABOUT THE
14 ---

15 BY MR. CALHOUN:

16 COMMISSIONER, I'VE GOT TO OBJECT. HE'S JUST
17 READING MEDICAL RECORDS.

18 BY COMMISSIONER LYNDON:

19 AND WE DON'T NEED TO GO IN -- I'VE ACTUALLY
20 READ AHEAD OF THAT. WE CAN GO ---

21 BY MR. ADDISON:

22 AND I'M READING IT FOR A REASON, COMMISSIONER.
23 I MEAN, SHE STATED THAT SHE WASN'T BEING MET WITH
24 THE RESTRICTIONS BY THE EMPLOYER. AGAIN, SHE WENT
25 OVER A LOT OF STUFF WITH THE DOCTOR ON THE 18TH, AND

1 THERE'S ZERO MENTION OF ANY PROBLEM WITH WORKING
2 OTHER THAN SHE DIDN'T LIKE TAKING THE SOMA AND DOING
3 THE JOB, THAT IT INTERFERED WITH HER ABILITY TO
4 WORK. THERE'S NO INDICATION TO THE EMPLOYER --
5 EXCUSE ME, TO THE PHYSICIAN THAT THE EMPLOYER WAS
6 NOT MEETING THE RESTRICTIONS PLACED ON HER BY
7 DOCTORS CARE.

8 BY COMMISSIONER LYNDON:

9 ALL RIGHT. WE CAN MOVE ON.

10 CROSS EXAMINATION RESUMED BY MR. ADDISON:

11 Q. YOU CONTINUED ON WITH TREATMENT WITH THAT. YOU
12 RETURNED TO WORK WITH CERTAIN RESTRICTIONS. NOW,
13 YOU TOLD THE COMMISSIONER THAT YOU WERE HAVING TO
14 WALK ALL OVER THE PLACE. I MEAN, YOU WOULD AGREE
15 THE DOCTOR HAD STATED THAT YOU WEREN'T TO WALK MORE
16 THAN 30 MINUTES IN AN HOUR. THAT'S HALF OF THE TIME
17 YOU COULD BE WALKING IN OTHER WORDS, CORRECT?

18 A. I'M SORRY.

19 Q. YOUR RESTRICTIONS WERE THAT YOU COULD WALK HALF OF
20 THE TIME. THERE'S 30 -- YOU KNOW, IF YOU COULD WALK
21 30 MINUTES IN AN HOUR, THAT MEANS YOU COULD WALK
22 HALF OF THE TIME THAT YOU WERE WHEREVER YOU WERE?

23 A. YES.

24 Q. OKAY. NOW, YOU WERE SAYING THAT -- YOU SEEMED TO BE
25 INDICATING THAT THE JOB REQUIRE THAT YOU DO CERTAIN

1 THINGS. WHEN YOU SAID THAT YOUR JOB DUTIES THAT YOU
2 WERE DISCUSSING WITH YOUR ATTORNEY, DID YOU MEAN THE
3 JOBS THAT YOU WERE DOING WHEN YOU WERE ON LIGHT
4 DUTY, OR DO YOU MEAN THE JOBS THAT ARE REQUIRED OF
5 YOU AS A NURSE AT THE FACILITY, REGULAR JOB DUTIES?

6 A. I DON'T KNOW WHICH TIME YOU'RE TALKING ABOUT.

7 Q. WHEN YOU SAID THAT YOU HAD TO PUSH PATIENTS IN
8 WHEELCHAIRS AND CARRY THE MED -- OR HAD TO PUSH THE
9 MED CART, HAD TO PULL CHARTS OFF OF THE SHELF AND
10 WRITE STUFF IN CHARTS, THAT YOU HAD TO ASSESS
11 PATIENTS INCLUDING ROLLING THEM OVER.

12 A. THAT WOULD BE THE ROLE OF THE NURSE.

13 Q. OKAY.

14 A. THAT WAS SOME OF THE JOB DUTIES.

15 Q. OKAY. YOU WOULD AGREE WITH ME THAT THE PRIMARY
16 RESPONSIBILITIES FOR ATTENDING TO THE PATIENT'S
17 REGULAR NEEDS, MOVING THEM AROUND AND WHATEVER, THAT
18 BELONGS TO THE C.N.A.s. YOU AS A NURSE WERE
19 OVERSEEING WHAT THE C.N.A.s WERE DOING.

20 A. NO, I DON'T AGREE WITH THAT.

21 Q. SO, YOU WOULD CHANGE PATIENTS; YOU WOULD ACTUALLY
22 CHANGE DIAPERS ---

23 A. I HAVE ---

24 Q. --- ROUTINELY? LET ME FINISH MY QUESTION. DID YOU
25 ROUTINELY HAVE TO DO THAT?

- 1 A. NO, BUT IT IS IN MY JOB DESCRIPTION TO DO ---
- 2 Q. OKAY.
- 3 A. --- ANYTHING THAT I NEEDED TO DO CONCERNING A
- 4 PATIENT.
- 5 Q. YOU WOULD AGREE WITH ME THIS IS A NO-LIFT FACILITY,
- 6 CORRECT?
- 7 A. YES.
- 8 Q. OKAY. Y'ALL HAVE HOYER LIFTS TO USE FOR PATIENTS IF
- 9 YOU HAVE TO LIFT THEM, AND YOU ARE REQUIRED BY THE
- 10 RULES OF THE FACILITY TO OBTAIN HELP BEFORE YOU DO
- 11 ANYTHING LIKE THAT?
- 12 A. YES.
- 13 Q. OKAY. AS A NURSE, YOU'RE HANDING OUT MEDICATION.
- 14 MORE OFTEN THAN NOT, WHAT YOU'RE DOING IS HANDING
- 15 OUT MEDICATIONS AND CHECKING ON PATIENTS' MEDICAL
- 16 CONDITIONS, TAKING BLOOD PRESSURE, ASSESSING THEM
- 17 MEDICALLY AS TO WHAT THEIR -- WHAT THEIR STATS ARE;
- 18 THAT'S PRIMARILY WHAT YOU WOULD DO AS AN R.N. AT THE
- 19 FACILITY?
- 20 A. NO. BECAUSE THE JOB DESCRIPTION FOR A NURSE IS TO
- 21 ASSIST WITH ANY AND ALL CARE, AND THAT MEANS HANDS
- 22 ON AS WELL AS HANDS OFF CARE OF YOUR PATIENTS.
- 23 Q. BUT Y'ALL HAVE ---
- 24 A. IN INCLUDES THEIR NEEDS IN EVERY AREA, IN EVERY
- 25 ASPECT. AND THE EMPLOYER THERE DOES ACTUALLY

1 REQUIRE AND REQUESTS YOU TO DO THAT.

2 Q. BUT THERE ARE LOTS OF C.N.A.s AT THE FACILITY,
3 AREN'T THERE, MA'AM, THAT ARE THERE TO DEAL WITH THE
4 PATIENTS?

5 A. ACTUALLY, THEY'RE UNDERSTAFFED. BY LAW, THEY MAY
6 HAVE ENOUGH, BUT THEY'RE TECHNICALLY UNDERSTAFFED IN
7 MY OPINION AND MOST EVERYBODY THAT WORKS IN THE
8 FACILITY. THAT'S THEIR OPINION AS WELL.

9 Q. THERE ARE MORE THAN TWO C.N.A.s ON A HALL. IT'S NOT
10 LIKE THERE'S NOT C.N.A.s THERE TO DO THIS WORK? YOU
11 SEEM TO BE INDICATING YOU'RE DOING C.N.A. WORK IS
12 WHY I'M ASKING THIS, MA'AM.

13 A. I HAVE DONE PLENTY OF C.N.A. WORK TO ASSIST THEM,
14 BECAUSE SOME SHIFT THERE ARE ONLY TWO C.N.A.s ON THE
15 FLOOR AND YOU'VE GOT 40 PATIENTS.

16 Q. OKAY.

17 A. AND IT'S A VERY HIGH DEMANDING JOB WHENEVER THEY
18 CAN'T GET TO 20 EACH AT THE SAME TIME. SO, YES, A
19 NURSE DOES GO IN AND DO THAT KIND OF CARE WITH THE
20 PATIENT.

21 Q. WELL, LET'S TALK ABOUT OTHER PLACES THAT YOU'VE
22 WORKED. DID YOU DO SOMETHING DIFFERENT AT THIS
23 FACILITY VERSUS OTHER JOBS THAT YOU'VE HAD AS A
24 NURSE?

25 A. NO, WHEN I WORKED AT THE HOSPITAL, I DID THE SAME.

1 I DID PATIENT CARE, AND THAT'S EXPECTED OF YOU AS A
2 NURSE.

3 Q. BUT YOU WEREN'T AN R.N. ON THE FLOOR, RIGHT?

4 A. I WAS STILL A NURSE, AN L.P.N.

5 Q. OKAY. YOU WERE AN L.P.N. BUT NOT AN R.N.?

6 A. AND NOT A C.N.A.

7 Q. OKAY. THE ONLY PLACE THAT YOU'VE BEEN AN R.N. IS AT
8 THIS FACILITY, CORRECT?

9 A. YES.

10 Q. OKAY. YOU INDICATED THAT YOU ATTEMPTED TO FIND WORK
11 BY LOOKING IN THE STATE NEWSPAPER AND LOOKING IN THE
12 CAMDEN NEWSPAPER?

13 A. AND ON THE INTERNET.

14 Q. AND ON THE INTERNET. HAVE YOU ACTUALLY APPLIED AT A
15 HOSPITAL FOR ANY POSITIONS TO SEE IF THERE IS
16 ANYTHING OPEN?

17 A. THOSE JOBS AT THE HOSPITAL WOULD REQUIRE FOR ME TO
18 GO OVER ---

19 Q. THAT WASN'T MY QUESTION, MA'AM. MY QUESTION WAS
20 HAVE YOU ACTUALLY GONE TO A HOSPITAL AND APPLIED FOR
21 A JOB?

22 A. I HAVE NOT.

23 Q. HAVE YOU ATTEMPTED TO FIND A JOB WITH ANY HEALTH
24 FACILITY WHERE YOU ACTUALLY WENT TO THE HEALTH
25 FACILITY AND APPLIED FOR A POSITION?

1 A. I HAVE NOT ACTUALLY GONE TO THE FACILITY AND APPLIED
2 FOR A JOB.

3 Q. SO, YOU DON'T KNOW WHETHER THEY WOULD HAVE ANYTHING
4 THAT WOULD MEET THE RESTRICTIONS THAT YOU HAVE, DO
5 YOU?

6 A. I FEEL LIKE IN THEIR JOB -- THOSE JOB DESCRIPTIONS,
7 THAT I WOULD BE VIOLATING THOSE RESTRICTIONS.

8 Q. NO, MA'AM. MY QUESTION IS YOU DON'T KNOW FROM YOUR
9 OWN KNOWLEDGE THAT ANY OF THE FACILITIES THAT
10 PROVIDE MEDICAL SERVICES IN THE COLUMBIA, SOUTH
11 CAROLINA AREA OR THE CAMDEN, SOUTH CAROLINA AREA OR
12 THE WINNSBORO, SOUTH CAROLINA AREA WOULD HAVE ANY
13 JOBS THAT MEET THE RESTRICTIONS THAT THE PHYSICIANS
14 HAVE PLACED ON YOU, DO YOU?

15 A. NO.

16 BY MR. ADDISON:

17 COMMISSIONER, THAT'S ALL I HAVE.

18 BY COMMISSIONER LYNDON:

19 ALL RIGHT.

20 BY MR. ADDISON:

21 I'M SORRY. I DO HAVE A FEW OTHER QUESTIONS.

22 I'M SORRY.

23 CROSS EXAMINATION RESUMED BY MR. ADDISON:

24 Q. DO YOU REMEMBER FILLING THESE MEDICAL QUESTIONNAIRE
25 STATEMENTS OUT FOR THE EMPLOYER?

1 BY MR. ADDISON:

2 PAGES 205 AND 206 OF THE DEFENDANTS' APA. CAN
3 I APPROACH, COMMISSIONER?

4 BY COMMISSIONER LYNDON:

5 YES, SIR.

6 CROSS EXAMINATION RESUMED BY MR. ADDISON:

7 Q. DO YOU REMEMBER HAVING TO DO THESE? THAT ANNUAL
8 PHYSICAL.

9 A. I DON'T KNOW. LET ME SEE.

10 Q. DO YOU REMEMBER HAVING TO GO OVER THIS?

11 A. I DIDN'T FILL ANY OF THIS OUT.

12 Q. I UNDERSTAND YOU DIDN'T FILL IT OUT. I MEAN, DO YOU
13 REMEMBER GOING THROUGH THE PHYSICAL ASSESSMENTS WITH
14 THE EMPLOYER ON AN ANNUAL BASIS STARTING IN 2008?

15 A. I DON'T REMEMBER SEEING THAT ONE, BUT I DO REMEMBER
16 SEEING THAT ONE.

17 Q. OKAY. SO, YOU REMEMBER GOING THROUGH THIS?

18 A. YES.

19 Q. OKAY. YOU WERE TAKING SOME MEDICATION BACK IN 2009,
20 H.C.T.Z.?

21 A. YES.

22 Q. WHAT WERE YOU TAKING THAT FOR?

23 A. I HAD BEEN WORKING A LOT OF NIGHT SHIFTS WHEN I
24 FIRST STARTED TAKING THAT, AND I HAD SOME SWELLING
25 IN ONE OF MY FEET, AND THE DOCTOR FELT THAT WAS

1 DEPENDENT EDEMA, AND THAT THE H.C.T. LOW DOSE WOULD
2 PROBABLY HELP.

3 Q. AND THE ONLY REASON I'M ASKING THAT IS THAT'S
4 ACCURATE, YOU WERE TAKING ---

5 A. YES.

6 Q. --- THE PRESCRIPTION MEDICATION IN 2009?

7 A. YES.

8 Q. OKAY. ALL RIGHT. NOW, WOULD YOU AGREE WITH ME, AND
9 YOUR ATTORNEY WAS ASKING YOU -- HE SAID IT WAS ONLY
10 IN 2008, BUT YOU STARTED SEEING YOUR FAMILY DOCTOR
11 FOR ISSUES WITH YOUR NECK AND RIGHT SHOULDER
12 STARTING IN 2006, CORRECT? I'LL READ IT TO YOU.
13 IT'S PAGE 39 OF PLAINTIFF'S APA. THIS IS ON 12/20
14 OF 2006. "PATIENT ALSO COMPLAINS OF RIGHT NECK
15 PAIN. MASSAGE HELPED. THEN PAIN RETURNED, ONE
16 MONTH DURATION." DO YOU REMEMBER HAVING PAIN IN
17 YOUR NECK FOR ONE MONTH IN DECEMBER OF 2006?

18 A. NO, I REMEMBER I WAS HAVING MUSCLE SPASMS BEFORE,
19 BUT I DON'T REMEMBER THAT.

20 Q. THE DOCTOR SPECIFICALLY WROTE "THE NECK IS TENDER
21 OVER THE TRAPEZIUS MUSCLE, RIGHT. THERE IS NO
22 TENDERNESS MIDLINE." DO YOU REMEMBER THAT?

23 A. I HAD AN INJECTION IN THE MUSCLE ON TWO SEPARATE
24 OCCASIONS, BUT I DON'T REMEMBER THOSE DATES.

25 Q. OKAY. IN 2008 -- THIS IS PAGE 102 OF PLAINTIFF'S

1 APA. YOU WENT AND SAW YOUR DOCTOR, DR. ALICE
2 BROOKS. THAT'S YOUR FAMILY DOCTOR, RIGHT?

3 A. YES.

4 Q. YOU WENT AND SAW DR. BROOKS ON APRIL THE 7TH OF
5 2008. YOUR COMPLAINT -- "CHIEF COMPLAINT WAS NECK
6 AND BACK PAIN. THE PAIN RADIATES INTO RIGHT
7 SHOULDER. BURNING PAIN WORSE WITH FORWARD FLEXION.
8 ALSO WORSE IN A.M. OCCASIONAL FLEXION CAUSES
9 BILATERAL HEAT SENSATION. TWO WEEKS DURATION.
10 GETTING WORSE." AND YOU ENDED UP HAVING A TRIGGER-
11 POINT INJECTION AS A RESULT. DO YOU REMEMBER THAT?

12 A. I HAD AN INJECTION.

13 Q. OKAY. ALL RIGHT. AND THEN PAGE 95 OF PLAINTIFF'S
14 APA, YOU WENT AND SAW DR. BROOKS ON APRIL THE 16TH
15 OF 2010 WITH THE SAME ISSUES. YOU COMPLAINED OF
16 "PAIN IN THE RIGHT SHOULDER UP INTO YOUR -- INTO THE
17 BACK OF YOUR NECK. PAIN IS CONSTANT. BURNING
18 SENSATION BECOMES INTENSE. SHE STATES IT WAS ABOUT
19 A WEEK AND A HALF AGO THAT IT STARTED. IT'S
20 PROGRESSIVELY GOTTEN WORSE," AND YOU ULTIMATELY
21 ENDED UP HAVING ANOTHER INJECTION AT THAT POINT,
22 CORRECT?

23 A. YES, I HAD AN INJECTION ON A COUPLE SEPARATE
24 OCCASIONS.

25 Q. OKAY. ALL RIGHT. NOW, WHEN YOU HAD TALKED WITH

1 YOUR ATTORNEY EARLIER, HE WAS ASKING YOU ABOUT THE
2 ONE TIME. THIS WAS NOT A ONE-TIME THING. YOU'VE
3 BEEN HAVING PROBLEMS WITH YOUR NECK AND RIGHT
4 SHOULDER FOR A NUMBER OF YEARS; HAVE YOU NOT? IT'S
5 WAXED AND WANED. IT'S FLARED UP FROM TIME TO TIME?

6 A. I'VE HAD MUSCLE SPASMS A FEW TIMES, YES.

7 Q. OKAY. MA'AM, YOU KEEP CALLING IN MUSCLE SPASMS, AND
8 I'M JUST READING MEDICAL RECORDS. YOU WOULD AGREE
9 WITH ME YOU WENT AND SAW A DOCTOR FOR PROBLEMS WITH
10 YOUR NECK AND YOUR RIGHT SHOULDER?

11 A. WITH -- YES, THAT MUSCLE RAN UP -- THE NO -- THE
12 MUSCLE THAT RUNS FROM HERE UP THIS WAY (WITNESS
13 INDICATES) WAS INFLAMED WHEN SHE GAVE ME A STEROID
14 INJECTION. WITHIN 24 HOURS, THE PAIN WAS GONE.

15 Q. OKAY.

16 A. AND I NEVER HAD ANY PROBLEMS AGAIN FOR A GOOD WHILE.

17 Q. YOU NEVER HAD AN M.R.I. BEFORE THE ONE THAT WAS DONE
18 IN CAMDEN BEFORE THIS THOUGH, HAVE YOU?

19 A. NO.

20 Q. OKAY. SO, YOU HAVE NO IDEA WHAT WAS GOING ON IN
21 YOUR NECK. YOU CALL IT MUSCULAR, BUT YOU DON'T
22 KNOW; YOU'RE NOT A PHYSICIAN OR AN ORTHOPEDIC SPINE
23 SPECIALIST, ARE YOU?

24 A. NO, I'M NOT.

25 Q. OKAY.

1 BY MR. ADDISON:

2 THAT'S ALL I HAVE, COMMISSIONER.

3 BY COMMISSIONER LYNDON:

4 OKAY. MR. CALHOUN?

5 BY MR. CALHOUN:

6 JUST A FEW, COMMISSIONER.

7 RE-DIRECT EXAMINATION BY MR. CALHOUN:

8 Q. MS. RAMEY, WHEN WE'VE BEEN TALKING ABOUT PUNCHING IN
9 THIS MORNING, WHAT WE'VE REALLY BEEN TALKING ABOUT
10 IS PUTTING YOUR HAND ON A SCANNER, RIGHT?

11 A. YES.

12 Q. SO, IF THE PUNCH MACHINE IS NOT WORKING, WHAT IT IS
13 NOT ACTUALLY DOING IS ACCEPTING YOUR HAND SCAN; IT'S
14 NOT IDENTIFYING IT; DOES THAT MAKES SENSE?

15 A. THAT'S WHAT HAPPENED.

16 Q. OKAY. AND ACCORDING TO YOUR TIME CARD REPORT, THIS
17 SCANNING PROBLEM STARTED ON MARCH THE 16TH. DOES
18 THAT SOUND RIGHT?

19 A. I THINK SO, YES.

20 Q. OKAY. SO, THERE WASN'T A PROBLEM THE DAY THAT YOU
21 ACTUALLY WERE INJURED ON MARCH THE 11TH, CORRECT?

22 A. RIGHT.

23 Q. AND ON THE DAY THAT YOU WERE ACTUALLY INJURED, YOU
24 SCANNED YOUR HAND OR YOU PUNCHED IN THAT DAY,
25 CORRECT?

1 A. I DID PUNCH IN THAT DAY.

2 Q. OKAY. AND THEN AFTER YOU FELL AND WHERE INJURED,
3 YOU WERE TAKEN TO DOCTORS CARE, RIGHT?

4 A. YES.

5 Q. AND YOU NEVER SCANNED OR PUNCHED OUT, CORRECT?

6 A. RIGHT.

7 Q. AND YOU WERE ACTUALLY PAID FOR THAT TIME, WEREN'T
8 YOU?

9 A. YES.

10 Q. OKAY. NOW, THESE DOCUMENTS THAT YOU SIGNED THAT MR.
11 ADDISON WAS ASKING YOU ABOUT, WERE YOU GIVEN THESE
12 DOCUMENTS AND ALLOWED TO TAKE THEM HOME AND READ
13 THEM, OR WERE YOU TOLD TO SIGN THEM THE DAY THAT
14 THEY WERE PUT IN FRONT OF YOU?

15 A. I HAD TO FILL THEM OUT BEFORE I WAS ALLOWED TO LEAVE
16 TO GO TO THE DOCTOR.

17 Q. OKAY. IN FACT, SOME OF THE DOCUMENTS THAT HAVE YOUR
18 HANDWRITING ON THEM, YOUR SIGNATURE IN WRITING
19 APPEARS TO BE SHAKY OR WOBBLY. IS THAT BECAUSE YOU
20 WERE USING YOUR LEFT ARM?

21 A. I WAS USING MY LEFT HAND BECAUSE MY RIGHT WAS
22 HURTING TOO BAD TO SIGN.

23 Q. OKAY. SO, THAT HAPPENED WHICH DAY, THE DAY THAT YOU
24 FELL OR ---

25 A. THE DAY THAT I FELL.

1 Q. THE DAY THAT YOU FELL, OKAY. NOW, WHEN YOU WERE
2 TAKEN TO DOCTORS CARE ON MARCH THE 11TH, THE MEDICAL
3 RECORD FROM THAT DATE SAYS THAT YOU HAD INJURED YOUR
4 BACK, CORRECT?

5 A. YES.

6 Q. AND DO YOU UNDERSTAND YOUR BACK TO INCLUDE YOUR
7 NECK?

8 A. YES.

9 Q. ALL RIGHT. THERE'S ANOTHER ISSUE THAT MR. ADDISON
10 ASKED YOU ABOUT CONCERNING YOUR DOCTOR'S CARE OR
11 MEDICAL RECORDS FOR MARCH THE 18TH. NOW, THOSE
12 RECORDS INDICATE THAT YOU COULD -- THAT WHEN YOU
13 LEFT, THAT YOU COULD WORK FULL DUTY. EXPLAIN TO THE
14 COMMISSIONER WHAT HAPPENED THAT DAY WHEN YOU WENT TO
15 DOCTORS CARE.

16 A. WHEN I WENT TO DOCTORS CARE ON THE 18TH, I WANTED TO
17 -- I SEEN ANOTHER DOCTOR FOR ONE THING. I DIDN'T
18 SEE THE SAME DOCTOR I HAD BEEN SEEING. BUT I
19 REQUESTED THAT DOCTOR LET ME TRY BEING OFF LIGHT
20 DUTY BECAUSE THEY NEEDED ME TO BE ON THE FLOOR TO
21 HELP THEM. THEY WERE REALLY SHORT, AND THEY WERE
22 TRYING TO GET A LOT OF EXTRA HELP, AND I SAID, WELL,
23 MY HAND FEELS BETTER, AND I THINK I CAN DO THAT. I
24 DON'T KNOW ABOUT PUSHING THE CARTS. SO, LET ME TRY
25 OFF DUTY -- OFF OF THE LIGHT DUTY FOR A LITTLE BIT

1 JUST TO SEE HOW IT GOES. BUT I TOLD HER THAT MY
2 BACK WAS STILL HURTING ME, IT WAS STILL BOTHERING
3 ME. BUT I WANTED TO SEE IF I COULD ACTUALLY GET
4 BACK ON THE FLOOR AND GET BACK ON FULL-TIME DUTY AND
5 HELP THEM OUT EVEN THOUGH I WAS STILL HAVING
6 PROBLEMS.

7 Q. WHY WERE YOU TRYING TO GET BACK ON THE FLOOR EVEN
8 THOUGH YOU WERE STILL HAVING PROBLEMS? WAS THERE
9 ANYTHING THAT YOU WERE WORRIED ABOUT?

10 A. I WAS WORRIED ABOUT LOSING MY JOB. THE OTHER LADIES
11 THAT WERE DOING LIGHT DUTY WERE WORKING BEYOND THEIR
12 WORK RESTRICTIONS, AND THEY ---

13 BY MR. ADDISON:

14 COMMISSIONER, I'M GOING TO HAVE TO OBJECT,
15 BECAUSE SHE DOESN'T KNOW ---

16 BY THE WITNESS:

17 THEY HAD CONCERNS AS WELL AS I DID.

18 BY COMMISSIONER LYNDON:

19 WAIT. HE'S OBJECTING, BUT I'LL NOTE YOUR
20 OBJECTION, BUT I'LL LET THE ANSWER STAND. WE NEED
21 TO MOVE ON.

22 BY MR. ADDISON:

23 OKAY.

24 RE-DIRECT EXAMINATION RESUMED BY MR. CALHOUN:

25 Q. FINALLY, MS. RAMEY ---

1 BY MR. CALHOUN:

2 PAGE 102 OF THE CLAIMANT'S APAs, COMMISSIONER.

3 RE-DIRECT EXAMINATION RESUMED BY MR. CALHOUN:

4 Q. THE DIAGNOSIS FROM YOUR APRIL 7TH, 2008, VISIT TO
5 YOUR FAMILY PRACTICE DOCTOR ACTUALLY SAYS THAT YOU
6 HAVE A RIGHT TRAPEZIUS SPASM. IS THAT WHAT YOU
7 REMEMBER?

8 A. YES.

9 Q. OKAY. AND YOU RECEIVED A TRIGGER-POINT INJECTION
10 INTO THAT MUSCLE; IS THAT CORRECT?

11 A. YES.

12 Q. OKAY.

13 BY MR. CALHOUN:

14 THAT'S ALL I HAVE, COMMISSIONER.

15 BY COMMISSIONER LYNDON:

16 MR. ADDISON.

17 RE-CROSS EXAMINATION BY MR. ADDISON:

18 Q. MA'AM, I'M READING THE MARCH THE 18TH RECORD FROM
19 THE DOCTOR AT DOCTORS CARE, AND THAT DOCTOR WROTE A
20 LOT OF THINGS. NO WHERE IN THERE DOES IT SAY "I
21 WANT TO GO BACK TO WORK BECAUSE I THINK I'M GOING TO
22 GET FIRED IF I DON'T GO BACK TO REGULAR DUTY." WHAT
23 IT SAYS WAS THAT YOU FELT 85 PERCENT IMPROVED. DID
24 YOU TELL THE DOCTOR THAT THAT YOU FELT 85 PERCENT
25 IMPROVED?

1 A. NO, I DID NOT.

2 Q. SO, THE DOCTOR MADE THAT UP THAT DAY?

3 A. I DID NOT GIVE HER A PERCENTAGE OF HOW I FELT. I
4 ASKED HER IF SHE WOULD TAKE ME OFF OF SOME OF THE
5 LIGHT DUTY, THAT MY BACK WAS STILL BOTHERING ME.

6 Q. OKAY. DID YOU ---

7 A. I FELT LIKE I NEEDED TO GET BACK ON THE FLOOR TO
8 HELP THEM OUT AND MY JOB, AND NO, I DIDN'T TELL THE
9 DOCTOR I FELT LIKE I WAS GOING TO GET FIRED. THAT
10 ISN'T A CONCERN FOR THE DOCTOR. BUT I TOLD THEM
11 THAT I WANTED TO TRY AND SEE HOW IT GOES FOR ME.

12 Q. DID YOU TELL THE DOCTOR ---

13 BY MR. ADDISON:

14 AND THIS IS ON PAGE 116 OF PLAINTIFF'S APA,
15 COMMISSIONER.

16 RE-CROSS EXAMINATION RESUMED BY MR. ADDISON:

17 Q. ON THE 18TH, THIS IS A RETURN-TO-WORK FORM THAT'S
18 BEEN IN QUESTION. DID YOU TELL THE DOCTOR THAT YOU
19 FELT COMFORTABLE PERFORMING FULL WORK DUTIES?

20 A. I TOLD THE DOCTOR I WANTED TO TRY TO PERFORM FULL-
21 WORK DUTIES AND SEE HOW IT GOES. THAT'S WHY SHE
22 TOLD ME TO -- IF I HAD ANY MORE PROBLEMS WITH MY
23 NECK OR MY BACK, THAT I COULD RETURN IN SEVEN TO TEN
24 DAYS.

25 Q. OKAY. SO, IF THE DOCTOR WROTE "SHE FEELS

1 COMFORTABLE PERFORMING FULL WORK DUTIES," THAT WAS
2 NOT ACCURATE?

3 A. I REQUESTED TO PERFORM FULL WORK DUTIES TO TRY IT
4 OUT.

5 Q. OKAY. SO, JUST SO WE'RE REAL CLEAR, WHEN YOU WERE
6 AT THE DOCTOR THAT MORNING, YOU HAD BEEN PROVIDED
7 ALL OF THE MEDICALS UP TO THAT POINT, YOU WERE
8 WORKING THE EMPLOYER WAS PROVIDING TO YOU, AND THERE
9 WAS NO INDICATION THAT THERE WAS ANY ISSUE WITH YOUR
10 EMPLOYMENT. SO, WHEN THIS WAS ALL WRITTEN, THERE
11 WAS NO SPECIFIC EVIDENCE OF ANY CONCERNS WITH YOUR
12 EMPLOYMENT, AND YOU WERE TELLING THE DOCTOR WHO WAS
13 THE TREATING DOCTOR AT THE TIME THAT YOU FELT
14 CAPABLE OF RETURNING TO THE REGULAR FULL-DUTY JOB
15 THAT YOU DID WITH THE EMPLOYER?

16 A. (NO VERBAL RESPONSE)

17 Q. DO YOU AGREE WITH ME THAT THERE IS NO WRITTEN
18 ANYTHING ANYWHERE THAT SUGGESTS THAT YOU WERE IN
19 DANGER OF LOSING YOUR JOB?

20 A. NO, THERE'S NO WRITTEN ON THAT DOCTOR'S THING THAT I
21 WAS SCARED I WAS GOING TO LOSE MY JOB.

22 Q. YOUR SCHEDULE THAT YOU WORKED, WERE YOU WORKING
23 EIGHT-HOUR DAYS OR 12-HOUR DAYS BEFORE, OR DID IT
24 VARY?

25 A. NO. IT DID VARY. THERE WERE SOME TWELVES AND SOME

1 EIGHTS.

2 Q. OKAY, ALL RIGHT. AND THE REASON YOU WERE ONLY GOING
3 TO BE THERE THREE AND A HALF HOURS ON THIS
4 PARTICULAR DAY ON THE 18TH WAS BECAUSE YOU WERE JUST
5 WORKING KIND OF A PARTIAL DAY SO THAT YOU COULD WORK
6 SATURDAY AND SUNDAY SHIFT THAT WEEKEND?

7 A. THAT'S WHAT MS. SHEPHERD WANTED ME TO DO.

8 Q. OKAY, ALL RIGHT. MS. SHEPHERD IS YOUR SUPERVISOR?

9 A. THE DIRECTOR OF NURSING.

10 Q. BUT SHE WAS YOUR SUPERVISOR?

11 A. SHE SAID SHE COULD LET ME WORK SATURDAY AND SUNDAY,
12 BUT SHE DIDN'T KNOW WHAT SHE WAS GOING TO DO WITH ME
13 AFTER THAT FOR THE SCHEDULE.

14 Q. OKAY. ALL I ASKED YOU IS WAS SHE YOUR SUPERVISOR?

15 A. YES.

16 BY MR. ADDISON:

17 COMMISSIONER, THAT'S ALL I HAVE.

18 BY COMMISSIONER LYNDON:

19 MR. CALHOUN?

20 BY MR. CALHOUN:

21 NO, SIR.

22 EXAMINATION BY COMMISSIONER LYNDON:

23 Q. LET ME ASK YOU ONE QUESTION, MA'AM. I'M LOOKING AT
24 THAT ONE EXHIBIT THAT SAYS -- I THINK IT WAS MARCH
25 16TH THROUGH THE 18TH, THE CLOCK WOULD NOT LET

1 EMPLOYEE PUNCH IN, REASON UNKNOWN. YOU SEE IT TIME
2 AFTER TIME.

3 A. YES.

4 Q. WERE YOU ALWAYS PAID FOR THOSE DAYS? I THINK YOU'VE
5 ANSWERED THE QUESTION. WERE YOU ALWAYS PAID FOR THE
6 TIME THAT THE SCANNER DID NOT WORK?

7 A. YES, WE WERE ALWAYS PAID FOR IT. IF YOU FILL OUT
8 THE TIME CORRECTION SHEET, YOUR SUPERVISOR HAS TO
9 SIGN THAT VERIFYING THAT YOU WERE ACTUALLY DURING
10 THOSE TIMES AND APPROVING FOR YOU TO BE PAID FOR
11 THOSE TIMES.

12 Q. RIGHT. AND PRIOR TO MARCH IN ANY TIME -- YOU'VE
13 BEEN THERE NINE YEARS. I DON'T KNOW WHETHER Y'ALL
14 HAVE A SCANNER UP FOR NINE YEARS LIKE THAT. MOST
15 PEOPLE USED TO HAVE THOSE LITTLE PUNCH CLOCKS,
16 BUT...

17 A. RIGHT.

18 Q. SINCE THEY'VE HAD THE SCANNER, HAS IT EVER NOT
19 WORKED FOR YOU BEFORE?

20 A. YES, IT HAS.

21 Q. AND HAVE YOU ALWAYS BEEN PAID?

22 A. YES, I HAVE.

23 Q. RIGHT. YOU JUST HAVE TO VERIFY IT ON A MANUAL TIME
24 SHEET, IS THAT RIGHT?

25 A. THAT IS RIGHT.

1 Q. SO, HAD IT BEEN WORKING ON THE 18TH, IF YOU HAD
2 PUNCHED -- YOU WOULD HAVE PUNCHED IN, AND THEN YOU
3 WOULD HAVE HAD TO GO TO THE DOCTOR. WOULD YOU
4 NORMALLY HAVE TO PUNCH BACK OUT AND THEN PUNCH BACK
5 IN WHEN YOU CAME ---

6 A. I WOULD HAVE PUNCHED OUT TO LEAVE THE FACILITY, YES.

7 Q. IS THAT NORMAL IF YOU HAVE TO LEAVE THE FACILITY FOR
8 ANY REASON OTHER THAN SAY MAYBE GO OUT TO YOUR CAR
9 TO GET SOMETHING?

10 A. YES.

11 Q. OKAY.

12 BY COMMISSIONER LYNDON:

13 I DON'T THINK I HAVE ANY OTHER QUESTIONS.

14 BY MR. ADDISON:

15 CAN I ASK ONE OR A COUPLE JUST TO CLARIFY THAT,
16 COMMISSIONER?

17 BY COMMISSIONER LYNDON:

18 ALL RIGHT.

19 RE-CROSS EXAMINATION BY MR. ADDISON:

20 Q. THE EVIDENCE THAT WE HAVE IN HERE, THESE DATES PRIOR
21 TO THE 18TH WHERE YOU HAD MISSED A PUNCH, YOU DIDN'T
22 GO TO THE DOCTOR ON THE 15TH, 16TH, OR THE 17TH, DID
23 YOU? THE ONLY DATE YOU WENT WAS THE 14TH.

24 A. YES.

25 Q. OKAY. SO, THOSE DATES WHERE YOU HAD MISSED A PUNCH,

1 YOU HAD ACTUALLY TURNED IN A SHEET ON THOSE DATES AS
2 WELL INDICATING THAT YOU HAD A MISSED PUNCH THAT YOU
3 NEEDED TO BE PAID FOR, CORRECT?

4 A. YES.

5 Q. AND YOU WERE ACTUALLY IN THE FACILITY THOSE ENTIRE
6 HOURS, CORRECT?

7 A. YES.

8 Q. OKAY. YOU WOULD HAVE BEEN PHYSICALLY PRESENT IN THE
9 FACILITY AND THERE DOING YOUR JOB AS AN R.N. FOR THE
10 TIME THAT YOU WERE ACTUALLY ON THE CLOCK THAT YOU
11 WERE REQUESTING TO BE PAID FOR ON THE 15TH, 16TH,
12 AND THE 17TH?

13 A. I DON'T BELIEVE I WENT OUT ANYWHERE ON THOSE DAYS.

14 Q. OKAY.

15 A. BECAUSE SOMETIMES IN THE PAST I USED TO WOULD GO OUT
16 FOR LUNCH FOR OTHER PEOPLE AND CLOCK IN AND OUT TO
17 GO DO THAT.

18 Q. I'M SPECIFICALLY REFERRING TO THOSE THREE DAYS, THE
19 15TH, THE 16TH, AND THE 17TH. WE HAVE EVIDENCE THAT
20 YOU MISSED A PUNCH. YOU PUT IN A TIME PUNCH ENTRY
21 REQUEST THAT WAS SUBMITTED AND FILLED OUT AND
22 PREPARED, AND YOU WERE PAID FOR THAT TIME, BECAUSE
23 YOU WERE ACTUALLY WORKING IN THE FACILITY ON THOSE
24 THREE DAYS?

25 A. YES.

1 Q. ON THE 18TH, YOU PUT IN ANOTHER ONE THAT INDICATED
2 THAT YOU WERE AT THE FACILITY, BUT YOU WERE ACTUALLY
3 AT THE DOCTOR FOR PART OF THAT TIME. YOU DON'T
4 DISPUTE THAT?

5 A. I WAS AT THE DOCTOR PART OF THAT TIME.

6 Q. OKAY, ALL RIGHT. AND YOU UNDERSTAND THAT THE
7 DISTINCTION HERE IS NOT WHETHER YOU SUBMITTED THE
8 FORM OR NOT. IT'S THAT YOU INDICATED TO THE
9 EMPLOYER THAT YOU WERE IN THE FACILITY WHEN YOU WERE
10 NOT. DID YOU UNDERSTAND THAT WHEN YOU HAD THE
11 COUNSELING SESSION WITH MS. BURR?

12 BY MR. CALHOUN:

13 I'M GOING TO OBJECT. THAT'S NOT A QUESTION,
14 AND THAT'S AN ARGUMENT. THAT'S HIS ARGUMENT.

15 BY COMMISSIONER LYNDON:

16 I THINK -- I BELIEVE THAT QUESTION WAS FRAMED
17 SOMEWHAT ALREADY EARLIER ON CROSS, TOO. SO, WE CAN
18 MOVE ON.

19 BY MR. ADDISON:

20 COMMISSIONER, THE POINT I'M TRYING TO GET TO IS
21 -- I THINK YOU'RE STATING THAT SHE -- YOU KNOW, HER
22 UNDERSTANDING SOMEHOW IS THAT THIS PUNCH -- BECAUSE
23 THE MACHINE WASN'T WORKING, THAT SOMEHOW WAS AN
24 EXCUSE. SHE HAD BEEN PAID BEFORE. THAT'S NOT THE
25 ISSUE. THE ISSUE IS THAT SHE TURNED IN A FALSE

1 DOCUMENT TO THE EMPLOYER, AND I WAS GOING TO ASK ONE
2 MORE QUESTION HERE AFTER THAT.

3 BY COMMISSIONER LYNDON:

4 WELL, SHE TESTIFIED UNDER OATH ON DIRECT THAT
5 SHE WAS UNDER THE IMPRESSION, AND I KNOW YOU'VE GOT
6 WITNESSES HERE, THAT NOT ONE, NOT TWO, BUT THREE,
7 AND I BELIEVE FOUR PEOPLE NOT ONLY KNEW SHE WAS
8 GOING TO GO TO THE DOCTOR, BUT IT WAS HER
9 UNDERSTANDING THAT SHE GOT PAID FOR IT. EVEN THOUGH
10 I KNOW SHE SIGNED SOMETHING EARLIER IN HER WORK
11 HISTORY SAYING WHEN YOU GO TO THE DOCTOR, YOU DON'T
12 DO IT. SHE TESTIFIED UNDER OATH THAT HER IMPRESSION
13 WAS THAT SHE WOULD GET PAID FOR THAT. HOW MANY
14 HOURS WAS IT THAT SHE WAS ACTUALLY GONE FROM THE
15 FACILITY?

16 BY MR. ADDISON:

17 ABOUT AN HOUR.

18 BY COMMISSIONER LYNDON:

19 ONE HOUR?

20 BY MR. CALHOUN:

21 ACTUALLY GONE ABOUT AN HOUR TO AN HOUR AND 15
22 MINUTES.

23 BY COMMISSIONER LYNDON:

24 ALL RIGHT.

25 BY MR. ADDISON:

1 AN HOUR AND 15 MINUTES.

2 BY COMMISSIONER LYNDON:

3 BUT GO AHEAD AND ASK YOUR SECOND QUESTION.

4 RE-CROSS EXAMINATION RESUMED BY MR. ADDISON:

5 Q. WHEN YOU HAD YOUR MEETING -- EXCUSE ME, THE DAY THAT
6 YOU HAD YOUR INJURY AND YOU WERE PROVIDED THE PACKET
7 OF MATERIALS THAT YOU SAID YOU DIDN'T HAVE TIME TO
8 READ, DID ANYBODY GO OVER THAT PACKET WITH YOU?

9 A. NO, THEY DID NOT.

10 Q. NO ONE SAT THERE AND SAID "HERE'S WHAT YOU'RE
11 SUPPOSED TO BE DOING"?

12 A. NO, THEY DID NOT.

13 Q. THEN WHY IS THERE ANOTHER SIGNATURE ON THERE, MA'AM?

14 A. THE SUPERVISOR BROUGHT ME THE PACKET. SHE SAT THERE
15 BESIDE ME WHILE I FILLED IT OUT. WELL, SHE WALKED
16 OFF A FEW TIMES. BUT SHE DID NOT ACTUALLY GUIDE ME
17 THROUGH THAT, BECAUSE SHE DIDN'T HAVE ANY
18 UNDERSTANDING OF THE WORKMAN'S COMP PAPERWORK
19 HERSELF.

20 Q. DID YOU ASK HER ANY QUESTIONS?

21 A. I ASKED HER A QUESTION ABOUT THE P.T.O. SHEET THAT
22 WAS IN THERE.

23 Q. DID YOU ---

24 A. AND SHE SAID SHE DID NOT KNOW. I WOULD HAVE TO WAIT
25 AND ASK LINDA BURR.

1 Q. OKAY. AND DID YOU ASK MS. BURR ---

2 A. I DID.

3 Q. --- THAT DAY?

4 A. I DID.

5 Q. OKAY. AND DID MS. BURR EXPLAIN THE PACKET ---

6 A. SHE TOLD ME ---

7 Q. --- TO YOU?

8 A. THE ONLY SHEET THAT I ASKED ABOUT WAS THE P.T.O.
9 SHEET, AND SHE TOLD ME THAT I WAS ELIGIBLE TO BE
10 PAID P.T.O. TIME IF I NEEDED IT, BECAUSE YOU ALWAYS
11 HAVE TO HAVE P.T.O. TIME APPROVED BEFORE YOU'RE
12 ALLOWED TO GET IT IF I NEEDED IT WHILE I WAS OUT IF
13 I WAS OUT OF WORK, AND IT HAD NOTHING TO DO WITH
14 WORKERS' COMP. THAT WAS MY QUESTION TO LINDA, AND
15 THAT WAS HER RESPONSE.

16 Q. OKAY. BUT YOUR STATEMENT EARLIER THAT NOBODY
17 EXPLAINED ANYTHING TO YOU IS NOT ACCURATE. YOU HAD
18 AN OPPORTUNITY TO DISCUSS THIS ON THE DATE OF THE
19 INJURY WITH THE EMPLOYER?

20 A. TO DISCUSS WHAT?

21 Q. THIS PACKET, THE MATERIALS THAT WERE PROVIDED TO YOU
22 BY THE EMPLOYER, ALL OF THESE THINGS YOU SIGNED
23 INCLUDING THE PIECE OF PAPER WHERE YOU INDICATED
24 THAT YOU UNDERSTOOD YOU WOULDN'T BE PAID FOR TIME
25 WHEN YOU WENT TO THE DOCTOR.

1 A. I WAS SUPPOSED TO TURN IT INTO LINDA BEFORE I LEFT.
2 SHE JUST GAVE ME A NAME OF A REPRESENTATIVE THAT
3 WOULD BE WORKING WITH ME AND TOLD ME WHERE TO GO TO
4 THE DOCTOR.

5 BY COMMISSIONER LYNDON:

6 WE NEED TO FAST FORWARD THIS. THERE WAS NO
7 EXTRA TIME ADDED, AND THESE CASES ---

8 BY MR. ADDISON:

9 I THINK I'M DONE, COMMISSIONER.

10 BY COMMISSIONER LYNDON:

11 --- USUALLY RUN ABOUT THREE HOURS, AND, YOU
12 KNOW, THEY'RE 30 MINUTE HEARINGS.

13 BY MR. ADDISON:

14 I THINK I'VE GOT WHAT I NEED ON IT. ALL RIGHT.
15 ANYTHING IN FOLLOW UP?

16 BY MR. CALHOUN:

17 NOTHING FURTHER.

18 BY COMMISSIONER LYNDON:

19 OKAY. YOU CAN STEP DOWN AND SIT BY YOUR
20 ATTORNEY.

21 AND YOU'VE GOT HOW MANY WITNESSES?

22 BY MR. ADDISON:

23 LINDA BURR, JUST ONE.

24 BY COMMISSIONER LYNDON:

25 I WANT TO LEAVE THAT OUTSIDE, BECAUSE HE --

1 LET'S GO OFF THE RECORD.

2 (OFF THE RECORD)

3 BY COMMISSIONER LYNDON:

4 DO YOU HAVE ANY OTHER WITNESSES?

5 BY MR. CALHOUN:

6 NO, YOUR HONOR.

7 BY COMMISSIONER LYNDON:

8 OKAY. HAVE A SEAT UP HERE, MA'AM. IF YOU
9 WOULD STATE YOUR FULL NAME FOR THE RECORD, PLEASE.

10 BY THE WITNESS:

11 MY NAME IS LINDA BURR.

12 BY COMMISSIONER LYNDON:

13 * * * * *

14 THE WITNESS WAS DULY SWORN TO TELL THE TRUTH, THE
15 WHOLE TRUTH, AND NOTHING BUT THE TRUTH CONCERNING THE
16 MATTER HEREIN:

17 LINDA BURR,

18 BEING FIRST DULY SWORN, TESTIFIED ON HER OATH AS FOLLOWS:

19 BY COMMISSIONER LYNDON:

20 ALL RIGHT. ANSWER ANY QUESTIONS MR. ADDISON

21 MAY HAVE, PLEASE.

22 DIRECT EXAMINATION BY MR. ADDISON:

23 Q. MS. BURR, WHAT DO YOU DO FOR A LIVING?

24 A. I'M A HUMAN RESOURCES DIRECTOR AT U-PAC TANGLEWOOD.

25 Q. HOW LONG HAVE YOU BEEN THERE?

1 A. NINE YEARS.

2 Q. DO YOU KNOW MS. RAMEY?

3 A. I DO.

4 Q. HOW LONG HAVE YOU KNOWN HER?

5 A. THE NINE YEARS THAT I'VE BEEN AT TANGLEWOOD.

6 Q. OKAY. ALL RIGHT. WHAT IS YOUR JOB THERE; WHAT DO

7 YOU SPECIFICALLY DO?

8 A. I HANDLE THE PERSONNEL RECORDS ALONG WITH ANY

9 WORKERS' COMP CLAIMS AND JUST MAINTAINING THE

10 PERSONNEL RECORDS.

11 Q. OKAY. AS A RESULT OF THAT, WERE YOU DEALING WITH

12 MS. RAMEY'S WORKERS' COMP CLAIM?

13 A. YES, I WAS.

14 Q. OKAY. DO YOU ROUTINELY FIRE PEOPLE FOR HAVING

15 WORKERS' COMP CLAIMS AT U-PAC TANGLEWOOD?

16 A. I'M SORRY; WHAT WAS THE QUESTION?

17 Q. DO YOU FIRE PEOPLE FOR HAVING WORKERS' COMPENSATION

18 CLAIMS ROUTINELY ---

19 A. OH, NO, SIR.

20 Q. --- AT TANGLEWOOD?

21 A. NO, SIR.

22 Q. ALL RIGHT. DO YOU HAVE ANY -- DO YOU PERSONALLY

23 HAVE ANY BELIEF TO SEE WHY MS. RAMEY MIGHT BE

24 CONCERNED THAT SHE MIGHT LOSE HER JOB BECAUSE SHE

25 HAD A WORKERS' COMP CLAIM?

1 A. NO, SIR.

2 Q. ALL RIGHT. ONCE SHE HAD HER INJURY ON THE DATE
3 MARCH THE 11TH, DID YOU DEAL WITH HER ON THAT DATE;
4 DID YOU SEE HER THAT DAY?

5 A. ON THE 11TH, I DON'T RECALL IF IT WAS ON THE 11TH.
6 I THINK IT WAS THE NEXT DAY.

7 Q. THE DAY SHE GOT INJURED, WHATEVER IT WAS.

8 A. YES.

9 Q. DID YOU TALK WITH HER THAT DAY?

10 A. YES.

11 Q. ALL RIGHT. AND DID YOU ARRANGE FOR HER TO HAVE
12 MEDICAL TREATMENT?

13 A. ALL OF THAT WAS HANDLED.

14 Q. OKAY. DID YOU DO THAT, OR DID SOMEBODY ELSE HANDLE
15 THAT?

16 A. I DID NOT. SOMEONE ELSE DID THAT.

17 Q. AND WHO ELSE WOULD HAVE DONE THAT?

18 A. I BELIEVE THAT WAS MS. ELKINS, THE UNIT SUPERVISOR.

19 Q. OKAY, ALL RIGHT. DID YOU DENY HER ANY MEDICAL
20 TREATMENT DURING THAT WEEK, THAT FIRST TIME FRAME?

21 A. NO, I DID NOT.

22 Q. ALL RIGHT. YOU ALLOWED HER TO SEE DOCTORS CARE.
23 WHEN SHE HAD SEEN DOCTORS CARE, WHAT DID YOU DO IN
24 TERMS OF TRYING TO MEET WHAT THE DOCTORS HAD
25 INDICATED SHE WAS CAPABLE TO AS AN EMPLOYEE?

1 A. WE WORK WITH THE EMPLOYEES ACCORDING TO THE
2 RESTRICTIONS THAT ARE GIVEN TO US BY THE DOCTORS,
3 AND WE DON'T CREATE JOBS, BUT WE DO PLACE THEM IN
4 OTHER AREAS WHERE THEY CAN WORK UNDER THE
5 RESTRICTIONS.

6 Q. HOW MANY PEOPLE WOULD YOU ESTIMATE THAT YOU'VE HAD
7 THAT HAD A WORKERS' COMP CLAIM THAT HAVE HAD SOME
8 SORT OF LIGHT DUTY WITHIN THE PAST TWO YEARS IN YOUR
9 FACILITY?

10 A. GOSH, WITHIN THE PAST TWO YEARS, I'D SAY BETWEEN SIX
11 AND EIGHT.

12 Q. OKAY. DO YOU TRY TO DO EVERYTHING YOU POSSIBLY CAN
13 TO MEET THE RESTRICTIONS AS PLACED BY THE EMPLOYER -
14 - OR EXCUSE ME, AS PLACED BY A DOCTOR ON AN EMPLOYEE
15 WHEN THEY HAVE A WORKERS' COMPENSATION CLAIM?

16 A. YES, SIR.

17 Q. IS THAT A POLICY OF JUST YOUR FACILITY, OR IS THAT A
18 POLICY OF U.H.S. PRUITT?

19 A. THAT'S A POLICY OF U.H.S. PRUITT.

20 Q. OKAY. AND U.H.S. PRUITT OWNS THE TANGLEWOOD
21 FACILITY?

22 A. THAT IS CORRECT.

23 Q. ALL RIGHT. WERE YOU INVOLVED IN THE TERMINATION OF
24 MS. RAMEY?

25 A. YES, SIR.

1 Q. OKAY. CAN YOU EXPLAIN TO THE COMMISSIONER WHY MS.
2 RAMEY WAS TERMINATED.

3 A. WE HAVE -- WE USE THE HAND-SCANNER CLOCKS, AND SHE
4 HAD PREVIOUSLY BEEN HAVING PROBLEMS CLOCKING IN AND
5 OUT. SO, WE HAD TO RE-SCAN HER HAND. BUT THIS DAY,
6 SHE HAD TURNED IN WHAT WE CALL A REQUEST TO MISSING
7 PUNCH OR TIME CORRECTION, AND SHE HAD STATED THAT
8 SHE WAS IN THE BUILDING -- I DON'T RECALL THE EXACT
9 TIME; I THINK FROM LIKE 7:30 TO 10:30. THEN LATER
10 ON, SHE TURNED IN A DOCTOR'S NOTE WHERE SHE HAD BEEN
11 AT THE DOCTOR. THE TIME ON THAT NOTE DIDN'T JUSTIFY
12 THAT SHE STATED SHE WAS IN THE BUILDING. SO, SHE
13 HAD FALSIFIED HER REQUEST FOR A CORRECTION TO COME
14 IN. SO, ONCE THAT WAS PRESENTED TO THE
15 ADMINISTRATOR, THE ADMINISTRATOR STATED THAT SHE
16 WOULD NEED TO BE TERMINATED FOR FALSIFYING A TIME
17 SHEET.

18 Q. OKAY. WHEN PEOPLE ARE ON WORKERS' COMPENSATION
19 CLAIMS, DO Y'ALL PROVIDE PAY TO THEM WHEN THEY GO TO
20 THE DOCTOR THROUGH THEIR PAY OR WHERE THEY CLOCK
21 INTO THE CLOCK?

22 A. NO, SIR.

23 Q. OKAY, ALL RIGHT. IS THERE A DOCUMENT GIVEN TO THE
24 EMPLOYEES AT THE TIME THAT THEY HAVE AN INJURY
25 INDICATING THAT?

1 A. THEY ARE GIVEN A PAMPHLET THAT SAYS WHAT TO DO WHEN
2 YOU'RE INJURED ON THE JOB. IT IS ALSO -- SOMEONE
3 GOES OVER IT WITH THEM, WHOEVER THEY TALK TO WHEN
4 IT'S CALLED IN.

5 Q. OKAY.

6 BY MR. ADDISON:

7 I'M GOING TO APPROACH, COMMISSIONER.

8 BY COMMISSIONER LYNDON:

9 MM-HMM.

10 DIRECT EXAMINATION RESUMED BY MR. ADDISON:

11 Q. I'M GOING TO SHOW YOU WHAT'S MARKED AS PAGE 136 OF
12 DEFENDANTS' APA. DO YOU RECOGNIZE THAT DOCUMENT?

13 A. YES, SIR.

14 Q. IS THAT SOMETHING THAT IS PART OF THE PACKET THAT
15 YOU PROVIDE -- THAT THE FACILITY PROVIDES THE
16 EMPLOYEE WHEN THEY'RE INJURED?

17 A. IT IS.

18 Q. OKAY. AND WOULD YOU AGREE WITH ME THAT PART OF WHAT
19 THAT STATES IS THAT WHEN YOU GO TO THE DOCTOR, YOU
20 WILL NOT BE PAID ON THE CLOCK?

21 A. THAT IS CORRECT.

22 Q. OKAY, ALL RIGHT. IS IT YOUR UNDERSTANDING THAT MS.
23 RAMEY SIGNED THIS DOCUMENT?

24 A. IT IS MY UNDERSTANDING THAT SHE DID.

25 Q. YOU WERE NOT THE PERSON WHO SIGNED THIS. SOMEONE

1 ELSE SIGNED HERE AT THE BOTTOM?

2 A. THAT'S MS. ELKINS.

3 Q. MS. ELKINS. DID YOU EVER DISCUSS THE PACKET THAT
4 DAY WITH -- THE PACKET OF MATERIALS THAT WERE GIVEN
5 TO MS. RAMEY, DID YOU DISCUSS IT WITH HER AT ALL ON
6 THE 11TH?

7 A. I DID NOT GO OVER IT. I DID ASK HER IF SHE HAD ANY
8 QUESTIONS.

9 Q. DID SHE TELL YOU IF SHE HAD ANY QUESTIONS?

10 A. NO, SIR.

11 Q. DID SHE SAY "I DON'T UNDERSTAND THIS. I WANT MORE
12 TIME TO GO OVER IT"?

13 A. NO, SIR.

14 Q. DID SHE SAY "I NEED SOMEBODY ELSE TO TALK TO ME
15 ABOUT IT"?

16 A. NO, SIR.

17 Q. DID SHE INDICATE ANYTHING TO YOU THAT WOULD SUGGEST
18 THAT SHE WAS HAVING ANY PROBLEMS OR DIFFICULTIES
19 UNDERSTANDING WHAT THE POSITION OF THE EMPLOYER WAS
20 WITH HER INJURY AND WHAT HER RESPONSIBILITIES WERE
21 ONCE SHE HAD AN INJURY?

22 A. NO, SIR.

23 Q. IN THAT NEXT SEVEN DAYS, AT ANY POINT, DID SHE COME
24 TO YOU AND TELL YOU "I HAVE CONCERNS ABOUT WHAT'S
25 GOING ON WITH ME WITH MY INJURY AND HOW I'M BEING

1 USED IN THE FACILITY"?

2 A. SHE WANTED TO GET BACK OUT ON THE FLOOR. SHE DIDN'T
3 WANT TO WORK THE MODIFIED DUTY. SHE WANTED TO GET
4 BACK ON THE FLOOR ON HER MED CART.

5 Q. WHAT DOES THAT MEAN?

6 A. I MEAN, SHE KEPT SAYING SHE WAS FINE. SHE WANTED TO
7 GO BACK TO WORK.

8 Q. MEANING GO ---

9 A. AND I TOLD HER I COULDN'T PUT HER BACK TO REGULAR
10 DUTY UNTIL I HAD SOMETHING FROM THE DOCTOR RELEASING
11 HER.

12 Q. AND WHAT WERE YOU HAVING HER DO?

13 A. MOSTLY PAPERWORK. WITH RESTRICTIONS THAT SHE HAD,
14 SHE COULDN'T PUSH THE MED CART. SO, THE NURSING
15 SUPERVISORS WOULD HAVE HER FILING PAPERWORK OR
16 WHATEVER.

17 Q. ALL RIGHT. AND THE RESTRICTIONS YOU HAD WERE ONES
18 THAT HAD BEEN GIVEN TO YOU BY DOCTORS CARE?

19 A. THAT'S CORRECT.

20 Q. AND THOSE RESTRICTIONS ARE AS LISTED IN THE
21 PLAINTIFF'S APAs. DID YOU HAVE ANY UNDERSTANDING
22 DIFFERENTLY THAT SHE COULD -- "NO LIFTING MORE THAN
23 10 POUNDS, GROUND-LEVEL WORK ONLY, NO REPETITIVE
24 BENDING, STOOPING, SQUATTING," WHAT ALL THE STUFF
25 SAYS ON THIS THING?

1 A. CORRECT.

2 Q. AND SHE HAD NO USE OF HER RIGHT ARM. WERE YOU
3 HAVING HER USE HER RIGHT ARM TO DO THESE CHARTS THAT
4 SHE WAS DOING?

5 A. SHE WAS TOLD NOT TO.

6 Q. OKAY. DID YOU TELL HER, YOU KNOW, ---

7 A. I ALWAYS ADVISE EVERY ONE OF THEM TO STICK WITH THE
8 RESTRICTIONS, AND IF THERE ARE ANY PROBLEMS WITH
9 SOMETHING THAT THEY'VE BEEN GIVEN TO DO, THEY SHOULD
10 COME BACK TO ME SO THAT I CAN DISCUSS IT FURTHER
11 WITH ANYONE THAT'S GIVING THEM WORK TO DO.

12 Q. OKAY. DID SHE EVER COME TO YOU IN THAT SEVEN-DAY
13 PERIOD AND SPECIFICALLY STATE "I'M HAVING TROUBLE
14 DOING THE JOB THAT I'M DOING. I DON'T WANT TO DO
15 WHAT I'M DOING. YOU NEED TO HAVE ME DO SOME OTHER
16 MODIFIED DUTY"?

17 A. NO, SIR.

18 Q. OKAY. FROM WHAT YOU JUST TOLD ME, THE ONLY THING
19 SHE DISCUSSED WITH YOU DURING THAT WEEK WAS THAT SHE
20 FELT FINE AND THAT SHE WANTED TO RETURN TO HER
21 REGULAR JOB?

22 A. THAT'S CORRECT.

23 Q. ALL RIGHT. YOU RECEIVED A NOTE FROM -- ON THE 18TH;
24 IS THAT CORRECT, FROM DOCTORS CARE?

25 A. CORRECT.

1 Q. WAS IT YOUR UNDERSTANDING THAT DOCTORS CARE HAD
2 RELEASED HER TO REGULAR DUTY AS OF MARCH THE 18TH OF
3 2011?

4 A. THAT IS CORRECT.

5 Q. ALL RIGHT. DID YOU RECEIVE ANYTHING DIFFERENT FROM
6 DOCTORS CARE AS TO THAT DATE, AS TO AN INDICATION
7 THAT SHE WAS NOT CAPABLE OF WORKING FULL DUTY?

8 A. NO, SIR.

9 Q. ALL RIGHT. IF THE DOCTOR WROTE ON THE 18TH THAT THE
10 PATIENT WAS REQUESTING TO BE ABLE TO RETURN TO FULL-
11 DUTY WORK, WOULD THAT BE CONSISTENT WITH WHAT SHE
12 WAS TELLING YOU AT THE FACILITY THAT SHE WANTED TO
13 DO THAT?

14 A. YES, SIR.

15 Q. ALL RIGHT. HAD YOU EVER TERMINATED ANYBODY AT THIS
16 FACILITY BEFORE FOR FALSE -- FOR SUBMITTING A FALSE
17 TIME REQUEST?

18 A. YES, SIR, WE HAVE.

19 Q. HOW MANY TIMES HAVE YOU DONE THAT IN THE PAST?

20 A. I'D SAY OVER THE LAST NINE YEARS PROBABLY THREE TO
21 FIVE.

22 Q. OKAY. WHY IS THAT IMPORTANT TO THIS -- TO YOUR
23 COMPANY? WHY IS IT IMPORTANT THAT SOMEONE NOT
24 FALSIFY A TIME SHEET?

25 A. WELL, NOT ONLY ARE THEY DOCUMENTING WITH THEIR TIME

1 SHEETS, BUT MOST OF THEM ARE DOCUMENTING IN OTHER
2 AREAS THAT WE DON'T NEED FALSIFICATION OF RECORDS ON
3 EITHER.

4 Q. WHAT DO YOU MEAN BY "OTHER AREAS"?

5 A. WELL, LIKE IN NURSING, WE'RE GOVERNED BY DHEC. I
6 MEAN, THE CHARTS AND ALL THAT THEY DOCUMENT IN HAVE
7 TO BE ACCURATE.

8 Q. OKAY. IS IT A PRETTY BIG DEAL IF SOMEBODY FALSIFIES
9 ANY KIND OF DOCUMENT ---

10 A. YES, SIR.

11 Q. --- WITHIN U.H.S. PRUITT?

12 A. YES, SIR.

13 Q. ALL RIGHT. IS THAT, TO YOUR KNOWLEDGE, A SPECIFIC
14 GROUNDS FOR TERMINATION ---

15 A. YES, SIR.

16 Q. --- FOR FALSIFICATION OF ANY DOCUMENT?

17 A. THAT IS A PRUITT POLICY.

18 Q. OKAY. ALL RIGHT. YOU'VE BEEN AT THE FACILITY FOR A
19 LONG TIME. YOU WERE THERE WHEN MS. RAMEY GOT HER
20 SCHOLARSHIP TO BE AN R.N.?

21 A. YES, SIR.

22 Q. IS THAT A PRETTY BIG DEAL GETTING THAT SCHOLARSHIP?

23 A. SURE IT IS.

24 Q. I MEAN, IS THAT A LOT OF MONEY THAT THE COMPANY
25 SPENDS ON SOMEONE?

1 A. I IMAGINE IT IS, YES.

2 Q. OKAY. SO, YOU'VE MADE -- THE COMPANY HAS MADE AN
3 INVESTMENT IN EHR AS AN EMPLOYEE?

4 A. YES.

5 Q. A FAIRLY SUBSTANTIAL INVESTMENT?

6 A. YES, SIR.

7 Q. BASED UPON THAT, WOULD YOU -- I MEAN, DO YOU
8 ROUTINELY INVEST A BUNCH OF MONEY IN PEOPLE AND THEN
9 FIRE THEM AT THE FACILITY?

10 A. NO, SIR.

11 Q. OKAY, ALL RIGHT.

12 BY MR. ADDISON:

13 THAT'S ALL I HAVE, COMMISSIONER.

14 BY COMMISSIONER LYNDON:

15 OKAY.

16 BY MR. CALHOUN:

17 I'LL BE AS BRIEF AS I CAN, COMMISSIONER.

18 CROSS EXAMINATION BY MR. CALHOUN:

19 Q. MS. BURR, WE TOOK YOUR DEPOSITION JUST THIS PAST
20 FRIDAY MORNING, CORRECT?

21 A. THAT IS CORRECT.

22 Q. AND THAT'S WHEN YOU GAVE US SEVERAL OF THE DOCUMENTS
23 THAT YOU JUST TESTIFIED ABOUT, CORRECT?

24 A. YES, SIR.

25 Q. AND ONE OF THE THINGS THAT YOU SAID IN YOUR

1 DEPOSITION IS THAT DURING THE NINE YEARS THAT YOU
2 AND MS. RAMEY HAVE WORKED TOGETHER, YOU CANNOT EVER
3 REMEMBER HER COMPLAINING ABOUT HER BACK; IS THAT
4 CORRECT?

5 A. THAT IS CORRECT.

6 Q. OKAY. AND YOU ALSO TESTIFIED IN YOUR DEPOSITION
7 THAT THE REASON SHE WAS TERMINATED WAS BECAUSE
8 EMPLOYEES ARE NOT ALLOWED TO BE PAID FOR TIME THEY
9 MISSED FROM WORK FOR MEDICAL TREATMENT FOR WORKERS'
10 COMP?

11 A. NO, SIR. SHE WAS NOT TERMINATED FOR THAT. SHE WAS
12 TERMINATED FOR FALSIFYING A TIME SHEET.

13 Q. OKAY. WELL, IF ---

14 BY MR. CALHOUN:

15 COMMISSIONER, IF YOU LOOK AT PAGE 15, LINES SIX
16 THROUGH 13.

17 CROSS EXAMINATION RESUMED BY MR. CALHOUN:

18 Q. IN YOUR DEPOSITION TESTIMONY, MS. BURR, WOULD YOU
19 LIKE ME TO READ IT TO YOU VERBATIM?

20 A. THAT'S FINE.

21 Q. OKAY.

22 BY MR. ADDISON:

23 I'LL HAND HER MY COPY, COMMISSIONER.

24 BY COMMISSIONER LYNDON:

25 ALL RIGHT.

1 BY MR. ADDISON:

2 FIFTEEN -- PAGE 15?

3 BY MR. CALHOUN:

4 YES.

5 CROSS EXAMINATION RESUMED BY MR. CALHOUN:

6 Q. LINE SIX STATES "OKAY. AND YOUR UNDERSTANDING AT
7 THAT TIME WAS THAT AN EMPLOYEE WAS NOT TO BE PAID
8 FOR ANY TIME THAT THEY'RE RECEIVING TREATMENT ON A
9 WORKERS' COMPENSATION CLAIM?" YOUR ANSWER, "THAT IS
10 CORRECT." QUESTION, "ALL RIGHT. AND IS THAT YOUR
11 UNDERSTANDING OR OPINION AS YOU SIT HERE TODAY?"
12 "YES, IT IS." SO, YOU STATED ON FRIDAY THAT
13 EMPLOYEES ARE NOT TO BE PAID FOR TIME THAT THEY'VE
14 MISSED FROM WORK TO RECEIVE MEDICAL TREATMENT ON
15 WORKERS' COMPENSATION CASES?

16 A. THAT IS CORRECT. I AGREE WITH THAT.

17 Q. YOU AGREE WITH THAT.

18 A. YOU ASKED ME WAS SHE TERMINATED FOR THAT. SHE
19 WASN'T TERMINATED FOR THAT.

20 Q. OKAY. AND THE REASON SHE WAS TERMINATED IS THAT
21 YOU'VE ALLEGED THAT SHE HAS FALSIFIED HER TIME
22 SHEET; ISN'T THAT CORRECT?

23 A. THAT IS CORRECT.

24 Q. OKAY. AND IN ORDER TO FALSIFY A DOCUMENT, YOU ARE
25 TRYING TO DECEIVE SOMEONE; IS THAT CORRECT?

- 1 A. CORRECT.
- 2 Q. AND YOU KNEW THAT SHE HAD A DOCTOR'S APPOINTMENT ON
- 3 THE 18TH, CORRECT?
- 4 A. I WAS AWARE THAT SHE HAD ONE COMING UP.
- 5 Q. OKAY. AND YOU TESTIFIED FRIDAY ---
- 6 A. YES.
- 7 Q. --- YOU KNEW SHE WAS GOING TO THE DOCTOR ON THE
- 8 MORNING OF THE 18TH, RIGHT?
- 9 A. THAT IS CORRECT.
- 10 Q. AND IF YOU KNEW SHE WAS GOING TO THE DOCTORS ON THE
- 11 MORNING OF THE 18TH, AND HER TWO SUPERVISORS KNEW
- 12 SHE WAS GOING, THEN IT WASN'T ANY SECRET THAT SHE
- 13 HAD A DOCTOR'S APPOINTMENT THAT MORNING, CORRECT?
- 14 A. THAT IS CORRECT.
- 15 Q. OKAY. SO, TO PUT THE WRONG TIME ON HER TIME SHEET
- 16 WHEN EVERYBODY KNEW SHE WAS GOING TO THE DOCTOR,
- 17 DOESN'T REALLY INDICATE SOMEONE WHO IS TRYING TO
- 18 DECEIVE ANYBODY, DOES IT?
- 19 A. I WOULD SAY NOT, BUT I WAS NOT AWARE OF WHAT TIME
- 20 HER DOCTOR'S APPOINTMENT WAS.
- 21 Q. IN FACT, IT WOULD BE PROFESSIONAL SUICIDE TO DO
- 22 THAT, TO TELL EVERYBODY THAT YOU'RE -- I MEAN, THAT
- 23 YOU DIDN'T GO TO THE DOCTOR WHEN EVERYBODY KNEW THAT
- 24 YOU WENT TO THE DOCTOR.
- 25 A. OKAY.

- 1 Q. OKAY. SO, IT WASN'T ANY SECRET TO YOU OR ANYONE
2 ELSE THAT SHE HAD A DOCTOR'S APPOINTMENT THAT
3 MORNING, CORRECT?
- 4 A. THAT SHE HAD ONE THAT MORNING, THAT IS CORRECT.
- 5 Q. OKAY. AND SHE HAS WORKED FOR YOUR FACILITY FOR NINE
6 YEARS, CORRECT?
- 7 A. SHE'S BEEN THERE -- YEAH, ABOUT THE SAME LENGTH OF
8 TIME.
- 9 Q. OKAY. AND YOU DON'T FIND IT STRANGE THAT SHE WAS
10 FIRED TEN DAYS AFTER HER WORKERS' COMP CASE?
- 11 A. I DO NOT.
- 12 Q. OKAY. AND HER T.T.D. BENEFITS ARE ACTUALLY --
13 TYPICALLY DON'T START UNTIL 14 DAYS AFTER HER DATE
14 OF INJURY, CORRECT?
- 15 A. OKAY.
- 16 Q. OKAY. AND SHE WAS FIRED 11 DAYS AFTER HER INJURY.
- 17 A. THAT HAD NO BEARING ON WHY SHE WAS TERMINATED.
- 18 Q. OKAY.
- 19 BY MR. CALHOUN:
- 20 THAT'S ALL I HAVE, COMMISSIONER.
- 21 BY COMMISSIONER LYNDON:
- 22 OKAY.
- 23 RE-DIRECT EXAMINATION BY MR. ADDISON:
- 24 Q. YOU'VE DEALT WITH A LOT OF WORKERS' COMP CLAIMS,
25 CORRECT?

1 A. YES, SIR.

2 Q. DO PEOPLE GET PAID TEMPORARY TOTAL DISABILITY WHEN

3 THEY'VE BEEN RETURNED TO FULL DUTY?

4 A. NO, SIR.

5 Q. WAS SHE RETURNED TO FULL DUTY ON MARCH THE 18TH ---

6 A. YES.

7 Q. --- BY THE DOCTOR THAT SAW HER MARCH THE 18TH?

8 A. YES, SIR.

9 Q. SO, SPECULATION THAT SOMEHOW WE FIRED HER BECAUSE

10 SHE WAS GOING TO BE GETTING T.T.D. IS NOT BASED ON

11 ANYTHING PER WHAT YOU KNOW, IS IT?

12 A. NO, SIR.

13 Q. AS FAR AS YOU KNOW, ON MARCH 18TH, SHE WAS RETURNING

14 TO HER REGULAR JOB?

15 A. THAT IS CORRECT.

16 Q. PER THE TREATING PHYSICIAN'S RELEASE OF HER TO HER

17 REGULAR JOB ON THAT DATE?

18 A. THAT IS CORRECT.

19 BY MR. ADDISON:

20 THAT'S ALL I HAVE, COMMISSIONER.

21 BY COMMISSIONER LYNDON:

22 OKAY.

23 BY MR. CALHOUN:

24 COMMISSIONER, FOR THE RECORD, ON PAGE 14, LINES

25 ONE THROUGH 18, IN ADDITION TO THE LANGUAGE ON PAGE

1 15, IT ALL CLEARLY STATES THAT MS. BURR TOLD MS.
2 RAMEY THE DAY THAT SHE WAS FIRED THAT SHE WAS FIRED
3 FOR REQUESTING TIME WHILE SHE WAS OUT SEEING A
4 DOCTOR ON A WORKERS' COMP CASE. IN OTHER WORDS, HER
5 DEPOSITION CORROBORATES WHAT MS. RAMEY TESTIFIED AS
6 THAT WAS THE REASON THAT SHE WAS TERMINATED.

7 BY COMMISSIONER LYNDON:

8 WERE THERE ANY OTHER QUESTIONS?

9 BY MR. ADDISON:

10 I JUST -- COMMISSIONER, I THINK THE DEPOSITION
11 SPEAKS FOR ITSELF, AND I THINK SHE'S TESTIFIED BOTH
12 IN THE DEPOSITION AND HERE TODAY WAS THE REASON SHE
13 WAS FIRED WAS TURNING IN A FALSE TIME SHEET.
14 WHETHER IT OCCURRED DURING A DOCTOR'S APPOINTMENT OR
15 NOT DOESN'T MATTER.

16 BY COMMISSIONER LYNDON:

17 I MEAN, I UNDERSTAND THAT. I UNDERSTAND THAT
18 PERFECTLY. HAD IT BEEN FIVE MINUTES OR HAD IT BEEN
19 A FULL DAY, APPARENTLY IT WOULDN'T HAVE MATTERED
20 EITHER. I MEAN, THAT'S JUST APPARENTLY THE WAY IT
21 WAS. EXPLAIN TO ME AGAIN, AND I'LL ASK EITHER
22 PERSON. IT WAS MY IMPRESSION FOR WHATEVER REASON
23 THE CLAIMANT STILL WAS ON LIGHT DUTY. I MEAN, SHE
24 ASKED THE DOCTOR, AND I BELIEVE HER TESTIMONY WAS
25 THAT SHE WANTED TO HELP OUT; THEY WERE SHORT OR

1 WHATEVER, TO GO BACK ON REGULAR DUTY, BUT WAS SHE
2 EVER -- THE DOCTOR SAID "RETURN TO FULL DUTY,"
3 RIGHT?

4 BY MR. ADDISON:

5 RIGHT.

6 BY COMMISSIONER LYNDON:

7 BUT SHE NEVER GOT TO DO THAT, RIGHT?

8 BY MR. ADDISON:

9 NO, SHE WORKED -- THERE WERE THREE DAYS. SHE
10 WORKED THE 18TH, AND SHE WASN'T FIRED UNTIL THE
11 21ST.

12 BY COMMISSIONER LYNDON:

13 SHE WORKED FULL DUTY THOSE THREE DAYS?

14 BY MR. ADDISON:

15 AS FAR AS I KNOW. SHE WORKED THAT WEEKEND.

16 BY MR. CALHOUN:

17 SHE WORKED THE NEXT TWO DAYS, AND THEN SHE WAS
18 FIRED ON THE THIRD DAY, THE 21ST.

19 BY COMMISSIONER LYNDON:

20 BUT IT'S MY UNDERSTANDING THAT THE REASON SHE
21 WAS PUT ON FULL DUTY IS THAT SHE ASKED TO BE PUT ON
22 FULL DUTY. IS THAT -- IS THAT CORRECT?

23 BY MR. ADDISON:

24 THAT'S WHAT THE MEDICAL RECORDS REFLECT.

25 EXAMINATION BY COMMISSIONER LYNDON:

1 Q. MA'AM, YOU SAID THAT THREE PEOPLE IN THE LAST NINE
2 YEARS -- ROUGHLY YOU GUESSED ABOUT THREE?

3 A. YES, SIR.

4 Q. HAD BEEN FIRED FOR FALSIFYING RECORDS?

5 A. YES, SIR.

6 Q. NONE WERE WORKERS' COMP CASES?

7 A. NO, SIR.

8 Q. OR DO YOU KNOW?

9 A. I KNOW THAT THEY WEREN'T WORKERS' COMP CASES.

10 Q. AND DO YOU KNOW HOW MUCH TIME ROUGHLY THAT JUST OUT
11 OF CURIOSITY WAS FALSIFIED?

12 A. FULL SHIFTS ON THOSE.

13 Q. SO, BIG JAGS OF TIME, LIKE EIGHT HOURS?

14 A. YES, SIR.

15 Q. OR WAS IT 12-HOUR SHIFTS?

16 A. EIGHT-HOUR SHIFTS. AND WE'VE TERMINATED FOR
17 FALSIFYING DOCUMENTS OF OTHER NATURES AS WELL.

18 Q. RIGHT.

19 BY COMMISSIONER LYNDON:

20 I DON'T THINK I HAVE ANY OTHER QUESTIONS UNLESS
21 Y'ALL DO.

22 BY MR. CALHOUN:

23 NO, SIR.

24 BY MR. ADDISON:

25 NONE FROM THE DEFENDANTS.

1 BY COMMISSIONER LYNDON:

2 OKAY. IF THERE IS NOTHING ELSE, THEN THAT
3 CONCLUDES THE HEARING. THANK YOU VERY MUCH. GOOD
4 LUCK TO YOU, MA'AM.

5 (THERE BEING NO FURTHER QUESTIONS, THIS HEARING WAS
6 CONCLUDED AT THE HOUR OF 1:15 P.M.)

CERTIFICATE OF NOTARY PUBLIC
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
COLUMBIA, SOUTH CAROLINA
WCC FILE NO. 1103442

EMPLOYEE/CLAIMANT: GAYLA RAMEY

EMPLOYER: UNIHEALTH POST-ACUTE CARE TANGLEWOOD

INSURER: AMERICAN ZURICH INSURANCE COMPANY

I, JAN L. WHITWORTH, A NOTARY PUBLIC FOR THE STATE OF SOUTH CAROLINA, DULY COMMISSIONED AND QUALIFIED AS SUCH, DO HEREBY CERTIFY THAT THE FOREGOING 81 PAGES REPRESENTS A TRUE AND ACCURATE TRANSCRIPT OF THE FOREGOING HEARING OF GAYLA RAMEY TAKEN ON THE 10TH DAY OF AUGUST, 2011.

THAT THE WITNESS WAS DULY PLACED UNDER OATH AND ADMONISHED TO SPEAK THE WHOLE TRUTH. THAT THE ORAL HEARING WAS DULY TAKEN AND TRANSCRIBED AS TO THE QUESTIONS PROPOUNDED AND THE ANSWERS GIVEN.

THAT ALL THE OFFERED EXHIBITS, STIPULATIONS AND OBJECTIONS, IF ANY, INVOLVED IN THIS CASE ARE DULY ATTACHED OR INCLUDED HEREIN.

IN WITNESS WHEREOF, I HAVE SET MY HAND THIS 29TH DAY OF AUGUST, 2011.

JAN L. WHITWORTH
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: 3-12-2014

* THIS TRANSCRIPT MAY CONTAIN QUOTED MATERIAL. SUCH MATERIAL IS REPRODUCED AS READ OR QUOTED BY THE SPEAKER.

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1103442

GAYLA RAMEY	)	
	)	
CLAIMANT,	)	SC WORKERS' COMPENSATION COMMISSION
	)	
VS.	)	HEARING OF
	)	
UNIHEALTH POST-ACUTE	)	GAYLA RAMEY
CARE TANGLEWOOD	)	
EMPLOYER,	)	
	)	VS
AND	)	
	)	
ZURICH AMERICAN INS	)	UNIHEALTH POST-ACUTE CARE TANGLEWOOD
	)	
<u>CARRIER.</u>	)	

This is the Transcript of the South Carolina workers' Compensation Hearing of Gayla Ramey versus Unihealth Post-Acute Care Tanglewood, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 8:57 A.M., Tuesday, March 20, 2012, at South Carolina Workers' Compensation Commission, 1333 Main Street Columbia, South Carolina.

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COMMISSIONERS PRESENT:

T. Scott Beck, Chairman
Andrea Pope Roche
Avery Wilkerson

*Reporter's Note: -- Indicates incomplete thought or sentence, trailing off or interruption by speakers.

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STIPULATIONS

Commissioner Beck: All right, please call the case.

Court Reporter: Today is Tuesday, March 20th, 2012. This is South Carolina Workers' Compensation case number 1103442. This is the case of Gayla Ramey, Claimant versus Unihealth Post-Acute Care Tanglewood and Zurich American Insurance Company is the Carrier. This is a cross appeal. The First Appellant is the Defendant represented by R. Daniel Addison. The Second Appellant is the Claimant represented by Mark R. Calhoun. Each side is allowed eight (8) minutes for oral argument with two (2) minutes in reply. You are requested to argue the grounds of exception and stay within the record. The single hearing Commissioner was Commissioner was Commissioner Lyndon.

Commissioner Beck: Mr. Addison.

ARGUMENT FOR THE FIRST APPELLANT

By Mr. Addison:

May it please the Commission? Commissioners, I appealed several things but primarily the main thing that we have an appeal on is the finding that the Claimant was entitled to temporary total

1 disability benefits subsequent to her termination.
2 I've cited quite a bit of stuff in my brief on
3 that particular issue but I'm kind of -- kind of
4 honing in on one (1) thing. If you look at the
5 date, the -- the -- basically the current
6 chronological order of what happened here. There
7 was an injury; she had a slip and fall injury
8 where she slipped and fell, indicated she had
9 injured her low back and her right arm in -- in
10 catching herself when she went down. And we sent
11 her to the doctor; she went to Doctor's Care and
12 was treating. She is an RN; she -- she has worked
13 in this facility for some period of time. She
14 actually got her RN through the facility; they
15 actually helped pay for her to get her RN degree.
16 She was working on the floor doing her regular --
17 this is a nursing home; it's a Medicare nursing
18 home where she was working doing basic RN duties.
19 She went to the doctor two (2) separate times to
20 Doctor's Care. On the second time she told them
21 that she was feeling a good bit better and that
22 she felt like she could do her full duty job. She
23 goes back to the facility and they give her her
24 full duty job. In that next week she was working
25 her full duty job and then some events occurred

1 that got her terminated. Quite frankly, I mean,
2 we went through a lot of information at the
3 hearing about that particular incidence.
4 Commissioner Lyndon said that he didn't think that
5 the -- that what she did rose to the level of
6 being a terminable offense but he basically didn't
7 speak that; he just said that he didn't think that
8 it interfered with her employment such that it
9 evoked 42-9-190 such that she was refusing
10 suitable employment. Our position was that in
11 essence it did; we said that she had falsified
12 some records. The falsification was her turning
13 in time sheets instead of -- they have a hand
14 system where they put their hand up on some type
15 of reading device and it reads that it's you; it
16 basically reads your palm print and says its you
17 and that's how they clock in and out of the
18 facility. That particular week the clock
19 mechanism was not working for her; when she put
20 her hand on it it wouldn't register. She went to
21 the doctor for one of the appointments with our
22 position and they have all these no clock out
23 policies when someone goes to the doctor. I don't
24 -- I'm not going to stand here and tell you all
25 that I think it's probably something that you all

1 wouldn't order us to pay for; however, what she
2 did when she turned in time sheets that said that
3 she was at work working when she was actually at
4 the doctor. It was a very brief period of time
5 but the employer at corporate said -- not the
6 local facility but corporate said this is a
7 violation of policy, we can't allow -- we can't
8 kind of look the other way because somebody is on
9 workers' Comp, we've got to follow policy and she
10 has to be terminated; so, the local facility
11 terminated her for that reason. They -- there was
12 testimony from someone from the facility that they
13 do terminate people for those types of things.
14 Ms. Burr, who testified, said basically if it was
15 up to her she probably wouldn't have terminated
16 her but she was told by corporate that she had to
17 terminate her because that is policy. Mrs. Ramey
18 is terminated by the facility. She then goes back
19 to the doctor and her complaints become what --
20 and should be no surprise to anyone, considerably
21 worse. She is saying that she's much worse off;
22 she feels a whole lot worse and the doctor then
23 puts her on some restricted duty at that point.
24 That's what Commissioner Lyndon based his decision
25 on why she should be on TT is because she had gone

1 back to the doctor and they had increased her
2 restrictions and said that she was no longer on
3 full duty. My argument to you all is that that
4 was a self-serving statement by the Claimant to
5 the physicians. She clearly told them on the
6 visit prior to the termination --

7 Commissioner Wilkerson: whose doctor was it?

8 Mr. Addison: -- it was ours.

9 Commissioner Wilkerson: Okay.

10 Mr. Addison: It was Doctor's Care is where
11 she was going and the visit before, and I've put
12 all of this in my brief, the visit before she told
13 them that she was feeling a whole lot better and
14 felt like she could do full duty without any
15 problem and she wanted to return to full duty;
16 basically begged them to return her to full duty.
17 They put her back on full duty and then the
18 termination occurs and when she goes back to the
19 doctor after the termination all of a sudden it's
20 a woe is me, I'm awful, I can't do anything
21 statement to the doctor and the doctor is going --
22 did what any doctor is going to do in that
23 situation, he says, okay, you feel worse; I'm
24 going to write you out of work and that's where we
25 have the TT statement from that point until now.

1 We are providing her additional medical; at the
2 time of the hearing we agreed to provide her some
3 additional medicals. We're continuing to pay
4 medical for her --

5 Commissioner Wilkerson: But even your person
6 at the facility said that if she had made the
7 decision she would not have terminated her.

8 Mr. Addison: -- she alluded to that. She
9 didn't say it specifically that way, Commissioner,
10 I'm just -- I was kind of trying to be as honest
11 as I could --

12 Commissioner Wilkerson: Okay.

13 Mr. Addison: -- about what Linda Burr said.
14 She said basically she was told I have to fire
15 this person to follow corporate policy; this is
16 corporate policy, bam, bam, bam. And whether or
17 not the decision itself was a good decision I
18 think a -- a -- you know, clearly the policy was
19 there, everybody, you know, there was no contrary
20 evidence that there wasn't a policy of the
21 facility -- of the Employer. This is a fifteen
22 thousand (15,000) employee nursing home company;
23 they have a hundred and twenty-five (125)
24 facilities all over the southeast. So, it's not a
25 small company and they are following what they --

1 you know, what was corporate policy. If some --
2 if somebody false -- turns in falsified records
3 regarding any kind of time sheet it's an automatic
4 terminable offense; it's just a, bam, you've got
5 to do it. And that's what they turned -- and
6 that's what they told the facility; you can't --
7 you know, we can't make an exception. I think the
8 bigger issue is really just her -- her own
9 statements. I asked her at the hearing, I said,
10 you know, you went to the doctor and told him you
11 felt a lot better -- excuse me; I've got a giant
12 frog in my throat this morning. You told them you
13 felt a whole lot better before you got fired and
14 told them you wanted to work full duty. Her
15 statements at the hearing were, I never told them
16 any of that; that that's all made up. You all
17 know how we do that in hearings all the time with
18 the Claimants; we always cross them with medical
19 records and if the medical records aren't lining
20 up the only person that has a self-serving
21 interest is the Claimant, not the physician. It
22 wasn't like the physician got a call from the
23 facility that said gen up some records so that we
24 can fight up a workers' Comp claim down the road.
25 We were providing her benefits at the time. There

1 wasn't really any issue until she got fired. And
2 so, my position was -- at the hearing with
3 Commissioner Lyndon was I thought that was the
4 most important factor was she was able to work
5 full duty and worked full duty for one (1) week
6 before she got fired and then when she --

7 Commissioner Roche: Yes, but I think the
8 fire -- I agree, I think the firing is a red
9 herring; I don't think it has anything to do with
10 anything.

11 Commissioner Wilkerson: Yes, I don't either.

12 Commissioner Roche: What you do have is you
13 have somebody that's not working --

14 Mr. Addison: -- yes.

15 Commissioner Roche: -- who was on full duty,
16 not working, gets written out to light duty.

17 Mr. Addison: No, she was working. She
18 actually was working.

19 Commissioner Roche: -- I know. Well, then
20 she was fired.

21 Mr. Addison: Right.

22 Commissioner Roche: She wasn't working after
23 she was fired.

24 Mr. Addison: Right.

25 Commissioner Roche: So, there was a period

1 of time when she was on full duty and not working
2 because she got fired. And then she got on light
3 duty?

4 Mr. Addison: Right, for a couple of days --

5 Commissioner Roche: Right.

6 Mr. Addison: -- like three (3) or four (4)
7 days.

8 Commissioner Roche: And then, the doctor
9 wrote her out at light duty. Now, your whole
10 point is, the only reason he wrote her out at
11 light duty is because she's -- she's telling him
12 she can't work and that's not true?

13 Mr. Addison: Correct.

14 Commissioner Roche: Now, Commissioner Lyndon
15 found that she was credible.

16 Mr. Addison: Right.

17 Commissioner Roche: Now, you tell me what --
18 that's -- that's the error; if -- if there is an
19 error that's the error and I think the firing
20 really doesn't have anything to do with it.

21 Mr. Addison: I think the credibility because
22 I -- again, it's back to the self-serving
23 statements, Commissioner. If you look at the
24 record I -- I crossed her on that particular issue
25 about what the record said and she kept trying to

1 say I never told the doctors I felt better and --
2 when they put me on full duty. She was basically
3 trying to assert I was never really on full duty
4 or shouldn't have been on full duty. I never told
5 the doctors any of the stuff that I told them
6 before I got fired and -- and she clearly did. I
7 mean, the medical records speak -- you know, as we
8 all say, speak for themselves. The medical
9 records state she came in before she was
10 terminated and told them I feel a whole lot
11 better; I want to work full duty. Would you
12 please write me out to full duty? And the doctor
13 did; he put her on full duty and she then worked
14 full duty up until this termination occurred.

15 Commissioner Wilkerson: Was the hand scanner
16 malfunctioning or that --

17 Mr. Addison: It was malfunctioning and we
18 agreed to that.

19 Commissioner Wilkerson: -- okay.

20 Mr. Addison: All that was -- you know, was
21 clearly was going on and the Claimant agreed that
22 she had turned in these records; that she actually
23 turned in records. She just -- her belief was --
24 is that she wasn't really violating anything by
25 turning in her time at the doctor as being work

1 related time and, quite frankly, I agree,
2 Commissioner Roche, it's somewhat of a red herring
3 on that issue because the Claimant could have been
4 confused on that particular issue but from an
5 employment -- this is not employment law and it's
6 not the employment law arena and they clearly were
7 following policy at the corporate level. They had
8 a policy that said if you turned in falsified
9 documents it's an automatic terminable offense and
10 they have terminated other people for that exact
11 same infraction at this facility -- at this same
12 facility they had done that in the past; Ms. Burr
13 testified to that. So, you know, you've got a --
14 you've got a corporate policy kind of running a
15 foul, somewhat if you want to call it that, of the
16 Workers' Comp system but I think the most
17 important --

18 Commissioner Wilkerson: Well, the -- the
19 problem with that is they're so large they have to
20 do that because they're threatened to be sued by
21 other --

22 Mr. Addison: -- right.

23 Commissioner Wilkerson: -- outside entities.
24 They take a position as a major employer that the
25 cost to do that is less than the cost to what

1 we're facing here today.

2 Mr. Addison: Correct. And then they --
3 you're absolutely right. I mean, if they don't
4 follow -- if they don't have a consistent policy
5 --

6 Commissioner Wilkerson: Yes, they have --

7 Mr. Addison: -- and follow it --

8 Commissioner Wilkerson: -- exactly.

9 Mr. Addison: -- they open themselves up to
10 big giant law suits.

11 Commissioner Wilkerson: Exactly.

12 Mr. Addison: And, you know, you set a
13 policy, you have to follow the policy --

14 Commissioner Wilkerson: Yes, that's right
15 and I'm fine with that.

16 Mr. Addison: -- and the unfortunate results
17 such as Ms. Ramey.

18 Commissioner Wilkerson: Yes.

19 Mr. Addison: And, you know, I -- well, I'll
20 -- I'll get into this later; it's a -- you all --
21 it's a long story. But anyway, I do want to talk
22 to a -- briefly on the issue of the comp rate
23 calculation. We turned in materials, we turned in
24 a Form 20, we actually had testimony from Ms. Burr
25 about what the earnings were. This was a first

1 quarter of the new year injury, it's in March --
2 the beginning of March; so, we used the prior four
3 (4) quarters in calculating the average weekly
4 wage per the Statute and the Regs and it produced
5 a particular average weekly wage and compensation
6 rate. The Claimant is alleging that the
7 compensation rate should be higher because
8 according to her, in her brief to the court, she
9 had worked some additional overtime hours before
10 -- in the month or two (2) before the injury, no
11 evidence was produced that showed that; the
12 Claimant didn't even testify to it nor was there
13 any cross of the Defense witness as to that issue.
14 So, the only anything that's in the record as to
15 that particular issue is the Claimant's
16 pre-hearing brief stating that she had worked
17 additional hours. There was no time sheet, there
18 was no nothing that went in that said here is all
19 the stuff where she has worked all of this
20 additional time and she would be entitled to some
21 increased amount of -- of -- of compensation rate
22 where its an exception to the rule. All we did
23 was look at what the Statute specifically says
24 we're supposed to do, we did it and it produced
25 the average weekly wage and compensation rate that

1 Commissioner Lyndon found, which was per what the
2 Form 20 showed, I don't think there is any
3 exceptional reasons here; there's no --

4 Commissioner Wilkerson: Which is the max
5 comp rate, right?

6 Mr. Addison: -- she is just below it.

7 Commissioner Wilkerson: Oh, below, okay.

8 Mr. Addison: She's about --

9 Commissioner Wilkerson: Seven (7) -- that's
10 right, it's seventy-three (73).

11 Mr. Addison: -- she's about thirty dollars
12 (\$30.00) below what the max comp rate would be for
13 the year. The Claimant's position is, is that
14 she's entitled to the maximum compensation rate.

15 Commissioner Wilkerson: It can't be thirty
16 (\$30.00) because thirty (\$30.00) would get you
17 over seven hundred (\$700.00) -- was it seven oh
18 four (\$704.00) for '11?

19 Mr. Addison: Right -- right in there.

20 Commissioner Wilkerson: Okay.

21 Mr. Addison: Yes, sir.

22 Commissioner Wilkerson: That's fine. Okay.
23 I'm fine with that.

24 Mr. Addison: I mean, it may be twenty-eight
25 (\$28.00) or whatever it is --

1 Commissioner Wilkerson: Okay.

2 Mr. Addison: -- but, I mean, I -- quite
3 frankly I don't -- I think it was six seventy-one
4 (\$671.00) that was what was found; if I remember
5 correctly.

6 Commissioner Wilkerson: Yes, it is six
7 seventy-one, fifty-eight (\$671.58).

8 Mr. Addison: So, it --

9 Commissioner Wilkerson: This is '11; I'm
10 sorry, I thought it was a '10 case. I apologize.

11 Mr. Addison: -- so, about thirty (\$30.00)
12 some odd dollars.

13 Commissioner Wilkerson: Okay.

14 Mr. Addison: But -- so, you know, our
15 position is basically that the compensation rate
16 was accurately determined by the --

17 Commissioner Wilkerson: Yes.

18 Mr. Addison: -- Single Commissioner.

19 Commissioner Wilkerson: Okay. Thanks.

20 Mr. Addison: Thank you.

21 Commissioner Beck: Mr. Calhoun.

22 ARGUMENT FOR THE SECOND APPELLANT

23 By Mr. Calhoun:

24 Let me ask the Court, do I give my rebuttal
25 next before I argue my appeal; is that correct?

1 Commissioner Beck: You'll -- you'll get two
2 (2) minutes in reply as well.

3 Mr. Calhoun: Okay.

4 Commissioner Roche: You can do it however
5 you want to but you've got eight (8) minutes now
6 and then two (2) minutes in reply.

7 Mr. Calhoun: Okay. All right. Then I'll do
8 my rebuttal if that's -- pleases the Court. On
9 the day that Ms. Ramey was injured, March the
10 11th, there -- there's a hand scanning device that
11 they use to punch in and out. That hand scanning
12 device was working that day and after she fell she
13 was immediately taken to Doctor's Care, she did
14 not punch out with the hand scanning device; she
15 was paid her normal hours that day even though she
16 did not punch out. She began treating with
17 Doctor's Care and she testified that there were
18 two (2) other women that had Workers' Comp claims
19 and -- and her understanding was that one (1) of
20 the women was going to be fired. She was scared
21 of being fired for that reason and the fact that
22 the floor was understaffed and that they had her
23 working in violation of her work restrictions and
24 these other two (2) ladies also and they weren't
25 complaining about it, quite frankly, because they

1 wanted to keep their jobs. On the day that she --
2 March 18th, the day that she was fired for -- for
3 requesting to miss time for the doctor's
4 appointment, the hand scanning device was not
5 working; so, she could not use it to punch in and
6 out. When the -- when the hand scanning device
7 was not working the procedure was that you filled
8 in a request for missed time form where you write
9 in the time that you -- you arrived that day and
10 left and you give it to your supervisor working
11 that day, she reviews it and approves it. The
12 glaring error that I feel that the Employer fails
13 to address in -- in his brief is that Ms. Ramey's
14 supervisor was there that day, she knew she had
15 the doctor's appointment, as did Ms. Burr who
16 testified for the Employer, she was the Human
17 Resources Manager; they both knew she had a
18 doctor's appointment that day. Ms. Sheppard, the
19 supervisor working, approved the missed time form;
20 the supervisor approved the missed time from work
21 that Ms. Ramey was fired for, quite frankly. Ms.
22 Ramey also testified that the day that she was
23 fired -- her understanding that the reason she was
24 fired was because she requested to be paid for a
25 missed hour from work to get medical treatment on

1 a workers' Comp case; that her Employer told her
2 that -- that you can't do that and Ms. Burr, when
3 her deposition was taken, confirmed that. She
4 said she was fired because she requested to be
5 paid for that hour and we can't -- we don't pay
6 employees for missed time on workers' Comp cases.
7 Now, Ms. Burr changed her testimony at the hearing
8 and she said that the reason she terminated Ms.
9 Ramey was for falsifying documents and I believe
10 that's where the Court needs to take into
11 consideration that Ms. Ramey was found credible;
12 Ms. Burr was not. But the bottom line is it --
13 and Commissioner Lyndon stated this, it would be
14 professional suicide for an employee working nine
15 (9) years, who has never had a workers' Comp case
16 before, who all the --

17 Commissioner Roche: And, Mr. Calhoun, I
18 really don't think any of this matters to this
19 case.

20 Commissioner Wilkerson: No.

21 Commissioner Roche: Whether she was fired
22 correctly or not, what she was -- when she was
23 fired she was on fully duty. So, it doesn't --
24 none of that really matters whether or not they
25 properly terminated her, should have terminated

1 her, shouldn't terminate her. You -- I want you
2 to speak to the fact that you've got somebody
3 whose -- whose been written out at light duty and
4 they've not offered employment; I think that's the
5 issue. Now, what -- and Mr. Addison is saying
6 well she wasn't credible in her complaints to the
7 doctor that she -- that -- that for -- that made
8 the doctor write her out for light duty. So, tell
9 me what makes her credible. Commissioner Lyndon
10 found her credible. Tell me what makes her
11 credible and why she should -- she should be on --
12 I think it's a slam dunk if she's written out on
13 light duty and they're not offering her any work.
14 Right now it doesn't really matter whether she got
15 fired because she was on full duty when she got
16 fired. Do you see?

17 Mr. Calhoun: -- yes.

18 Commissioner Roche: Okay. Speak to --

19 Mr. Calhoun: But --

20 Commissioner Roche: -- speak to that.

21 Mr. Calhoun: -- but one issue I was working
22 at, Commissioner, is that this fear of being fired
23 that I think all of the employees had because they
24 were understaffed is she was using special care
25 not to do anything to give her Employer any reason

1 to fire her. When she went to the doctor's
2 appointment on the 18th, which was the day that
3 she -- she was just fired, she told the doctor --
4 her testimony was that she told the doctor I want
5 -- you need to put me back on full duty; I'm
6 worried about losing my job. The medical records
7 from March the 18th indicate that she requested to
8 be -- she requested, not the doctor, she requested
9 to be put back on full duty and that's what she
10 testified. She wanted to work full duty because
11 she was in fear of losing her job; she was scared
12 of losing her job and that's why she went back on
13 full duty. She didn't want to; it wasn't the
14 doctor's decision at Doctor's Care. The doctor at
15 Doctor's Care had recommended that she go see an
16 orthopedic doctor; that's what he wanted her to go
17 do, which -- which didn't happen. So, at any
18 rate, that's why she requested to be placed on
19 full duty. And so, three (3) days later, on March
20 the 21st, after she was fired and she had her
21 follow up appointment at the Doctor's Care, you
22 know, of course she -- she's not going to go back
23 in there after she'd been fired and say, yeah, I
24 want to keep working full duty; she didn't have a
25 job at that point but that is the reason -- you

1 know, that was the reasoning for her doing what
2 she did. But whether she was fired for requesting
3 to be paid for one (1) missed hour at a doctor's
4 appointment or falsifying documents, the
5 supervisor approved her form. If she was
6 falsifying documents, which is not what Ms. Burr
7 says the reason -- was reason for her termination
8 but even if that was the reason then the
9 supervisor was a part of that and the supervisor
10 wasn't fired. Ms. Ramey was paid on March the
11 11th for -- when she didn't clock out; that lead
12 her to believe -- her testimony was that my
13 understanding I was to be paid for time that I was
14 at the doctor on my Workers' Comp case and that is
15 corroborated by the fact that she was paid on the
16 day that she was injured even though she didn't
17 clock out. So, it would -- would be professional
18 suicide; it would be throwing nine (9) years away
19 for her to try to get paid for one (1) hour when
20 everything that the Employer did, everything that
21 the Employer told her up to that point, ever
22 action that the Employer performed corroborated
23 that her belief was that she was to be paid if she
24 was at the doctor. And her supervisors working
25 that day approved it; they okayed it. Ms. Burr

1 knew she was at the doctor -- the lady who fired
2 her knew that she was at the doctor that day; she
3 approved it. Commissioner Lyndon simply said that
4 he did not find it plausible that she would put
5 nine (9) years on the line to get paid for one (1)
6 hour at the doctor and Ms. Burr also, in her
7 testimony, stated that all the other employees
8 that we've fired in the past were falsifying
9 documents. They were employees that requested to
10 be paid for full shifts, nine (9) to twelve (12)
11 hour shifts, that they did not work. They were
12 not testified -- I mean, terminated for requesting
13 to be paid for one (1) hour that Ms. Ramey was at
14 the doctor. That's all I have on that issue.

15 Commissioner Beck: All right. Thank you,
16 sir. Mr. Addison, you have two (2) minutes.

17 Mr. Addison: Thank you, sir.

18 REPLY FOR THE FIRST APPELLANT

19 By Mr. Addison:

20 Very quickly, Commissioners, I -- I do not
21 object typically at appeal hearings and that's why
22 I did not. There was a lot of discussion there by
23 Mr. Calhoun about what was said by anyone. Ms.
24 Sheppard was not at this hearing. When he says
25 Ms. Sheppard said something he's basing that on

1 testimony the Claimant alleged at the time of the
2 hearing, which, again, I believe are self-serving
3 statements. There is no corroborating the
4 evidence that the Claimant was working outside of
5 her restrictions; we also put that in our brief.
6 There is a finding in the order, I don't really
7 know that Commissioner Lyndon found that in his
8 notes or order but it was in the order that was
9 signed by Commissioner Lyndon. The only evidence
10 on that was the Claimant saying that she was doing
11 that. There was no other employee that was
12 brought in by the Claimant to corroborate any of
13 this. There was no other Claimant that was
14 brought in by the Claimant to corroborate that
15 anybody at the facility was scared to lose their
16 job. Every one of you all sitting on this panel
17 has had a hearing with this particular employer;
18 this is UHS Pruitt. This is my client where I
19 bring -- and he is going to kill me for saying
20 this but the little guy that comes with me to all
21 the hearings. You all know them; they are tough
22 but they're fair. They have a lot of people that
23 are on light duty all over this state. There are
24 thirty (30) plus facilities in South Carolina and
25 they have a bunch of people on light duty all the

1 time; it is something they do routinely. They
2 don't fire people just because they're on light
3 duty or have Workers' Comp claims. They are tough
4 on people when they're on workers' Comp claims,
5 they don't let them just live outside the rules;
6 if somebody violates the rules they go ahead and
7 fire them. But if they work like they're supposed
8 to and do what they're supposed to do they get
9 back to work and they do their job. I mean, it's
10 a tough but fair Employer. There was a statement
11 that seemed to indicate that Ms. Burr was not
12 found credible; there is no statement by
13 Commissioner Lyndon that he didn't find her
14 credible. He just took her testimony and didn't
15 write anything on his notes for her. He
16 specifically did not find her to be not credible,
17 which is the requirement to state that she was
18 somehow not credible before this panel. As for
19 the issues of the Claimant's inability to do any
20 work, I would just state that she's an RN. The
21 injuries, you can see what's on the medicals to
22 suggest what's wrong with her; there's nothing
23 that seems to indicate that she's not capable of
24 doing the work as an RN somewhere.

25 Commissioner Beck: Thank you, sir.

1 Mr. Addison: Thank you.

2 Commissioner Beck: Mr. Calhoun.

3 REPLY FROM THE SECOND APPELLANT

4 By Mr. Calhoun:

5 Very briefly, the supervisor, Sheppard,
6 signed the missed time form; she signed it on
7 March the 18th of that year. On the average
8 weekly wage issue, very simply our position is
9 that under 42-40 in the Hinson and Breland cases
10 we're contending that the average weekly wage
11 should be based on the fifty-two (52) weeks
12 previous to the date of injury; not on the four
13 (4) quarter -- fifty-two (52) weeks prior to the
14 date of injury, not the four (4) quarters that are
15 on the Form 20 that the Employer uses; the last
16 quarter being December 11th of 2010, which is
17 three (3) months before the date of accident.
18 Now, if you use -- hear me out please -- if -- if
19 you use those fifty-two (52) weeks it gives you an
20 actual compensation rate of seven hundred and
21 thirty-two dollars and four cents (\$732.04), which
22 of course is above the cap, the seven hundred and
23 four dollar (\$704.00) cap for 2011 of seven
24 hundred and four, ninety-two (\$704.92). Our
25 position is -- is -- is the cap most closely

1 approximates the amount that a Claimant would have
2 been making in the future, which is what we're --
3 the case law says we're supposed to look forward
4 to earnings in the future, not the past. Now,
5 there is a sixty dollar and forty cents (\$60.40)
6 difference between this actual amount, seven
7 hundred and thirty-two dollars (\$732.00), and the
8 -- the amount that Commissioner Lyndon gave of six
9 hundred and seventy-one dollars (\$671.00). Our
10 position is that the comp rate -- the -- the
11 amount that mostly clearly approximates --

12 Commissioner Wilkerson: That's not sixty
13 dollars (\$60.00).

14 Mr. Calhoun: -- sir?

15 Commissioner Wilkerson: That's not sixty
16 dollars (\$60.00).

17 Mr. Calhoun: It's -- I -- I have --

18 Commissioner Wilkerson: Is it?

19 Mr. Calhoun: -- sixty dollars and forty-six
20 cents (\$60.46) --

21 Commissioner Wilkerson: Okay.

22 Mr. Calhoun: -- between the six --

23 Commissioner Wilkerson: Six seventy-one
24 (\$671.00) --

25 Mr. Calhoun: -- seventy-one (\$671.00) and --

1 Commissioner Wilkerson: -- and seven oh four
2 (\$704.00) --

3 Mr. Calhoun: -- the seven thirty-two
4 (\$732.00).

5 Commissioner Wilkerson: -- is not sixty
6 dollars (\$60.00).

7 Mr. Calhoun: Sir?

8 Commissioner Wilkerson: Six seventy-one,
9 fifty-eight (\$671.58) and seven oh four (\$704.00)
10 is not sixty dollars (\$60.00).

11 Mr. Calhoun: Yes, sir. I'm saying the six
12 seventy-one (\$671.00) and the seven thirty-two
13 (\$732.00) --

14 Commissioner Wilkerson: Okay.

15 Mr. Calhoun: -- would be -- would be sixty
16 dollars (\$60.00). Okay. That -- that most
17 clearly approximates what the Claimant would have
18 made. During those three (3) months the wage
19 records show and her testimony was that they were
20 understaffed and the wage records show that she
21 was working overtime. Now, that -- that's an
22 exceptional circumstance that was used in the
23 Booth case that working overtime is an exceptional
24 circumstance during those three (3) months in the
25 year 2011, and so since seven oh four (\$704.00)

1 most closely approximates what the Claimant would
2 have made in the future.

3 Commissioner Beck: All right. Thank you,
4 sir.

5 Commissioner Wilkerson: Okay. Thank you.

6 Mr. Calhoun: Thank you.

7 Commissioner Beck: That will conclude this
8 proceeding.

9 (THERE BEING NO FURTHER DISCUSSION, THE HEARING CONCLUDED
10 AT 9:23 A.M.)
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25

STATE OF SOUTH CAROLINA)
)
 COUNTY OF RICHLAND) CERTIFICATE

Be it known that I took the foregoing South Carolina Workers' Compensation Commission Hearing of Gayla Ramey, vs. Unihealth Post-Acute Care Tanglewood;

That I was then and there a Notary Public in and for the State of South Carolina-At-Large;

That by virtue thereof I was duly authorized to administer an oath;

That the witness was first duly sworn to testify the truth, the whole truth, and nothing but the truth, concerning the matter in controversy aforesaid;

The foregoing transcript of 31 typewritten pages represents a true, accurate and complete transcription of the testimony so given at the time and place aforesaid to the best of my skill and ability;

That I am not related to nor an employee of any of the parties hereto, nor a relative or employee of any attorney or counsel employed by the parties hereto, nor interested in the outcome of this action;

Witness my hand and seal this 6th Day of July, 2012.



Gloria Davis
 Notary Public for South Carolina
 My Commission Expires 12/21/21

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1 SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION 1
2 W.C.C. FILE #1103442
3
4 GAYLA RAMEY
5 CLAIMANT.
6 VS. SC WORKERS' COMPENSATION COMMISSION
7 HEARING OF
8 UNIHEALTH POST-ACUTE) CARE TANGLEWOOD
9 EMPLOYER) GAYLA RAMEY
10 AND VS
11 ZURICH AMERICAN INS) UNIHEALTH POST-ACUTE CARE TANGLEWOOD
12 CARRIER.)
13
14 This is the Transcript of the South Carolina Workers'
15 Compensation Hearing of Gayla Ramey versus Unihealth
16 Post-Acute Care Tanglewood, taken before Gloria Davis, a
17 Court Reporter and Notary Public in and for the State of
18 South Carolina, commencing at the hour of 8:57 A.M.,
19 Tuesday, March 20, 2012, at South Carolina Workers'
20 Compensation Commission, 1333 Main Street Columbia, South
21 Carolina.
22
23 COPY
24 REPORTED
25 BY
GLORIA DAVIS

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8
9 FOR THE SECOND APPELLANT:
10 Mark R. Calhoun, Esquire
11 Calhoun Law Firm, P.A.
12 714 E. Main Street
13 Lexington, SC 29072
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15 COMMISSIONERS PRESENT:
16 T. Scott Beck, Chairman
17 Andrea Pope Roche
18 Avery Wilkerson
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1 disability benefits subsequent to her termination. 5
 2 I've cited quite a bit of stuff in my brief on
 3 that particular issue but I'm kind of -- kind of
 4 honing in on one (1) thing. If you look at the
 5 date, the -- the -- basically the current
 6 chronological order of what happened here. There
 7 was an injury; she had a slip and fall injury
 8 where she slipped and fell, indicated she had
 9 injured her low back and her right arm in -- in
 10 catching herself when she went down. And we sent
 11 her to the doctor; she went to Doctor's Care and
 12 was treating. She is an RN; she -- she has worked
 13 in this facility for some period of time. She
 14 actually got her RN through the facility; they
 15 actually helped pay for her to get her RN degree.
 16 She was working on the floor doing her regular --
 17 this is a nursing home; it's a Medicare nursing
 18 home where she was working doing basic RN duties.
 19 She went to the doctor two (2) separate times to
 20 Doctor's Care. On the second time she told them
 21 that she was feeling a good bit better and that
 22 she felt like she could do her full duty job. She
 23 goes back to the facility and they give her her
 24 full duty job. In that next week she was working
 25 her full duty job and then some events occurred

1 that got her terminated. Quite frankly, I mean, 6
 2 we went through a lot of information at the
 3 hearing about that particular incidence.
 4 Commissioner Lyndon said that he didn't think that
 5 the -- that what she did rose to the level of
 6 being a terminable offense but he basically didn't
 7 speak that; he just said that he didn't think that
 8 it interfered with her employment such that it
 9 evoked 42-9-190 such that she was refusing
 10 suitable employment. Our position was that in
 11 essence it did; we said that she had falsified
 12 some records. The falsification was her turning
 13 in time sheets instead of -- they have a hand
 14 system where they put their hand up on some type
 15 of reading device and it reads that it's you; it
 16 basically reads your palm print and says its you
 17 and that's how they clock in and out of the
 18 facility. That particular week the clock
 19 mechanism was not working for her; when she put
 20 her hand on it it wouldn't register. She went to
 21 the doctor for one of the appointments with our
 22 position and they have all these no clock out
 23 policies when someone goes to the doctor. I don't
 24 -- I'm not going to stand here and tell you all
 25 that I think it's probably something that you all

1 wouldn't order us to pay for; however, what she 7
 2 did when she turned in time sheets that said that
 3 she was at work working when she was actually at
 4 the doctor. It was a very brief period of time
 5 but the employer at corporate said -- not the
 6 local facility but corporate said this is a
 7 violation of policy, we can't allow -- we can't
 8 kind of look the other way because somebody is on
 9 Workers' Comp, we've got to follow policy and she
 10 has to be terminated; so, the local facility
 11 terminated her for that reason. They -- there was
 12 testimony from someone from the facility that they
 13 do terminate people for those types of things.
 14 Ms. Burr, who testified, said basically if it was
 15 up to her she probably wouldn't have terminated
 16 her but she was told by corporate that she had to
 17 terminate her because that is policy. Mrs. Ramey
 18 is terminated by the facility. She then goes back
 19 to the doctor and her complaints become what --
 20 and should be no surprise to anyone, considerably
 21 worse. She is saying that she's much worse off;
 22 she feels a whole lot worse and the doctor then
 23 puts her on some restricted duty at that point.
 24 That's what Commissioner Lyndon based his decision
 25 on why she should be on TT is because she had gone

1 back to the doctor and they had increased her 8
 2 restrictions and said that she was no longer on
 3 full duty. My argument to you all is that that
 4 was a self-serving statement by the Claimant to
 5 the physicians. She clearly told them on the
 6 visit prior to the termination --
 7 **Commissioner Wilkerson:** Whose doctor was it?
 8 **Mr. Addison:** -- it was ours.
 9 **Commissioner Wilkerson:** Okay.
 10 **Mr. Addison:** It was Doctor's Care is where
 11 she was going and the visit before, and I've put
 12 all of this in my brief, the visit before she told
 13 them that she was feeling a whole lot better and
 14 felt like she could do full duty without any
 15 problem and she wanted to return to full duty;
 16 basically begged them to return her to full duty.
 17 They put her back on full duty and then the
 18 termination occurs and when she goes back to the
 19 doctor after the termination all of a sudden it's
 20 a woe is me, I'm awful, I can't do anything
 21 statement to the doctor and the doctor is going --
 22 did what any doctor is going to do in that
 23 situation, he says, okay, you feel worse; I'm
 24 going to write you out of work and that's where we
 25 have the TT statement from that point until now.

1 We are providing her additional medical; at the 9
2 time of the hearing we agreed to provide her some
3 additional medicals. We're continuing to pay
4 medical for her --
5 **Commissioner Wilkerson:** But even your person
6 at the facility said that if she had made the
7 decision she would not have terminated her.
8 **Mr. Addison:** -- she alluded to that. She
9 didn't say it specifically that way, Commissioner,
10 I'm just -- I was kind of trying to be as honest
11 as I could --
12 **Commissioner Wilkerson:** Okay.
13 **Mr. Addison:** -- about what Linda Burr said.
14 She said basically she was told I have to fire
15 this person to follow corporate policy; this is
16 corporate policy, bam, bam, bam. And whether or
17 not the decision itself was a good decision I
18 think a -- a -- you know, clearly the policy was
19 there, everybody, you know, there was no contrary
20 evidence that there wasn't a policy of the
21 facility -- of the Employer. This is a fifteen
22 thousand (15,000) employee nursing home company;
23 they have a hundred and twenty-five (125)
24 facilities all over the southeast. So, it's not a
25 small company and they are following what they --

1 you know, what was corporate policy. If some -- 10
2 if somebody false -- turns in falsified records
3 regarding any kind of time sheet it's an automatic
4 terminable offense; it's just a, bam, you've got
5 to do it. And that's what they turned -- and
6 that's what they told the facility; you can't --
7 you know, we can't make an exception. I think the
8 bigger issue is really just her -- her own
9 statements. I asked her at the hearing, I said,
10 you know, you went to the doctor and told him you
11 felt a lot better -- excuse me; I've got a giant
12 frog in my throat this morning. You told them you
13 felt a whole lot better before you got fired and
14 told them you wanted to work full duty. Her
15 statements at the hearing were, I never told them
16 any of that; that that's all made up. You all
17 know how we do that in hearings all the time with
18 the Claimants; we always cross them with medical
19 records and if the medical records aren't lining
20 up the only person that has a self-serving
21 interest is the Claimant, not the physician. It
22 wasn't like the physician got a call from the
23 facility that said gen up some records so that we
24 can fight up a Workers' Comp claim down the road.
25 We were providing her benefits at the time. There

1 wasn't really any issue until she got fired. And 11
2 so, my position was -- at the hearing with
3 Commissioner Lyndon was I thought that was the
4 most important factor was she was able to work
5 full duty and worked full duty for one (1) week
6 before she got fired and then when she --
7 **Commissioner Roche:** Yes, but I think the
8 fire -- I agree, I think the firing is a red
9 herring; I don't think it has anything to do with
10 anything.
11 **Commissioner Wilkerson:** Yes, I don't either.
12 **Commissioner Roche:** What you do have is you
13 have somebody that's not working --
14 **Mr. Addison:** -- yes.
15 **Commissioner Roche:** -- who was on full duty,
16 not working, gets written out to light duty.
17 **Mr. Addison:** No, she was working. She
18 actually was working.
19 **Commissioner Roche:** -- I know. Well, then
20 she was fired.
21 **Mr. Addison:** Right.
22 **Commissioner Roche:** She wasn't working after
23 she was fired.
24 **Mr. Addison:** Right.
25 **Commissioner Roche:** So, there was a period

1 of time when she was on full duty and not working 12
2 because she got fired. And then she got on light
3 duty?
4 **Mr. Addison:** Right, for a couple of days --
5 **Commissioner Roche:** Right.
6 **Mr. Addison:** -- like three (3) or four (4)
7 days.
8 **Commissioner Roche:** And then, the doctor
9 wrote her out at light duty. Now, your whole
10 point is, the only reason he wrote her out at
11 light duty is because she's -- she's telling him
12 she can't work and that's not true?
13 **Mr. Addison:** Correct.
14 **Commissioner Roche:** Now, Commissioner Lyndon
15 found that she was credible.
16 **Mr. Addison:** Right.
17 **Commissioner Roche:** Now, you tell me what --
18 that's -- that's the error; if -- if there is an
19 error that's the error and I think the firing
20 really doesn't have anything to do with it.
21 **Mr. Addison:** I think the credibility because
22 I -- again, it's back to the self-serving
23 statements, Commissioner. If you look at the
24 record I -- I crossed her on that particular issue
25 about what the record said and she kept trying to

1 say I never told the doctors I felt better and -- 13
2 when they put me on full duty. She was basically
3 trying to assert I was never really on full duty
4 or shouldn't have been on full duty. I never told
5 the doctors any of the stuff that I told them
6 before I got fired and -- and she clearly did. I
7 mean, the medical records speak -- you know, as we
8 all say, speak for themselves. The medical
9 records state she came in before she was
10 terminated and told them I feel a whole lot
11 better; I want to work full duty. Would you
12 please write me out to full duty? And the doctor
13 did; he put her on full duty and she then worked
14 full duty up until this termination occurred.

15 Commissioner Wilkerson: Was the hand scanner
16 malfunctioning or that --

17 Mr. Addison: It was malfunctioning and we
18 agreed to that.

19 Commissioner Wilkerson: -- okay.

20 Mr. Addison: All that was -- you know, was
21 clearly was going on and the Claimant agreed that
22 she had turned in these records; that she actually
23 turned in records. She just -- her belief was --
24 is that she wasn't really violating anything by
25 turning in her time at the doctor as being work

1 related time and, quite frankly, I agree, 14
2 Commissioner Roche, it's somewhat of a red herring
3 on that issue because the Claimant could have been
4 confused on that particular issue but from an
5 employment -- this is not employment law and it's
6 not the employment law arena and they clearly were
7 following policy at the corporate level. They had
8 a policy that said if you turned in falsified
9 documents it's an automatic terminable offense and
10 they have terminated other people for that exact
11 same infraction at this facility -- at this same
12 facility they had done that in the past; Ms. Burr
13 testified to that. So, you know, you've got a --
14 you've got a corporate policy kind of running a
15 foul, somewhat if you want to call it that, of the
16 Workers' Comp system but I think the most
17 important --

18 Commissioner Wilkerson: Well, the -- the
19 problem with that is they're so large they have to
20 do that because they're threatened to be sued by
21 other --

22 Mr. Addison: -- right.

23 Commissioner Wilkerson: -- outside entities.
24 They take a position as a major employer that the
25 cost to do that is less than the cost to what

1 we're facing here today. 15
2 Mr. Addison: Correct. And then they --
3 you're absolutely right. I mean, if they don't
4 follow -- if they don't have a consistent policy
5 --

6 Commissioner Wilkerson: Yes, they have --

7 Mr. Addison: -- and follow it --

8 Commissioner Wilkerson: -- exactly.

9 Mr. Addison: -- they open themselves up to
10 big giant law suits.

11 Commissioner Wilkerson: Exactly.

12 Mr. Addison: And, you know, you set a
13 policy, you have to follow the policy --

14 Commissioner Wilkerson: Yes, that's right
15 and I'm fine with that.

16 Mr. Addison: -- and the unfortunate results
17 such as Ms. Ramey.

18 Commissioner Wilkerson: Yes.

19 Mr. Addison: And, you know, I -- well, I'll
20 -- I'll get into this later; it's a -- you all --
21 it's a long story. But anyway, I do want to talk
22 to a -- briefly on the issue of the comp rate
23 calculation. We turned in materials, we turned in
24 a Form 20, we actually had testimony from Ms. Burr
25 about what the earnings were. This was a first

1 quarter of the new year injury, it's in March -- 16
2 the beginning of March; so, we used the prior four
3 (4) quarters in calculating the average weekly
4 wage per the Statute and the Regs and it produced
5 a particular average weekly wage and compensation
6 rate. The Claimant is alleging that the
7 compensation rate should be higher because
8 according to her, in her brief to the court, she
9 had worked some additional overtime hours before
10 -- in the month or two (2) before the injury, no
11 evidence was produced that showed that; the
12 Claimant didn't even testify to it nor was there
13 any cross of the Defense witness as to that issue.
14 So, the only anything that's in the record as to
15 that particular issue is the Claimant's
16 pre-hearing brief stating that she had worked
17 additional hours. There was no time sheet, there
18 was no nothing that went in that said here is all
19 the stuff where she has worked all of this
20 additional time and she would be entitled to some
21 increased amount of -- of -- of compensation rate
22 where it's an exception to the rule. All we did
23 was look at what the Statute specifically says
24 we're supposed to do, we did it and it produced
25 the average weekly wage and compensation rate that

1 Commissioner Lyndon found, which was per what the 17
2 Form 20 showed. I don't think there is any
3 exceptional reasons here; there's no --
4 Commissioner Wilkerson: Which is the max
5 comp rate, right?
6 Mr. Addison: -- she is just below it.
7 Commissioner Wilkerson: Oh, below, okay.
8 Mr. Addison: She's about --
9 Commissioner Wilkerson: Seven (7) -- that's
10 right, it's seventy-three (73).
11 Mr. Addison: -- she's about thirty dollars
12 (\$30.00) below what the max comp rate would be for
13 the year. The Claimant's position is, is that
14 she's entitled to the maximum compensation rate.
15 Commissioner Wilkerson: It can't be thirty
16 (\$30.00) because thirty (\$30.00) would get you
17 over seven hundred (\$700.00) -- was it seven oh
18 four (\$704.00) for '11?
19 Mr. Addison: Right -- right in there.
20 Commissioner Wilkerson: Okay.
21 Mr. Addison: Yes, sir.
22 Commissioner Wilkerson: That's fine. Okay.
23 I'm fine with that.
24 Mr. Addison: I mean, it may be twenty-eight
25 (\$28.00) or whatever it is --

1 Commissioner Wilkerson: Okay. 18
2 Mr. Addison: -- but, I mean, I -- quite
3 frankly I don't -- I think it was six seventy-one
4 (\$671.00) that was what was found; if I remember
5 correctly.
6 Commissioner Wilkerson: Yes, it is six
7 seventy-one, fifty-eight (\$671.58).
8 Mr. Addison: So, it --
9 Commissioner Wilkerson: This is '11; I'm
10 sorry, I thought it was a '10 case. I apologize.
11 Mr. Addison: -- so, about thirty (\$30.00)
12 some odd dollars.
13 Commissioner Wilkerson: Okay.
14 Mr. Addison: But -- so, you know, our
15 position is basically that the compensation rate
16 was accurately determined by the --
17 Commissioner Wilkerson: Yes.
18 Mr. Addison: -- Single Commissioner.
19 Commissioner Wilkerson: Okay. Thanks.
20 Mr. Addison: Thank you.
21 Commissioner Beck: Mr. Calhoun.
22 ARGUMENT FOR THE SECOND APPELLANT
23 By Mr. Calhoun:
24 Let me ask the Court, do I give my rebuttal
25 next before I argue my appeal; is that correct?

1 Commissioner Beck: You'll -- you'll get two 19
2 (2) minutes in reply as well.
3 Mr. Calhoun: Okay.
4 Commissioner Roche: You can do it however
5 you want to but you've got eight (8) minutes now
6 and then two (2) minutes in reply.
7 Mr. Calhoun: Okay. All right. Then I'll do
8 my rebuttal if that's -- pleases the Court. On
9 the day that Ms. Ramey was injured, March the
10 11th, there -- there's a hand scanning device that
11 they use to punch in and out. That hand scanning
12 device was working that day and after she fell she
13 was immediately taken to Doctor's Care, she did
14 not punch out with the hand scanning device; she
15 was paid her normal hours that day even though she
16 did not punch out. She began treating with
17 Doctor's Care and she testified that there were
18 two (2) other women that had Workers' Comp claims
19 and -- and her understanding was that one (1) of
20 the women was going to be fired. She was scared
21 of being fired for that reason and the fact that
22 the floor was understaffed and that they had her
23 working in violation of her work restrictions and
24 these other two (2) ladies also and they weren't
25 complaining about it, quite frankly, because they

1 wanted to keep their jobs. On the day that she -- 20
2 March 18th, the day that she was fired for -- for
3 requesting to miss time for the doctor's
4 appointment, the hand scanning device was not
5 working; so, she could not use it to punch in and
6 out. When the -- when the hand scanning device
7 was not working the procedure was that you filled
8 in a request for missed time form where you write
9 in the time that you -- you arrived that day and
10 left and you give it to your supervisor working
11 that day, she reviews it and approves it. The
12 glaring error that I feel that the Employer fails
13 to address in -- in his brief is that Ms. Ramey's
14 supervisor was there that day, she knew she had
15 the doctor's appointment, as did Ms. Burr who
16 testified for the Employer, she was the Human
17 Resources Manager; they both knew she had a
18 doctor's appointment that day. Ms. Sheppard, the
19 supervisor working, approved the missed time form;
20 the supervisor approved the missed time from work
21 that Ms. Ramey was fired for, quite frankly. Ms.
22 Ramey also testified that the day that she was
23 fired -- her understanding that the reason she was
24 fired was because she requested to be paid for a
25 missed hour from work to get medical treatment on

1 a Workers' Comp case; that her Employer told her
2 that -- that you can't do that and Ms. Burr, when
3 her deposition was taken, confirmed that. She
4 said she was fired because she requested to be
5 paid for that hour and we can't -- we don't pay
6 employees for missed time on Workers' Comp cases.
7 Now, Ms. Burr changed her testimony at the hearing
8 and she said that the reason she terminated Ms.
9 Ramey was for falsifying documents and I believe
10 that's where the Court needs to take into
11 consideration that Ms. Ramey was found credible;
12 Ms. Burr was not. But the bottom line is it --
13 and Commissioner Lyndon stated this, it would be
14 professional suicide for an employee working nine
15 (9) years, who has never had a Workers' Comp case
16 before, who all the --

17 Commissioner Roche: And, Mr. Calhoun, I
18 really don't think any of this matters to this
19 case.

20 Commissioner Wilkerson: No.

21 Commissioner Roche: Whether she was fired
22 correctly or not, what she was -- when she was
23 fired she was on fully duty. So, it doesn't --
24 none of that really matters whether or not they
25 properly terminated her, should have terminated

21

1 her, shouldn't terminate her. You -- I want you
2 to speak to the fact that you've got somebody
3 whose -- whose been written out at light duty and
4 they've not offered employment; I think that's the
5 issue. Now, what -- and Mr. Addison is saying
6 well she wasn't credible in her complaints to the
7 doctor that she -- that -- that for -- that made
8 the doctor write her out for light duty. So, tell
9 me what makes her credible. Commissioner Lyndon
10 found her credible. Tell me what makes her
11 credible and why she should -- she should be on --
12 I think it's a slam dunk if she's written out on
13 light duty and they're not offering her any work.
14 Right now it doesn't really matter whether she got
15 fired because she was on full duty when she got
16 fired. Do you see?

17 Mr. Calhoun: -- yes.

18 Commissioner Roche: Okay. Speak to --

19 Mr. Calhoun: But --

20 Commissioner Roche: -- speak to that.

21 Mr. Calhoun: -- but one issue I was working
22 at, Commissioner, is that this fear of being fired
23 that I think all of the employees had because they
24 were understaffed is she was using special care
25 not to do anything to give her Employer any reason

22

1 to fire her. When she went to the doctor's
2 appointment on the 18th, which was the day that
3 she -- she was just fired, she told the doctor --
4 her testimony was that she told the doctor I want
5 -- you need to put me back on full duty; I'm
6 worried about losing my job. The medical records
7 from March the 18th indicate that she requested to
8 be -- she requested, not the doctor, she requested
9 to be put back on full duty and that's what she
10 testified. She wanted to work full duty because
11 she was in fear of losing her job; she was scared
12 of losing her job and that's why she went back on
13 full duty. She didn't want to; it wasn't the
14 doctor's decision at Doctor's Care. The doctor at
15 Doctor's Care had recommended that she go see an
16 orthopedic doctor; that's what he wanted her to go
17 do, which -- which didn't happen. So, at any
18 rate, that's why she requested to be placed on
19 full duty. And so, three (3) days later, on March
20 the 21st, after she was fired and she had her
21 follow up appointment at the Doctor's Care, you
22 know, of course she -- she's not going to go back
23 in there after she'd been fired and say, yeah, I
24 want to keep working full duty; she didn't have a
25 job at that point but that is the reason -- you

23

1 know, that was the reasoning for her doing what
2 she did. But whether she was fired for requesting
3 to be paid for one (1) missed hour at a doctor's
4 appointment or falsifying documents, the
5 supervisor approved her form. If she was
6 falsifying documents, which is not what Ms. Burr
7 says the reason -- was reason for her termination
8 but even if that was the reason then the
9 supervisor was a part of that and the supervisor
10 wasn't fired. Ms. Ramey was paid on March the
11 11th for -- when she didn't clock out; that lead
12 her to believe -- her testimony was that my
13 understanding I was to be paid for time that I was
14 at the doctor on my Workers' Comp case and that is
15 corroborated by the fact that she was paid on the
16 day that she was injured even though she didn't
17 clock out. So, it would -- would be professional
18 suicide; it would be throwing nine (9) years away
19 for her to try to get paid for one (1) hour when
20 everything that the Employer did, everything that
21 the Employer told her up to that point, ever
22 action that the Employer performed corroborated
23 that her belief was that she was to be paid if she
24 was at the doctor. And her supervisors working
25 that day approved it; they okayed it. Ms. Burr

24

1 knew she was at the doctor – the lady who fired 25
 2 her knew that she was at the doctor that day; she
 3 approved it. Commissioner Lyndon simply said that
 4 he did not find it plausible that she would put
 5 nine (9) years on the line to get paid for one (1)
 6 hour at the doctor and Ms. Burr also, in her
 7 testimony, stated that all the other employees
 8 that we've fired in the past were falsifying
 9 documents. They were employees that requested to
 10 be paid for full shifts, nine (9) to twelve (12)
 11 hour shifts, that they did not work. They were
 12 not testified -- I mean, terminated for requesting
 13 to be paid for one (1) hour that Ms. Ramey was at
 14 the doctor. That's all I have on that issue.

15 Commissioner Beck: All right. Thank you,
 16 sir. Mr. Addison, you have two (2) minutes.

17 Mr. Addison: Thank you, sir.

18 REPLY FOR THE FIRST APPELLANT

19 By Mr. Addison:

20 Very quickly, Commissioners, I -- I do not
 21 object typically at appeal hearings and that's why
 22 I did not. There was a lot of discussion there by
 23 Mr. Calhoun about what was said by anyone. Ms.
 24 Sheppard was not at this hearing. When he says
 25 Ms. Sheppard said something he's basing that on

1 testimony the Claimant alleged at the time of the 26
 2 hearing, which, again, I believe are self-serving
 3 statements. There is no corroborating the
 4 evidence that the Claimant was working outside of
 5 her restrictions; we also put that in our brief.
 6 There is a finding in the order, I don't really
 7 know that Commissioner Lyndon found that in his
 8 notes or order but it was in the order that was
 9 signed by Commissioner Lyndon. The only evidence
 10 on that was the Claimant saying that she was doing
 11 that. There was no other employee that was
 12 brought in by the Claimant to corroborate any of
 13 this. There was no other Claimant that was
 14 brought in by the Claimant to corroborate that
 15 anybody at the facility was scared to lose their
 16 job. Every one of you all sitting on this panel
 17 has had a hearing with this particular employer;
 18 this is UHS Pruitt. This is my client where I
 19 bring -- and he is going to kill me for saying
 20 this but the little guy that comes with me to all
 21 the hearings. You all know them; they are tough
 22 but they're fair. They have a lot of people that
 23 are on light duty all over this state. There are
 24 thirty (30) plus facilities in South Carolina and
 25 they have a bunch of people on light duty all the

1 time; it is something they do routinely. They 27
 2 don't fire people just because they're on light
 3 duty or have Workers' Comp claims. They are tough
 4 on people when they're on Workers' Comp claims,
 5 they don't let them just live outside the rules;
 6 if somebody violates the rules they go ahead and
 7 fire them. But if they work like they're supposed
 8 to and do what they're supposed to do they get
 9 back to work and they do their job. I mean, it's
 10 a tough but fair Employer. There was a statement
 11 that seemed to indicate that Ms. Burr was not
 12 found credible; there is no statement by
 13 Commissioner Lyndon that he didn't find her
 14 credible. He just took her testimony and didn't
 15 write anything on his notes for her. He
 16 specifically did not find her to be not credible,
 17 which is the requirement to state that she was
 18 somehow not credible before this panel. As for
 19 the issues of the Claimant's inability to do any
 20 work, I would just state that she's an RN. The
 21 injuries, you can see what's on the medicals to
 22 suggest what's wrong with her; there's nothing
 23 that seems to indicate that she's not capable of
 24 doing the work as an RN somewhere.

25 Commissioner Beck: Thank you, sir.

1 Mr. Addison: Thank you. 28
 2 Commissioner Beck: Mr. Calhoun.
 3 REPLY FROM THE SECOND APPELLANT

4 By Mr. Calhoun:

5 Very briefly, the supervisor, Sheppard,
 6 signed the missed time form; she signed it on
 7 March the 18th of that year. On the average
 8 weekly wage issue, very simply our position is
 9 that under 42-40 in the Hinson and Breland cases
 10 we're contending that the average weekly wage
 11 should be based on the fifty-two (52) weeks
 12 previous to the date of injury; not on the four
 13 (4) quarter -- fifty-two (52) weeks prior to the
 14 date of injury, not the four (4) quarters that are
 15 on the Form 20 that the Employer uses; the last
 16 quarter being December 11th of 2010, which is
 17 three (3) months before the date of accident.
 18 Now, if you use -- hear me out please -- if -- if
 19 you use those fifty-two (52) weeks it gives you an
 20 actual compensation rate of seven hundred and
 21 thirty-two dollars and four cents (\$732.04), which
 22 of course is above the cap, the seven hundred and
 23 four dollar (\$704.00) cap for 2011 of seven
 24 hundred and four, ninety-two (\$704.92). Our
 25 position is -- is -- is the cap most closely

1 approximates the amount that a Claimant would have 29
2 been making in the future, which is what we're --
3 the case law says we're supposed to look forward
4 to earnings in the future, not the past. Now,
5 there is a sixty dollar and forty cents (\$60.40)
6 difference between this actual amount, seven
7 hundred and thirty-two dollars (\$732.00), and the
8 -- the amount that Commissioner Lyndon gave of six
9 hundred and seventy-one dollars (\$671.00). Our
10 position is that the comp rate -- the -- the
11 amount that mostly clearly approximates --
12 Commissioner Wilkerson: That's not sixty
13 dollars (\$60.00).
14 Mr. Calhoun: -- sir?
15 Commissioner Wilkerson: That's not sixty
16 dollars (\$60.00).
17 Mr. Calhoun: It's -- I -- I have --
18 Commissioner Wilkerson: Is it?
19 Mr. Calhoun: -- sixty dollars and forty-six
20 cents (\$60.46) --
21 Commissioner Wilkerson: Okay.
22 Mr. Calhoun: -- between the six --
23 Commissioner Wilkerson: Six seventy-one
24 (\$671.00) --
25 Mr. Calhoun: -- seventy-one (\$671.00) and --

1 Commissioner Wilkerson: -- and seven oh four 30
2 (\$704.00) --
3 Mr. Calhoun: -- the seven thirty-two
4 (\$732.00).
5 Commissioner Wilkerson: -- is not sixty
6 dollars (\$60.00).
7 Mr. Calhoun: Sir?
8 Commissioner Wilkerson: Six seventy-one,
9 fifty-eight (\$671.58) and seven oh four (\$704.00)
10 is not sixty dollars (\$60.00).
11 Mr. Calhoun: Yes, sir. I'm saying the six
12 seventy-one (\$671.00) and the seven thirty-two
13 (\$732.00) --
14 Commissioner Wilkerson: Okay.
15 Mr. Calhoun: -- would be -- would be sixty
16 dollars (\$60.00). Okay. That -- that most
17 clearly approximates what the Claimant would have
18 made. During those three (3) months the wage
19 records show and her testimony was that they were
20 understaffed and the wage records show that she
21 was working overtime. Now, that -- that's an
22 exceptional circumstance that was used in the
23 Booth case that working overtime is an exceptional
24 circumstance during those three (3) months in the
25 year 2011, and so since seven oh four (\$704.00)

1 most closely approximates what the Claimant would 31
2 have made in the future.
3 Commissioner Beck: All right. Thank you,
4 sir.
5 Commissioner Wilkerson: Okay. Thank you.
6 Mr. Calhoun: Thank you.
7 Commissioner Beck: That will conclude this
8 proceeding.
9 (THERE BEING NO FURTHER DISCUSSION, THE HEARING CONCLUDED
10 AT 9:23 A.M.)
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1 STATE OF SOUTH CAROLINA 32
2 COUNTY OF RICHLAND } CERTIFICATE
3
4 Be it known that I took the foregoing South Carolina
5 Workers' Compensation Commission Hearing of Gayla Ramey, vs.
6 Unihealth Post-Acute Care Tanglewood;
7 That I was then and there a Notary Public in and for
8 the State of South Carolina-At-Large;
9 That by virtue thereof I was duly authorized to
10 administer an oath;
11 That the witness was first duly sworn to testify the
12 truth, the whole truth, and nothing but the truth,
13 concerning the matter in controversy aforesaid;
14 The foregoing transcript of 31 typewritten pages
15 represents a true, accurate and complete transcription of
16 the testimony so given at the time and place aforesaid to
17 the best of my skill and ability;
18 That I am not related to nor an employee of any of the
19 parties hereto, nor a relative or employee of any attorney
20 or counsel employed by the parties hereto, nor interested in
21 the outcome of this action;
22 Witness my hand and seal this 6th Day of July, 2012.
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21 [3] 3:4; 32:18
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23 [2] 3:5; 31:10
25 [1] 3:5
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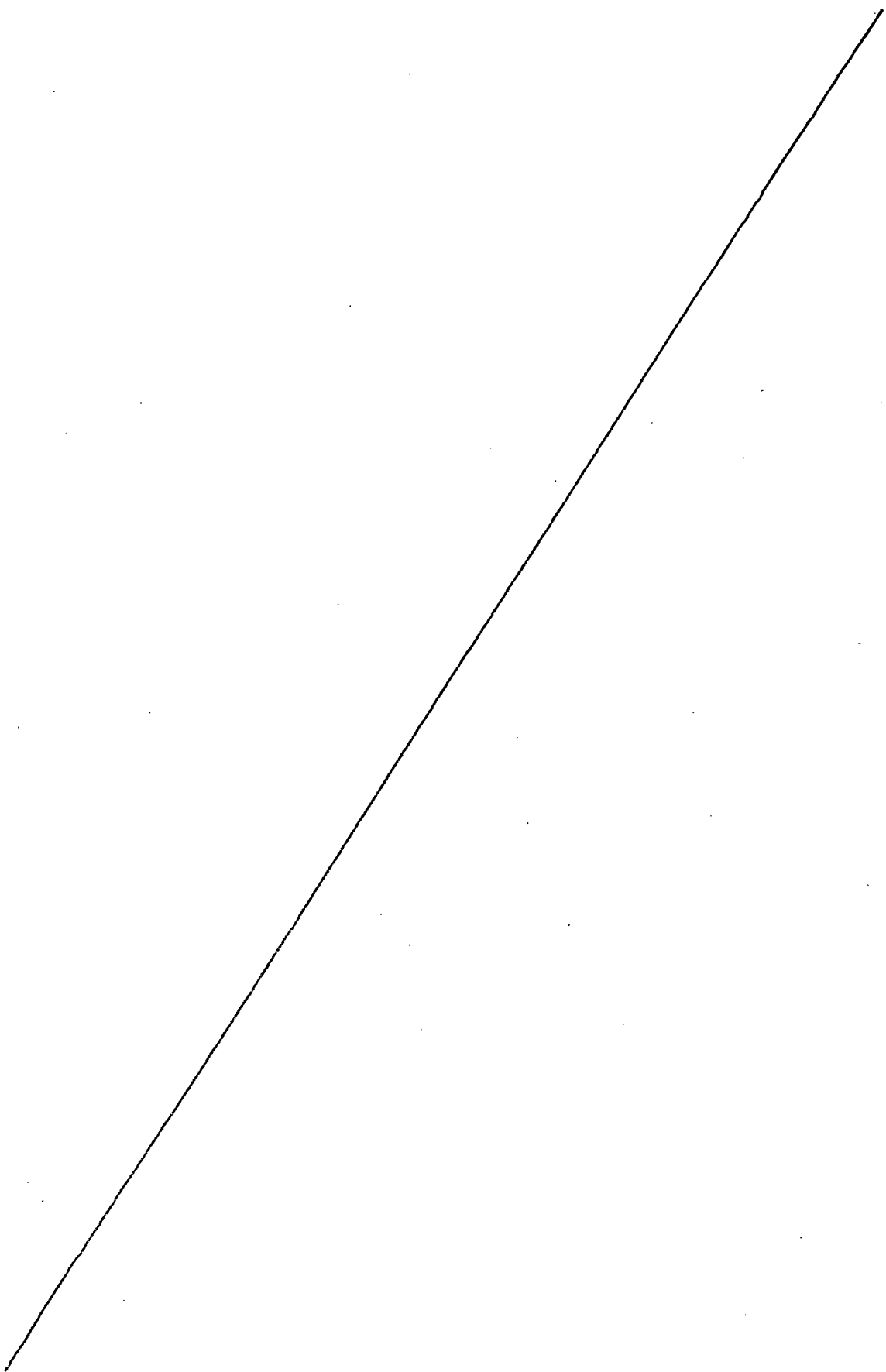
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Gayla Ramey
WCC File No: 1103442
Date of Accident: 03/11/2011

- 1) Alice J. Brooks M.D., p.a**
- 2) Doctors Care**
- 3) Camden Open MRI**
- 4) Palmetto Spine & Sports Medicine, p.a.**

ALICE J. BROOKS M.D., p.a

7200682 AREA/ROUTE/L JP: 0005400
 Kershaw County-Employee Health
 ATTN: MARY LIBBY BYARS
 1315 ROBERTS ST
 CAMDEN, SC 29020-3737

SB SmithKline Beecham
 Clinical Laboratories

PATIENT NAME RAMEY, GAYLA		PATIENT ID	ROOM NO.	AGE 39	SEX F	PHYSICIAN NORRIS, THOMAS W
SE 2	REQUISITION NO. 6841964	ACCESSION NO. AT660573N	LAB REF. #	COLLECTION DATE & TIME 07122000 1510 PM	LOG-IN DATE 07132000	REPORT DATE & TIME 07142000 3:12PM

REMARKS

EASTERN
TIME

SS#: [REDACTED]

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
FINAL		IN RANGE OUT OF RANGE			

Date of Birth: [REDACTED]
 RUBEOLA VIRUS IGG AB 2.90 EIA VALUE AT

EIA VALUE EXPLANATION OF TEST RESULTS

< OR = 0.90 NEGATIVE - NO RUBEOLA (MEASLES) IGG ANTIBODY DETECTED
 0.91 - 1.09 EQUIVOCAL
 > OR = 1.10 POSITIVE - RUBEOLA (MEASLES) IGG ANTIBODY DETECTED

THE PRESENCE OF RUBEOLA (MEASLES) IGG ANTIBODY SUGGESTS A CURRENT OR PAST INFECTION OR IMMUNIZATION WITH THE MEASLES VIRUS. IN THE ABSENCE OF A CURRENT OR RECENT INFECTION, A RUBEOLA IGG VALUE OF EQUAL TO OR GREATER THAN 1.10 IS CONSISTENT WITH IMMUNITY. SERA COLLECTED EARLY IN THE COURSE OF INFECTION MAY NOT HAVE DETECTABLE ANTIBODY.

IF A CURRENT OR RECENT INFECTION IS SUSPECTED, PERFORMING A RUBEOLA IGM TEST ON A SINGLE SERUM OR A RUBEOLA IGG TEST ON ACUTE AND CONVALESCENT SERA SUBMITTED AT THE SAME TIME MAY YIELD CLINICALLY USEFUL INFORMATION.

>> REPORT CONTINUED ON NEXT PAGE - RAMEY, GAYLA AT660573N <<

INDICATES TESTING SITE SEE REVERSE SIDE

7200662 AREA/ROUTE/L JP: 0005400
 KERSHAW COUNTY-EMPLOYEE HEALTH
 ATTN: MARY LIBBY BYARS
 1315 ROBERTS ST
 CAMDEN, SC 29020-3737

SB SmithKline Beecham
 Clinical Laboratories

PATIENT NAME RAMEY, GAYLA		PATIENT ID	ROOM NO.	AGE 39	SEX F	PHYSICIAN NORRIS, THOMAS W
REQUISITION NO. 1 6841964	ACCESSION NO. AT660573N	LAB REF. #	COLLECTION DATE & TIME 07122000 1510 PM	LOG-IN DATE 07132000	REPORT DATE 07142000	TIME 3:12PM

REMARKS

EASTERN
TIME

SS#: [REDACTED]

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
FINAL		IN RANGE OUT OF RANGE			

Date of Birth: 01/02/1961

RUBELLA VIRUS IGG AB

BY EIA

2.00

EIA VALUE

EIA VALUE	EXPLANATION OF TEST RESULTS
(OR = 0.90	NEGATIVE - NO RUBELLA IGG ANTIBODY DETECTED.
0.91 - 1.09	EQUIVOCAL
) OR = 1.10	POSITIVE - RUBELLA IGG ANTIBODY DETECTED.

THE PRESENCE OF RUBELLA IGG ANTIBODY SUGGESTS A CURRENT OR PAST INFECTION OR IMMUNIZATION WITH RUBELLA VIRUS. IN THE ABSENCE OF A CURRENT OR RECENT INFECTION, A RUBELLA IGG EIA VALUE OF EQUAL TO OR GREATER THAN 1.10 IS CONSISTENT WITH IMMUNITY TO RUBELLA. SERA COLLECTED EARLY IN THE COURSE OF INFECTION MAY NOT HAVE DETECTABLE LEVELS OF IGG ANTIBODY.

IF A CURRENT OR RECENT INFECTION IS SUSPECTED, PERFORMING A RUBELLA IGM TEST ON A SINGLE SERUM OR RUBELLA IGG TEST ON ACUTE AND CONVALESCENT SERA SUBMITTED AT THE SAME TIME MAY YIELD CLINICALLY USEFUL INFORMATION.

>> REPORT CONTINUED ON NEXT PAGE - RAMEY, GAYLA AT660573N <<

INDICATES TESTING SITE SEE REVERSE SIDE

2

7200682 AREA/ROUTE/L JP: 0005400
KERSHAW COUNTY-EMPLOYEE HEALTH
ATTN: MARY LIBBY BYARS
1315 ROBERTS ST
CAMDEN, SC 29020-3737



PATIENT NAME RAMEY, GAYLA		PATIENT ID		ROOM NO.	AGE 39	SEX F	PHYSICIAN NORRIS, THOMAS W
AGE 3	REQUISITION NO. 6841964	ACCESSION NO. AT660573N	LAB REF. #	COLLECTION DATE & TIME 07122000 1510 PM	LOG-IN DATE 07132000	REPORT DATE 07142000	& TIME 3:12PM

REMARKS

EASTERN
TIME

SS#: [REDACTED]

REPORT STATUS	FINAL	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE OUT OF RANGE			

Date of Birth: 01/02/1961

MUMPS VIRUS IGG AB BY

EIA, SERUM

3.66

EIA VALUE

AT

EIA VALUE

EXPLANATION OF TEST RESULTS

< OR = 0.90
0.91 - 1.09
> OR = 1.10

NEGATIVE - NO MUMPS IGG ANTIBODY DETECTED
EQUIVOCAL
POSITIVE - MUMPS IGG ANTIBODY DETECTED

THE PRESENCE OF MUMPS IGG ANTIBODY SUGGESTS A CURRENT OR PAST INFECTION OR IMMUNIZATION WITH MUMPS VIRUS. IN THE ABSENCE OF A CURRENT OR RECENT INFECTION, A MUMPS IGG EIA VALUE OF EQUAL TO OR GREATER THAN 1.10 IS CONSISTENT WITH IMMUNITY TO MUMPS. SERA COLLECTED EARLY IN THE COURSE OF INFECTION MAY NOT HAVE DETECTABLE LEVELS OF IGG ANTIBODY.

IF A CURRENT OR RECENT INFECTION IS SUSPECTED, PERFORMING A MUMPS IGM TEST ON A SINGLE SERUM OR MUMPS IGG TEST ON ACUTE AND CONVALESCENT SERA SUBMITTED AT THE SAME TIME MAY YIELD CLINICALLY USEFUL INFORMATION.

>> END OF REPORT - RAMEY, GAYLA AT660573N <<

Kershaw County Medical Center
Occupational Health Services

Dept: West / Nurse Tech

Annual Health Review

Name RANEY CAYIA D.O.B. 01/02/1961

Anniversary Date 7/17/2000

Social Security [REDACTED]

Pre-placement Health Review AHA AHA AHA AHA

Date	7-12-00	06/25/01			
Height/Weight	5'7 1/2" 168 1/2	5'7 1/2" 166 1/2			
Temp/Pulse/Resp.	98.1 72 18	Refered			
Blood Pressure	112/78 LA	120/88 LA			
CBC/H&H/ Chem 12/UA	7-12-00 See doc.	—	—	—	—
Rubella/Rubeola/ Varicella/Mumps Titer	Varicella — Mumps — Rubella — Rubeola —	by History Immune Immune Immune	—	—	—
HBSAB titer		8/26/01 Immune			
Pre-placement drug screen	7/12/00 negative	—			
Chest X-ray	7/12/00 normal. No	—	—		
2 Step PPD:	—	—			
#1 PPD placed	Past Positive	Past PPD			
Read	PPD	1967			
Results	1967-	no			
Lot #		negative			
#2 PPD placed		symptomatic			
Read					
Results					
Lot #					
Prophylactic Tr. for positive PPD Y/N/NA	INH X 1 year Age: 6	INH X 1 year Age: 6 -			

(X) do get documentation
of Positive PPD
in Bryan, R
advised
still need
doc. from
Health Dept
in Bryan, R

4

KERSHAW COUNTY MEDICAL CENTER
Radiology Department
Haile and Roberts Streets
Camden, South Carolina 29020
(803)713-6531

Patient: RAMEY, GAYLA
[REDACTED]
[REDACTED]

Age: 42 Sex: F

DOB: 01/02/1961

Serv Dt/Tm: 11/27/03 / 2046 Ord Dr: DIERINGER, CINDY MD
Loc: MED2IP Rm/Bed: MED2 0315-2
Status: ADM IN

MRN: M000209492
Acct #: K10000016268
Req #: 03-0006753

HIGH, PATRICE DO
116 STANDARD WAREHOUSE RD
LUGOFF, SC 29078

REASON FOR EXAM: DYSPNEA.

CHEST 11/27/03:

Comparison is made with 3/13/01 and reveals no significant interval change. No acute infiltrates are seen. The heart is normal in size. The pulmonary vascularity is normal.

IMPRESSION: NO CHANGE SINCE THE PRIOR STUDY.

Read by: DONALD J COPLEY MD

Trans by: TKR
Trans date/time: 11/28/03 1119

5

Signed
cc: DIERINGER, CINDY MD; HIGH, PATRICE DO
Report #1128-0021

Admitting Physician's copy

**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT: RAMEY, GAYLA
DOCTOR: Patrice L. High, DO
ADM DATE: 11/28/2003

RM#: MED2 0315-2
MR#: 0000209492
PT#: 010000016200

Ms. Ramey is a 42 year old white female who is assigned to me who presents to the Emergency Department with worsening of shortness of breath, wheezing, tightness in her chest and cough over the last five days. The patient was seen six days ago at Doctor's Care with a dry hacking cough with temperature of 102 to 103. She was placed on Biaxin for five days. Three days prior to admission, she noted worsening of chest tightness, shortness of breath with exertion. The patient denies any history of asthma but noted several years ago she had a history of bronchitis with similar symptoms as above. She was also noted some chills and slight nausea but no vomiting and diarrhea has since resolved. She was further treated for some flu like symptoms as well as the above illness.

PAST MEDICAL HISTORY:

None.

PAST SURGICAL HISTORY:

In 1994 she had uterine polyps removed. She has had four vaginal deliveries.

MEDICATIONS:

Sudal and Biaxin. These have been stopped since her hospitalization.

ALLERGIES:

None known.

FAMILY HISTORY:

Mom had a history of chronic obstructive pulmonary disease, emphysema and osteoporosis. Father history unknown.

Cervical CA @ 29

PGM DM

MGF Suicide

PGF Stroke

MGF Osteoarthritis

SOCIAL HISTORY:

Negative for alcohol and drug use but she is a 1.5 pack a day smoker times 30+ years but patient no smoking in the last week.

Married 4 Kids - youngest 16.

REVIEW OF SYSTEMS:

Negative.

Level 3

HISTORY AND PHYSICAL

Page 1 of 3

COPY FOR: Patrice L. High, DO

**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT: RAMEY, GAYLA
DOCTOR: Patrice L. High, DO
ADM DATE: 11/28/2003

RM#: -
MR#: 0000209492
PT#: 010000016268

PHYSICAL EXAMINATION:

Blood pressure 107/66, respirations 22, temperature of 96.5°, pulse is 110. O2 sat of 95%.

GENERAL: She is alert and oriented times three in no acute distress. She answers appropriately and has no conversational dyspnea.

HEENT: Head is normocephalic. Extraocular movements intact, pupils equal, round, reactive to light and accommodation. Her tympanic membranes are clear bilaterally. She has no adenopathy. She has dry mucous membranes. No posterior pharyngeal exudate.

HEART: Tachycardiac but regular with no murmurs or rubs.

LUNGS: Loud inspiratory and expiratory wheezes with occasional rhonchi, no rales.

ABDOMEN: Soft, nontender and no guarding or rebound. Positive bowel sounds.

EXTREMITIES: No edema, cyanosis or clubbing. She has good pulses bilateral pedal.

NEUROLOGICAL: Cranial nerves 2-12 grossly intact.

LABS:

From the Emergency Room, white count of 13.3 and her H&H 12.4 and 35.5. Platelets 362. Sodium was 138, potassium was low at 2.8. Her chloride was 101, CO2 25, BUN and creatinine 7 and 0.9 respectively. Her glucose was 108. Calcium was 9.7.

Chest x-ray unfortunately is not on the chart at this time. We will await those results.

ASSESSMENT:

Assessment of this patient, reactive airway disease, chronic obstructive pulmonary disease due to chronic smoking versus exacerbation of asthma. Hypokalemia questionable etiology.

PLAN:

To replace her potassium. She will on Solu-Medrol and await her

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HISTORY & PHYSICAL

Page 2 of 3

COPY FOR: Patrice L. High, DO

**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT: RAMEY, GAYLA
DOCTOR: Patrice L. High, DO
ADM DATE: 11/28/2003

RM#: -
MR#: 0000209492
PT#: 010000016268

pending tests and x-rays.

Patrice L. High, DO

PH/lwk

D: 11/28/2003 8:20 A

T: 11/28/2003 8:42 A

cc: Patrice L. High, DO

8
HISTORY & PHYSICAL

Page 3 of 3

COPY FOR: Patrice L. High, DO

**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT:	RAMEY, GAYLA	RM#:	MED2 0315-2
DOCTOR:	Patrice L. High, DO	MR#:	0000209492
ADM DATE:	11/28/2003	PT#:	010000016268
DSC DATE:	12/02/2003		

DISCHARGE DIAGNOSES:

1. Asthma exacerbation, new onset.
2. Hypokalemia, resolved.

DISCHARGE MEDICATIONS:

1. Advair 500 per 51 one puff p.o. b.i.d.
2. _____ valve to be utilized t.i.d. 7
3. Tobacco cessation.

HOSPITAL COURSE:

Ms. Ramey is an unassigned patient to me who is 42 years of age. She came to the Emergency Department with worsening shortness of breath, wheezing, tightness in her chest and cough over the last five days. She had been at Doctor's Care approximately five days prior to admission with dry hacking cough and temperature of 102 to 103° and was subsequently placed on Biaxin for five days. She noted worsening of her symptoms and thus came into the Emergency Department. She subsequently was admitted for reactive airway disease. Probable asthma exacerbation. She was placed on Solu-Medrol and had Xopenex and Atrovent nebs q-4 as she progressed well during her treatment her nebs were cut back to q-6 and then subsequently to q-shift. Solu-Medrol was stopped therefore the patient was stable for discharge on 12-2-03 with no wheezing and clear lungs. She was ambulating well with a pulse oxygen of 97% post ambulation.

She had a chest x-ray while she was here done on 11-27 which showed no acute infiltrate and her heart was normal size and pulmonary vascularity was normal. Her initial labs showed white count of 13.3, Hemoglobin of 12.4, hematocrit of 35.3 and platelet count of 362. This subsequently doubled on November 29th to 33.1, H&H of 10.6 and 30.8 as well as platelets of 345. It started to decrease again on November 30th at 29.2, and her Solu-Medrol was subsequently decreased. Her hemoglobin and hematocrit were back up to 11.1 and 31.8. Platelets remained stable At 363.

She also was noted to have some increases in her sugars on the Solu-Medrol but also subsequently dropped as she was tapered off. The patient was noted to be stable. Clinical presentation on 12-2 with blood pressure of 123/79, pulse of 79, temperature of 98.4° and O2 sats

**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT:	RAMEY, GAYLA	RM#:	-
DOCTOR:	Patrice L. High, DO	MR#:	0000209492
ADM DATE:	11/28/2003	PT#:	010000016268
DSC DATE:	12/02/2003		

as stated above respirations 18. It was felt that despite her abnormal labs, it was safe for her to go home and to be followed up in ten days. She will placed on Advair inhaler as stated above. She will follow-up in my office in seven to ten days. The patient has been told that smoking is probably what caused her lung status and she needs to stop. After her lungs were clear, she will not be placed on any prednisone or anything like that. The number to my office has been given to her. She will call the office if she needs me in the interim.

Patrice L. High, DO

PH/lwk

D: 12/02/2003 8:40 A

T: 12/09/2003 10:13 A

cc: Patrice L. High, DO

/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

Page 1

0488701 Ramey, Gayla R
.6 Duke Drive

Jugoff, SC 29078

DATE Dr. Notes

3/24/2004 02 Chart Number: 0488701
03/24/2004

Date Created:

Patient Name: Ramey, Gayla
DOB: 01/02/1961 Age: 43 Sex: Female
Ethnic Origin: WHITE, NON-HISPANIC
Doctor: ALICE J. BROOKS M.D.

*****CHIEF COMPLAINT*****

EXTENDED OV, PAP SMEAR AND CLINICAL BREAST EXAM

*****REVIEW OF SYSTEMS*****

THIS PATIENT DENIES FEVER, HA, PND, ALLERGIES, ST, COUGH,
FATIGUE, SOB, CHEST PAIN, N/V/C/D, URINARY SYMPTOMS, SWELLING OR
NEUROLOGIC CHANGES. ALL OTHER SYSTEMS NEGATIVE.

*****PATIENT HISTORY*****

ALLERGIES: NKDA

CHILDHOOD ILLNESSES: HEALTHY

ADULT ILLNESSES: COPD

INJURIES/FX'S: FX PINKY

SURGERIES: UTERINE POLYP REMOVED IN 1994

HOSPITALIZATIONS: FOR ABOVE AND CHILDBIRTH

CURRENT MEDICATIONS:

LMP: 3-18-04

LAST PAP SMEAR: 1994

LAST MAMMOGRAM: 2 YRS AGO

HX OF ABNORMAL PAP SMEARS: NO

HX OF ABNORMAL MAMMOGRAMS: NO

G 5 P 4 A 1 L 4 MISCARRIAGE

PREGNANCY HISTORY:

FULL TERM: 4

SVD: 4

COMPLICATIONS WITH PREGNANCY: NO

AGE AT FIRST PREGNANCY: 16

BREAST FEED: NO

BIRTH CONTROL METHOD: VASECTOMY

H/O STD'S: NO

IMMUNIZATIONS:

YEARLY FLU VACCINE: YES

PNEUMOVAX: NO

HEP B SERIES: YES

LAST TETANUS INJ (WITHIN 10 YEARS): UNSURE

LAST EYE EXAM: NEEDS TO HAVE ONE

LAST DENTAL EXAM: NEEDS TO HAVE ONE

BONE DENSITY SCAN: NO

5/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

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SIGMOIDOSCOPY:NO
COLONOSCOPY:NO
PROBLEMS WITH VOIDING:
*****FAMILY HISTORY*****
HX OF FEMALE RELATED CANCER:
FAMILY HX OF OSTEOPOROSIS:
MOTHER:UTERINE OR CERVICAL CA AT 29. COPD/HTN/CHF
FATHER:UNSURE
SIBLINGS:HEALTHY
MGM:OSTEOARTHRITIS
MGF:UNSURE
PGM:DM
PGF:UNSURE
*****SOCIAL HISTORY*****
TOBACCO USE:3/4 PPD X 25 YRS
ETOH:NO
RECREATIONAL DRUG USE:NO TYPE:
CAFFEINE INTAKE:ALOT
EXERCISE:NO
EMPLOYED:NURSE AT REHAB CENTER
MARITAL STATUS:MARRIED
LIVING ARRANGEMENTS:LIVES WITH HUSBAND AND YOUNGEST CHILD
*****PHYSICAL*****
NEURO: THE PATIENT IS WELL DEVELOPED. A&O X3, PLEASANT AFFECT.
CRANIAL NERVE II-XII INTACT TO INCLUDE DTR'S AND SENSATION.
SENSE OF TASTE NOT TESTED.
HEAD: HEAD IS ATRAUMATIC AND NORMOCEPHALIC, HELD MIDLINE &
ERECT WITH FEATURES SYMMETRIC. SCALP MOVES FREELY UNDER
EXAMINING FINGERS. NO TENDERNESS NOTED. TEMPORAL ARTERIES
PALPABLE BUT NOT THICKENED. NO DEFECTS OR DEFORMITIES NOTED.
EYES: PATIENT DENIES PAIN, DISCOMFORT, ITCHING, BLURRED VISION,
OR DOUBLE VISION. THE PATIENT'S VISION WAS 20/20 BILATERALLY.
PUPILS ARE EQUAL, ROUND & REACTIVE TO LIGHT AND ACCOMODATION.
EXTRA OCULAR MOVEMENTS INTACT. PERIPHERAL VISION INTACT AT 75
DEGREES BILATERALLY. INSPECTION OF LIDS AND CONJUNCTIVAE WITHIN
NORMAL LIMITS.
EARS: AURICLE IN ALIGNMENT, NO MASSES, LESIONS, SCARS OR
TENDERNESS NOTED. EXTERNAL AUDITORY CANALS UNOBSTRUCTED.
TYMPANIC MEMBRANES ARE TRANSLUCENT PEARLY GREY IN COLOR, INTACT,
MOBILE, GOOD LIGHT REFLEX AND BONY LANDMARKS PRESENT.
NOSE: NO DISCHARGE OR POLYPS, MUCOSA PINK AND MOIST, SEPTUM
MIDLINE AND PATENT BILATERALLY, TURBINATES CLEAR. NO ERYTHEMA OR
PURULENCE WAS NOTED. NO FRONTAL OR MAXILLARY TENDERNESS ON
PALPATION OR PERCUSSION.
MOUTH: LIPS ARE SYMMETRICAL, COLOR PINK, WITHOUT EDEMA OR
SURFACE ABNORMALITIES. BUCCAL MUCOSA PINK AND MOIST WITHOUT
LESIONS, GINGIVAE RED AND BOGGY; TONGUE MIDLINE; NO LESIONS OR
TREMORS. TEETH IN GOOD REPAIR. HARD AND SOFT PALATE INSPECTED
NO OBVIOUS ABNORMALITIES NOTED.
THROAT: GAG REFLEX INTACT, UVULA RISES EVENLY, OROPHARYNX PINK

AND MOIST WITHOUT EXUDATE OR ERYTHEMA, NO HOARSENESS. ENUCIATES WORDS CLEARLY.

NECK: TRACHEA MIDLINE. THE NECK IS SUPPLE, NON-TENDER, WITHOUT JVD OR BRUITS. FULL RANGE OF MOTION. THERE IS NO ADENOPATHY OR THYROMEGALY PRESENT. THYROID IS SMOOTH, SOFT, NON-TENDER, & MOVES FREELY WHEN PATIENT SWALLOWS.

LUNGS: CLEAR TO AUSCULTATION AND PERCUSSION. NO RALES, RHONCHI, OR WHEEZES WERE HEARD. VESICULAR BREATH SOUNDS OVER PERIPHERAL LUNG TISSUE. NON LABORED AND EVEN EFFORT. NO INCREASED OR DIMINISHED TACTILE FREMITUS NOTED.

HEART: NORMAL S1,S2 REGULAR RATE AND RHYTHM WITHOUT CLICKS GALLOPS, RUBS, OR MURMURS. PMI IS AT THE LMC LINE.

VASCULAR: PULSES IN ALL FOUR EXTREMITIES +3, NO JUGULAR VEIN DISTENTION NOTED, CAPILLARY REFILL 1-2 SECONDS, NO PITTING EDEMA OR SWELLING OF EXTREMITIES NOTED. NO BRUITS AUDIBLE.

BREASTS: PALPATION WITHOUT MASSES, DIMPLES OR AXILLARY ADENOPATHY. SYMMETRICAL SHAPE AND SIZE. NO DISCHARGE FROM NIPPLES.

ABDOMEN: VISUAL INSPECTION OF ABDOMEN WITHOUT MASSES OR LESIONS NOTED. NORMAL BOWEL SOUNDS, NO HEPATO-SPLEENMEGALY NOTED. NO TENDERNESS TO PALPATION. NO GUARDING OR REBOUND. NORMAL TO PERCUSSION. THE PATIENT WAS EVALUATED AND NO HERNIAS PRESENT.

GENITOURINARY: HAIR DISTRIBUTION IS WITHIN NORMAL LIMITS.

BLADDER IS WITHOUT FULLNESS, MASSES OR TENDERNESS. THE ORIFICE OF THE URETHRA IS WITHOUT MASSES, TENDERNESS OR SCARING. THE VAGINA IS NORMAL IN COLOR AND RUGGAE. NO LESIONS OR MASSES ARE SEEN. THE UTERUS IS NORMAL IN SIZE, SHAPE AND CONSISTENCY. THERE IS NO CERVICAL MOTION TENDERNESS. THE CERVICAL OS IS WITHOUT LESIONS OR MASSES. NO ADNEXAL TENDERNESS TO PALPATION. NO RECTOCELE OR CYSTOCELE PRESENT.

RECTUM: MANUALLY EVALUATED AND FOUND TO HAVE NORMAL TONE AND NO MASSES. THE PATIENT'S STOOL WAS GAUAC NEGATIVE. NO HEMORRHOID NOTED.

MUSCULOSKELETAL: NORMAL GAIT NOTED. POSTURE STRAIGHT, WITHOUT SCOLIOSIS. MUSCLES & EXTREMITIES SYMMETRIC. MUSCLE STRENGTH APPROPRIATE AND EQUAL BILATERALLY. ACTIVE RANGE OF MOTION.

JOINTS: NORMAL SIZE AND CONTOUR, FULL RANGE OF MOTION, NO REDNESS OR SWELLING. NO EVIDENCE OF INJURY. NO CLICKS, LOCKING, OR LIMITED EXTENSION NOTED.

SKIN: APPROPRIATE COLOR FOR RACE. WARM & DRY W/O LESIONS OR DEFORMITIES.

DX: COPD/TOBACCO DEPENDENCE/EOV WITH PAP, CLINICAL BREAST EXAM

PLAN: SCHEDULE MAMMOGRAM, PT TO CHECK WITH INSURANCE ABOUT

LABS: CBC W/DIFF, TSH, CMP, HGB ALC AND LIPID PANEL. PT AWARE OF MESSAGE CENTER FOR X-RAY/LAB RESULTS OR SCHEDULED APPOINTMENTS.

DS

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5/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

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0488701 Ramey, Gayla R
16 Duke Drive

Lugoff, SC 29078

DATE Dr. Notes

3/25/2004 07 Chart Number: 0488701
03/25/2004

Date Created:

Patient Name: Ramey, Gayla R
DOB: 01/02/1961 Age: 43 Sex: Female
Ethnic Origin: WHITE, NON-HISPANIC
Doctor: ALICE J. BROOKS M.D.
LABS DRAWN IN OFFICE ON 3-25-04//MAT

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Specimen #	Type	Primary Lab	Report Status
35-C99-0040-0	S	GF	Final
Additional Information			
CD- 91085610236	Sex	Age (Yr/Mos)	
AMEY, GAYLA	F	043/02	
Date Collected	Date Entered	Date Reported	
3/24/04	03/25/04	03/31/04	1597

Clinical Information	
DOB: 01/02/61	
Physician ID	Patient ID
SHUMPERT, E	401987482
Account	39432640
ALICE J BROOKS MD CLINICAL	
116 STANDARD WAREHOUSE ROAD	
LUGOFF, SC 29078	
803-438-6023	
UPIN: S99423	

CYTOLOGY INFORMATION:
 SOURCE.....CERVICAL
 COLLECTION.....CX BROOM ONLY
 LMP / PREV TREAT...NONE
 PREV CYTOLOGY.....NEGATIVE

Liquid Pap w/HPV Rfx on ASC-U

Test ordered:
 192047 Liquid Pap with HPV Reflex on ASCU
 Number of Slides = 1

Clinical history:
 VT6.2 : Screening for malignant neoplasm of the cervix

 Diagnosis:
 NEGATIVE FOR INTRAEPITHELIAL LESION AND MALIGNANCY.

Specimen adequacy:
 Satisfactory for evaluation. Endocervical and/or squamous metaplastic cells (endocervical component) are present.

Performed by:
 Deena D Currie,
 Cytotechnologist (ASCP)

The Pap smear is a screening test designed to aid in the detection of premalignant and malignant conditions of the uterine cervix. It is not a diagnostic procedure and should not be used as the sole means of detecting cervical cancer. Both false-positive and false-negative reports do occur.

Comment: HPV DNA TESTING WAS NOT INDICATED FOR THIS SPECIMEN.

LAB: GF LabCorp Burlington Directors: Sandra Bigner, MD
 2039 Willow Springs Lane Burlington, NC 27215-0000

For inquiries the physician may contact: Branch: 800-327-0997 Lab: 336-584-5171
 Last Page of Report

401-98-7482
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XI N

Specimen #	Type	Primary Lab	Report Status	Pg
085-002-0163-0	S	BN	Final	1
Time 1022				
Additional Information				
CD- 91085610269				
Patient Name	Sex	Age (Yr/Mo)		
RAMEY, GAYLA R	F	043/02		
Date Collected				
03/25/04	03/25/04	Date Reported	1494	

Clinical Information	
DOB: 01/02/61	Fasting: Y
Physician ID	Patient ID
SHUMPERT, E	401987482
Account	ALICE J BROOKS MD CLINCIAL 394328
116 STANDARD WAREHOUSE ROAD	
LUGOFF, SC 29078	
803-438-6023	
UPIN: 999492	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB

CMP14+LF+CBC/D/Pt+TSH+Hb A...					
Chemistries					
Glucose, Serum	95		mg/dL	65 - 99	
A1c	5.3		%	4.5 - 5.7	

graf
em Current guidelines recommend a treatment goal of <7% for diabetic patients. A1c may be overestimated in diabetic patients exhibiting poor control and who are also heterozygous or homozygous for HgbS or HgbC. Total glycohemoglobin is a better indicator of diabetic control in patients with these hemoglobin variants.

Mean Bid Glu Estim.	90		mg/dL		
BUN	10		mg/dL	5 - 26	
Creatinine, Serum	0.7		mg/dL	0.5 - 1.5	
BUN/Creatinine Ratio	14			8 - 27	
Sodium, Serum	140		mmol/L	135 - 148	
Potassium, Serum	4.7		mmol/L	3.5 - 5.5	
Chloride, Serum	107		mmol/L	96 - 109	
Carbon Dioxide, Total	22		mmol/L	20 - 32	
Calcium, Serum	9.3		mg/dL	8.5 - 10.6	
Protein, Total, Serum	6.5		g/dL	6.0 - 8.5	
Albumin, Serum	4.1		g/dL	3.5 - 5.5	
Globulin, Total	2.4		g/dL	1.5 - 4.5	
A/G Ratio	1.7			1.1 - 2.5	
Bilirubin, Total	0.3		mg/dL	0.1 - 1.2	
Alkaline Phosphatase, Serum	64		IU/L	25 - 150	
AST (SGOT)	17		IU/L	0 - 40	
ALT (SGPT)	15		IU/L	0 - 40	

Lipids					
Cholesterol, Total	212	H	mg/dL	100 - 199	
Triglycerides	102		mg/dL	0 - 149	
HDL Cholesterol	41		mg/dL	40 - 59	
VLDL Cholesterol Calc	20		mg/dL	5 - 40	
LDL Cholesterol Calc	151	H	mg/dL	0 - 99	

Comment

IF initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy

CHD	<100	>100	Cor=130
2+ Risk Factors	<130	>or=130	Cor=130

401-974-7100 REPORT

Lab 10

XI N

Clinical Information DOB: 01/02/61 Fasting: Y

Physician ID

SHUMPERT, E

Patient ID

401987482

Account ALICE J BROOKS MD CLINCIAL 39432

116 STANDARD WAREHOUSE ROAD

LUGOFF, SC 29078

803-438-6023

UPIN: 899492

Specimen #	Type	Primary Lab	Report Status	Pg	2
085-002-0163-0	S	BN	Final		
Time 1022 Additional Information					
CD- 91085610269					
Patient Name		Sex	Age (Yr/Mos)		
RAMEY, GAYLA R		F	043/02		
Patient Address					
E					
Date Collected	Date Entered	Date Reported	1494		
03/25/04	03/25/04	03/29/04			

TESTS

RESULT

FLAG

UNITS

REFERENCE INTERVAL

LA

0-1 Risk Factors <160
 T. Chol/HDL Ratio
 LDL/HDL Ratio

>or=160

5.2

H ratio units

0.0 - 4.4

3.7

H ratio units

0.0 - 3.2

LDL/HDL

Men Women

1/2 Avg. Risk 1.0 1.5

Avg. Risk 3.6 3.2

2X Avg. Risk 6.3 5.0

2X Avg. Risk 8.0 6.1

stat send

Thyroid
TSH

0.646

uIU/mL

0.350 - 5.500

CBC, Platelet Ct, and Diff

White Blood Cell (WBC) Count

7.3

X 10³/uL

4.0 - 10.5

Red Blood Cell (RBC) Count

4.69

X 10⁶/uL

3.80 - 5.10

Hemoglobin

13.7

g/dL

11.5 - 15.0

Hematocrit

41.4

%

34.0 - 44.0

MCV

88

fL

80 - 98

MCH

29.2

pg

27.0 - 34.0

MCHC

33.1

g/dL

32.0 - 36.0

RDW

14.9

%

11.7 - 15.0

Platelets

236

X 10³/uL

140 - 415

Polys

58

%

40 - 74

Lymphs

34

%

14 - 46

Monocytes

5

%

4 - 13

Eos

3

%

0 - 7

Basos

0

%

0 - 3

Polys (Absolute)

4.2

X 10³/uL

1.8 - 7.8

Lymphs (Absolute)

2.5

X 10³/uL

0.7 - 4.5

Monocytes (Absolute)

0.4

X 10³/uL

0.1 - 1.0

Eos (Absolute Value)

0.2

X 10³/uL

0.0 - 0.4

Baso (Absolute)

0.0

X 10³/uL

0.0 - 0.2

DB

LAB: BN LabCorp Burlington

Director: Frank Hancock, MD

1447 York Court Burlington, NC 27215-2230

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For inquiries the physician may contact: Branch: 800-327-0997 Lab: 888-200-54

Last Page of Report

West Wateree Medical Complex

Suite 300 • 1165 Highway One South • Lugoff, SC 29078 • Phone: (803) 438-0868 • Fax: (803) 438-0832

Patient: Gayla Ramey
DOB: January 2, 1961 Age: 43
Phone: (803)

MRN: M000209492

Procedure Report

April 1, 2004

TO: EVELYNNE SHUMPERT(BROOKS, NP
116 STANDARD WAREHOUSE RD
LUGOFF SC 29078

Patient History

Last mammogram was performed 3 years and 1 month ago.

Reason for exam: screening.

Screening Mammogram: March 31, 2004 - Account #: K10000047521
Bilateral CC and MLO.

Prior study comparison: March 6, 2001, bilateral screening mammogram.

Views of the breasts demonstrate no change in their appearance since the prior study. No signs suggestive of neoplastic disease are identified.

ASSESSMENT: BENIGN Bi-rads2

Recommendation

Routine screening mammogram in 1 year.



Donald J. Copley, M.D.

DJC/js

West Wateree Medical Complex

401-98-7482

APR 01 2004

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250

Lab
wt
m

No

0488701 Ramey, Gayla R
16 Duke Drive

Lugoff, SC 29078

DATE Dr. Notes

2/28/2004 17 Chart Number: 0488701

Date Created:

12/28/2004

Patient Name: Ramey, Gayla R

DOB: 01/02/1961 Age: 43 Sex: Female

Ethnic Origin: WHITE, NON-HISPANIC

Doctor: ALICE J. BROOKS M.D.

*****CC*****

UTI SYMPTOMS

*****HPI*****

PT CO FREQUENCY, BURNING, URGENCY,
DID HAVE ONE DAY VAGINAL DISCHARGE, WITH SOME ODD ODOR, BUT THAT
RESOLVED.

FOR 7 DAYS WITH THE FREQUENCY, DYSURIA, FREQ SINCE YESTERDAY.

*****ROS*****

PT DENIES FEVER, ABDOMINAL PAIN, BACK PAIN, NAUSEA, VOMITING,
AND REPORTS THESE SX AS SIMILAR TO PREVIOUS UTIS.

LMP ENDED MID DECEMBER

AND PERIODS ARE NOT NORMAL AND NO ACTIVE MENSES NOW.

REST OF ROS IS NEGATIVE EXCEPT AS ABOVE, AND FAMILY PAST MEDICAL
AND SOCIAL HISTORY ARE UNCHANGED FROM LAST VISIT AND EXAM.

*****PE*****

ABDOMEN: SOFT, NONTENDER, NO HSM, NO GUARD OR REBOUND

BACK: NO CVA TENDERNESS

MILD SUPRAPUBIC TENDERNESS TO DEEP PALPATION WITH SENSATION OF
URGE TO VOID.

PELVIC EXAM: DEFERRED AT THIS TIME

UA: SML LEUKO, MICRO SCANT EPI, FEW WBC, SOME "TRASH"

ASSESSMENT: UTI

POSSIBLE BV

PLAN: RX SEPTRA DS 3 DAYS

ALSO RX FOR FLAGYL 250 TID 7 DAYS IF NON-ITCHY VAG D/C

RECURRS. OW MAY TRY OTC MONISTAT FOR ITCHY D/C

PT AWARE OF PHONE MESSAGE CENTER FOR RESULTS AND APPTS AND WILL
CALL IF SX WORSEN OR CHANGE.

RES

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5/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

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0488701 Ramey, Gayla R
16 Duke Drive

Lugoff, SC 29078

DATE Dr. Notes

2/29/2005 01 Chart Number: 0488701
12/29/2005

Date Created:

Patient Name: Ramey, Gayla R
DOB: 01/02/1961 Age: 44 Sex: Female
Ethnic Origin: WHITE, NON-HISPANIC
Doctor: ALICE J. BROOKS M.D.

*****CHIEF COMPLAINT*****

PT C/O SINUS INFECTION

2 WEEKS OF SXMS

GREEN DRAINAGE

THICK

FELT LIKE EYES WERE GOING TO POP

NOW COUGHING

GREEN SPUTUM

CONGESTION

TIRED

NOW PAIN BETWEEN THE SHOULDER BLADES

TODAY SHE HAS ALSO NOTED NERVOUSNESS???ETIOLOGY SHE DOES DRINK
COFFEE BUT NEVER LIKE THIS BEFORE

PT TO RETURN FOR EARLY SATIETY AND EPIGASTRIC PAIN

*****ROS*****

THE PATIENT DENIES HA, VISUAL CHANGES, NECK PAIN, FEVER, CHILLS,
WEIGHT CHANGE, CHEST PAIN, SOB, NAUSEA, VOMITING, URINARY
SYMPTOMS, ABDOMINAL PAIN, NUMBNESS OR TINGLING. ALSO THE
PATIENT DENIES ANY MENTAL STATUS CHANGES.

*****SOCIAL HISTORY*****

THE PATIENT DOES NOT DRINK ALCOHOL.

THE PATIENT HAS NO HISTORY OF SUBSTANCE ABUSE.

THE PATIENT IS A SMOKER.

FAMILY STATUS:MARRIED

EMPLOYMENT=FULL TIME

*****FAMILY HISTORY*****

THE PATIENT'S FATHER HAS A HISTORY OF HYPERTENSION.

THE PATIENT'S MOTHER HAS A HISTORY OF HYPERTENSION.

THE PATIENT'S MOTHER HAS A HISTORY OF COPD.

MOTHER:CARDIAC PATIENT AND CHF

*****PHYSICAL*****

EARS: Auricle in alignment, no masses, lesions, or tenderness.
Canals unobstructed with small amount of brown cerumen. Tympanic
membranes of translucent pearly grey in color, intact, mobile,
good light reflex and bony landmarks present.

6/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

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THROAT: Gag reflex intact, uvula rises evenly, pharynx pink and moist without exudate or erythema, no hoarseness.
THE LUNGS HAD RHONCHI THROUGHOUT. NON LABORED AND EVEN EFFORT.
Inspiratory and expiratory wheezing is noted.
NORMAL S1 S2 REGULAR RATE & RHYTHM WITHOUT CLICKS, RUBS, GALLOPS OR MURMURS.
DX: BRONCHITIS
TX: PT HAS NEBULIZER AND MED COMBIVENT TO GO IN IT FROM HER MOTHER
ANTIBIOTIC
AB

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ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

7/17/2011

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0488701 Ramey, Gayla R
16 Duke Drive

Lugoff, SC 29078

DATE Dr. Notes

7/27/2006

Chart Number: 0488701

Date Created:

07/27/2006

Patient Name: Ramey, Gayla R

DOB: 01/02/1961 Age: 45 Sex: Female

Ethnic Origin: WHITE, NON-HISPANIC

Doctor: ALICE J. BROOKS M.D.

*****CHIEF COMPLAINT*****

PT FEELS DRAINED.

SOME BETTER TODAY

LOTS OF STRESS...MOTHER DIED IN MARCH

HEAVY MENSES

ON CYCLE NOW

HAS NOT BEEN SEEN SINCE 2004

NOT SLEEPING WELL

INTERRUPTED SLEEP

TROUBLE FALLING ASLEEP

PT HAS NOT YET TRIED TYLENOL PM

PT ALSO RELATES SOME DEPRESSION

*****ROS*****

THE PATIENT DENIES HA, VISUAL CHANGES, NECK PAIN, FEVER, CHILLS,
WEIGHT CHANGE, CHEST PAIN, SOB, NAUSEA, VOMITING, URINARY
SYMPTOMS, ABDOMINAL PAIN, NUMBNESS OR TINGLING. ALSO THE
PATIENT DENIES ANY MENTAL STATUS CHANGES.

THE PAST MEDICAL HISTORY WAS REVIEWED AND FOUND TO BE UNCHANGED.
THE PRIOR SOCIAL HISTORY WAS REVIEWED AND UNCHANGED FROM PRIOR
VISITS.

THERE IS NO NEW FAMILY HISTORY AT THIS OFFICE VISIT.

*****PHYSICAL*****

VITAL SIGNS:

Blood Pressure.: 122 (Systolic) How Taken CUFF Arm
80 (Diastolic)

Weight.....: 174.5 lbs. Height 0 ft 0.0 inches

Inspiratory and expiratory wheezing is noted.

NORMAL S1 S2 REGULAR RATE & RHYTHM WITHOUT CLICKS, RUBS, GALLOPS
OR MURMURS.

DX: MENORRHAGIA; HYPERLIPIDEMIA; WEAKNESS AND FATIGUE; INSOMNIA;
DEPRESSION

TX: START ZOLOFT; GET FEMALE PANEL; SCHEDULE EOV
AB

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KERSHAW COUNTY MEDICAL CENTER
Radiology Department
Haile and Roberts Streets
Camden, South Carolina 29020
(803)713-6531

04887
Patient: RAMEY, GAYLA
[REDACTED]

Age: 45 Sex: F

DOB: 01/02/1961

Serv Dt/Tm: 07/27/06 /

Loc: WWRAD

Rm/Bed:

Status: REG CLI

Ord Dr: BROOKS, ALICE MD

MRN: M000209492

Acct #: K10000279053

Req #: 06-0024162

BROOKS, ALICE MD
116 STANDARD WAREHOUSE RD
LUGOFF, SC 29078

REASON FOR EXAM: COPD

CHEST 7-27-06

Frontal and lateral views demonstrate the lungs, heart, mediastinum and bony thorax to be within normal limits.

IMPRESSION: NORMAL EXAMINATION.

Electronically signed by: YASSEEN KUZBARY MD <<Signature on File>>

Trans by: LM

Trans date/time: 07/28/06 1349


401 98 7/28/06

8/14/06

Lab retrieve A

Signed
cc: BROOKS, ALICE MD
Report #0728-0101

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Ordering Physician's copy

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KERSHAW COUNTY MEDICAL CENTER
Radiology Department
Haile and Roberts Streets
Camden, South Carolina 29020
(803)713-6531

04867

AB
AUG 24 2006

9-11-06

Patient: RAMEY, GAYLA

Age: 45 Sex: F

DOB: 01/02/1961

Serv Dt/Tm: 07/27/06 /

Ord Dr: BROOKS, ALICE MD

Loc: WWRAD Rm/Bed:

Status: REG CLI

MRN: M000209492

Acct #: K10000279053

Req #: 06-0024162

BROOKS, ALICE MD
116 STANDARD WAREHOUSE RD
LUGOFF, SC 29078

REASON FOR EXAM: COPD

CHEST 7-27-06

Frontal and lateral views demonstrate the lungs, heart, mediastinum and bony thorax to be within normal limits.

IMPRESSION: NORMAL EXAMINATION.

Electronically signed by: YASSEEN KUZBARY MD

Trans by: LM

Trans date/time: 07/28/06 1349



Signed
cc: BROOKS, ALICE MD
Report #0728-0101

Ordering Physician's copy

24

/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

Page 9

0488701 Ramey, Gayla R
[REDACTED]
[REDACTED]

DATE Dr. Notes

7/28/2006 06 Chart Number: 0488701
07/28/2006
Patient Name: Ramey, Gayla R
DOB: 01/02/1961 Age: 45 Sex: Female
Ethnic Origin: WHITE, NON-HISPANIC
Doctor: ALICE J. BROOKS M.D.
LMTRC ABOUT MAMMOGRAM. SG

Date Created:

5/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

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0488701 Ramey, Gayla R
16 Duke Drive

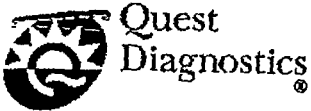
Lugoff, SC 29078

DATE Dr. Notes

8/31/2006 07 Chart Number: 0488701
08/31/2006
Patient Name: Ramey, Gayla R
DOB: 01/02/1961 Age: 45 Sex: Female
Ethnic Origin: WHITE, NON-HISPANIC
Doctor: ALICE J. BROOKS M.D.
LABS DRAWN IN OFFICE ON 8-31-2006/MAT

Date Created:

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Quest on Demand™

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 770.934.9205PATIENT INFORMATION
RAMEY, GAYLA RREPORT STATUS **Final**DOB: 01/02/1961 Age: 45
GENDER: F Fasting: Y
SS: [REDACTED]
ID: 0488701
PHONE: [REDACTED]ORDERING PHYSICIAN
BROOKS, ALICE JSPECIMEN INFORMATION
SPECIMEN: AT431777R
REQUISITION: 7211329
LAB REF NO:CLIENT INFORMATION
7189992
ALICE J BROOKS, MD
116 STANDARD WAREHOUSE RD
LUGOFF, SC 29078-9670COLLECTED: 08/31/2006 08:55 Room/Loc: LAB
RECEIVED: 08/31/2006 09:37
REPORTED: 09/01/2006 03:47

3/04

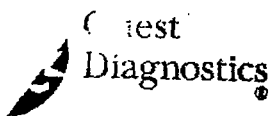
COMMENTS: FASTING

Test Name	In Range	Out of Range	Reference Range	Lab
LIPID PANEL				
TRIGLYCERIDES	118	102	<150 mg/dL	AT
CHOLESTEROL, TOTAL		222 H 212	<200 mg/dL	AT
HDL CHOLESTEROL		38 L 41	> OR = 40 mg/dL	AT
LDL-CHOLESTEROL		160 H 150 151	<130 mg/dL (calc)	AT
CHOL/HDL C RATIO		5.8 H 5.2	<4.4 (calc)	AT
COMPREHENSIVE METABOLIC PANEL				AT
GLUCOSE		100 H	65-99 mg/dL	
		FASTING REFERENCE INTERVAL		
UREA NITROGEN (BUN)	10		7-25 mg/dL	
CREATININE	1.0		0.5-1.2 mg/dL	
BUN/CREATININE RATIO	10		6-25 (calc)	
SODIUM	143		135-146 mmol/L	
POTASSIUM	4.9		3.5-5.3 mmol/L	
CHLORIDE	108		98-110 mmol/L	
CARBON DIOXIDE	25		21-33 mmol/L	
CALCIUM	9.6		8.5-10.4 mg/dL	
PROTEIN, TOTAL	6.7		6.0-8.3 g/dL	
ALBUMIN	4.2		3.5-4.9 g/dL	
GLOBULIN	2.5		2.2-4.2 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.7		0.8-2.0 (calc)	
BILIRUBIN, TOTAL	0.4		0.2-1.3 mg/dL	
ALKALINE PHOSPHATASE	58		20-125 U/L	
AST	15		3-35 U/L	
ALT	13		3-40 U/L	
CBC (INCLUDES DIFF/PLT)				AT
WHITE BLOOD CELL COUNT	8.4		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.54		3.80-5.10 Million/uL	
HEMOGLOBIN	13.8		11.7-15.5 g/dL	
HEMATOCRIT	41.2		35.0-45.0 %	
MCV	90.8		80.0-100.0 fL	
MCH	30.4		27.0-33.0 pg	
MCHC	33.5		32.0-36.0 g/dL	
RDW	14.0		11.0-15.0 %	
PLATELET COUNT	290		140-400 Thousand/uL	
ABSOLUTE NEUTROPHILS	4847		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2898		850-3900 cells/uL	
ABSOLUTE MONOCYTES	403		200-950 cells/uL	

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RAMEY, GAYLA R - AT431777R

Page 1 - Continued on Page 2



Quest on Demand™

PATIENT INFORMATION
RAMEY, GAYLA R

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

ORDERING PHYSICIAN
BROOKS, ALICE J

REPORTED: 09/01/2006 03:47

DOB: 01/02/1961 Age: 45
GENDER: F Fasting: Y
ID: 0488701

Test Name	In Range	Out of Range	Reference Range	Lab
CBC (INCLUDES DIFF/PLT) (Continued)				
ABSOLUTE EOSINOPHILS	218		15-500 cells/uL	
ABSOLUTE BASOPHILS	34		0-200 cells/uL	
NEUTROPHILS	57.7		%	
LYMPHOCYTES	34.5		%	
MONOCYTES	4.8		%	
EOSINOPHILS	2.6		%	
BASOPHILS	0.4		%	
TSH	1.24		mIU/L	AT

> 20 YEARS: 0.40-5.50

FOR PREGNANT PATIENTS:

FIRST TRIMESTER 0.30-4.50
SECOND TRIMESTER 0.50-4.60
THIRD TRIMESTER 0.80-5.20

HEMOGLOBIN A1c 5.3 5.3 % of total Hgb AT
NON-DIABETIC: <6.0%

Performing Laboratory Information:

AT QUEST DIAGNOSTICS-ATLANTA 1777 MONTREAL CIRCLE TUCKER GA 30084 Laboratory Director: WILLIAM M MILLER, MD

zoloft 50mg

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RAMEY, GAYLA R - AT431777R

AB
SEP 06 2006
9-11-06

West Wateree Medical Complex

Suite 300 • 1165 Highway One South • Lugoff, SC 29078 USA • Phone: (803) 438-0869 • Fax: (803) 438-0832

04887
Patient: Gayla Ramey
DOB: January 2, 1961 Age: 45
Phone: (803)

MRN: M000209492

Procedure Report

September 6, 2006

 TO: ALICE BROOKS, M.D.
116 STANDARD WAREHOUSE RD
LUGOFF SC 29078

Phone: (803) 438-6023

Patient History

Last mammogram was performed 2 years and 5 months ago.

Reason for exam: screening.

Screening Mammogram: September 1, 2006 - Account #: K10000279084

Bilateral CC and MLO view(s) were taken.

Prior study comparison: March 31, 2004, bilateral screening mammogram.

Views of the breasts demonstrate no change in their appearance since the prior study. No signs suggestive of neoplastic disease are identified.

ASSESSMENT: BENIGN Bi-rads2

Recommendation

Routine screening mammogram in 1 year.

Donald J. Copley, M.D.
DJC/lm
West Wateree Medical Complex

5/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

Page 11

0488701 Ramey, Gayla R
16 Duke Drive

Lugoff, SC 29078

DATE Dr. Notes

9/11/2006 01

Chart Number: 0488701

Date Created:

09/11/2006

Patient Name: Ramey, Gayla R

DOB: 01/02/1961 Age: 45 Sex: Female

Ethnic Origin: WHITE, NON-HISPANIC

Doctor: ALICE J. BROOKS M.D.

*****CHIEF COMPLAINT*****

EXTENDED OV, PAP SMEAR AND CLINICAL BREAST EXAM

LABS -- DISCUSSED

*****REVIEW OF SYSTEMS*****

THIS PATIENT DENIES FEVER, HA, PND, ALLERGIES, ST, COUGH,
FATIGUE, SOB, CHEST PAIN, N/V/C/D, URINARY SYMPTOMS, SWELLING OR
NEUROLOGIC CHANGES. ALL OTHER SYSTEMS NEGATIVE.

*****PATIENT HISTORY*****

ALLERGIES: NKDA

CHILDHOOD ILLNESSES: ALL ROUTINE

ADULT ILLNESSES: MENORRHAGIA, HYPERLIPIDEMIA, INSOMNIA,
DEPRESSION, COPD, HYPOKALEMIA-RESOLVED, TOBACCO DEPENDENCE

INJURIES/FX'S: FX PINKY

SURGERIES: UTERINE POLYP REMOVED 1994

HOSPITALIZATIONS: RESPIRATORY INFECTION AND CHILDBIRTH

CURRENT MEDICATIONS: ZOLOFT

LMP: 07-27-06 HEAVY AND CLOTS WITH PAIN

MENARCHE: 11

LAST PAP SMEAR: 03/24/04

LAST MAMMOGRAM: 09/01/06

HX OF ABNORMAL PAP SMEARS: NO

HX OF ABNORMAL MAMMOGRAMS: NO

G 5 P4 A1 MISCARRIAGE

PREGNANCY HISTORY:

FULL TERM: 4

SVD: 4

COMPLICATIONS WITH PREGNANCY: NO

AGE AT FIRST PREGNANCY: 16

BREAST FEED: NO

BIRTH CONTROL METHOD: VASECTOMY

H/O STD'S: NO

IMMUNIZATIONS:

YEARLY FLU VACCINE: YES

PNEUMOVAX: 3 YRS AGO

HEP B SERIES: YES

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Alice J. Brooks M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

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LAST TETANUS INJ (WITHIN 10 YEARS): 1994/5

LAST EYE EXAM: LONG TIME

LAST DENTAL EXAM: 1 YR

BONE DENSITY SCAN: NONE

COLONOSCOPY: NONE

PROBLEMS WITH VOIDING: NONE

*****FAMILY HISTORY*****

HX OF FEMALE RELATED CANCER: MOTHER UTERINE OR CERVICAL CANCER

FAMILY HX OF OSTEOPOROSIS: MOTHER AND MATERNAL GRANDMOTHER

MOTHER: DECEASED, HTN, COPD, CHF, CARDIAC, UTERINE OR CERVICAL
CA AT AGE 29; OSTEOPOROSIS

FATHER: HTN

SIBLINGS: 1 BROTHER-HEALTHY; 2 SISTERS ONE HAD BREAST BIOPSY

MGM: OSTEOPOROSIS

MGF: UNSURE

PGM: DM

PGF: UNSURE

*****SOCIAL HISTORY*****

TOBACCO USE: YES 1-1.5 PPD 28 YRS

ETOH: NO

RECREATIONAL DRUG USE: NO

TYPE:

CAFFEINE INTAKE: A LOT

EXERCISE: NO FORMAL ROUTINE

EMPLOYED: RIDGEWAY HEALTH AND REHAB

MARITAL STATUS: MARRIED

LIVING ARRANGEMENTS: LIVES WITH HUSBAND AND YOUNGEST CHILD 5

GRANDCHILDREN AND 2 MIDDLE DAUGHTERS

VITAL SIGNS:

Blood Pressure.: 122 (Systolic) How Taken CUFF Arm
80 (Diastolic)

Pulse.....: 72
0 Oximeter

Respiration....: 21 Non Labored 0 Labored 0

Temperature....: 0 How Taken ORAL

Hemoglobin A1C.: 5.3

Weight.....: 178.0 lbs. Height 5 ft 7.5 inches

Body Mass Index: 28.0

Cholesterol

222 Total Cholesterol Arterial Blood Gases

38 (HDL) High Density Lipoproteins PH 0.00 CO2 0

160 (LDL) Low Density Lipoproteins O2 0 HCO3 0

118 Triglycerides

*****PHYSICAL*****

NEURO: THE PATIENT IS WELL DEVELOPED. A&O X3, PLEASANT AFFECT.

CRANIAL NERVE II-XII INTACT TO INCLUDE DTR'S AND SENSATION.

SENSE OF TASTE NOT TESTED.

HEAD: HEAD IS ATRAUMATIC AND NORMOCEPHALIC, HELD MIDLINE &

ERECT WITH FEATURES SYMMETRIC. SCALP MOVES FREELY UNDER

EXAMINING FINGERS. NO TENDERNESS NOTED. TEMPORAL ARTERIES

PALPABLE BUT NOT THICKENED. NO DEFECTS OR DEFORMITIES NOTED.

EYES: PATIENT DENIES PAIN, DISCOMFORT, ITCHING, BLURRED VISION, OR DOUBLE VISION. THE PATIENT'S VISION WAS 20/20 BILATERALLY. PUPILS ARE EQUAL, ROUND & REACTIVE TO LIGHT AND ACCOMODATION. EXTRA OCULAR MOVEMENTS INTACT. PERIPHERAL VISION INTACT AT 75 DEGREES BILATERALLY. INSPECTION OF LIDS AND CONJUNCTIVAE WITHIN NORMAL LIMITS.

EARS: AURICLE IN ALIGNMENT, NO MASSES, LESIONS, SCARS OR TENDERNESS NOTED. EXTERNAL AUDITORY CANALS UNOBSTRUCTED. TYMPANIC MEMBRANES ARE TRANSLUCENT PEARLY GREY IN COLOR, INTACT, MOBILE, GOOD LIGHT REFLEX AND BONY LANDMARKS PRESENT. WHISPER TEST, WEBER AND RINNE WITHIN NORMAL LIMITS, MIDLINE, NONLATERALIZING AND AIR > BONE CONDUCTION.

NOSE: NO DISCHARGE OR POLYPS, MUCOSA PINK AND MOIST, SEPTUM MIDLINE AND PATENT BILATERALLY, TURBINATES CLEAR. NO ERYTHEMA OR PURULENCE WAS NOTED. NO FRONTAL OR MAXILLARY TENDERNESS ON PALPATION OR PERCUSSION.

MOUTH: LIPS ARE SYMMETRICAL, COLOR PINK, WITHOUT EDEMA OR SURFACE ABNORMALITIES. BUCCAL MUCOSA PINK AND MOIST WITHOUT LESIONS, GINGIVAE RED AND BOGGY; TONGUE MIDLINE; NO LESIONS OR TREMORS. TEETH IN GOOD REPAIR. HARD AND SOFT PALATE INSPECTED NO OBVIOUS ABNORMALITIES NOTED.

THROAT: GAG REFLEX INTACT, UVULA RISES EVENLY, OROPHARYNX PINK AND MOIST WITHOUT EXUDATE OR ERYTHEMA, NO HOARSENESS. ENUCIATES WORDS CLEARLY.

NECK: TRACHEA MIDLINE. THE NECK IS SUPPLE, NON-TENDER, WITHOUT JVD OR BRUITS. FULL RANGE OF MOTION. THERE IS NO ADENOPATHY OR THYROMEGALY PRESENT. THYROID IS SMOOTH, SOFT, NON-TENDER, & MOVES FREELY WHEN PATIENT SWALLOWS.

LUNGS: CLEAR TO AUSCULTATION AND PERCUSSION. NO RALES, RHONCHI, OR WHEEZES WERE HEARD. VESICULAR BREATH SOUNDS OVER PERIPHERAL LUNG TISSUE. NON LABORED AND EVEN EFFORT. NO INCREASED OR DIMINISHED TACTILE FREMITUS NOTED.

HEART: NORMAL S1,S2 REGULAR RATE AND RHYTHM WITHOUT CLICKS GALLOPS, RUBS, OR MURMURS. PMI IS AT THE LMC LINE.

VASCULAR: PULSES IN ALL FOUR EXTREMITIES +3, NO JUGULAR VEIN DISTENTION NOTED, CAPILLARY REFILL 1-2 SECONDS, NO PITTING EDEMA OR SWELLING OF EXTREMITIES NOTED. NO BRUITS AUDIBLE.

BREASTS: PALPATION WITHOUT MASSES, DIMPLES OR AXILLARY ADENOPATHY. SYMMETRICAL SHAPE AND SIZE. NO DISCHARGE FROM NIPPLES.

ABDOMEN: VISUAL INSPECTION OF ABDOMEN WITHOUT MASSES OR LESIONS NOTED. NORMAL BOWEL SOUNDS, NO HEPATO-SPLEENMEGALY NOTED. NO TENDERNESS TO PALPATION. NO GUARDING OR REBOUND. NORMAL TO PERCUSSION. THE PATIENT WAS EVALUATED AND NO HERNIAS PRESENT.

GENITOURINARY: HAIR DISTRIBUTION IS WITHIN NORMAL LIMITS.

BLADDER IS WITHOUT FULLNESS, MASSES OR TENDERNESS. THE ORIFICE OF THE URETHRA IS WITHOUT MASSES, TENDERNESS OR SCARING. THE VAGINA IS NORMAL IN COLOR AND RUGGAE. NO LESIONS OR MASSES ARE SEEN. THE UTERUS IS NORMAL IN SIZE, SHAPE AND CONSISTENCY. THERE IS NO CERVICAL MOTION TENDERNESS. THE CERVICAL OS IS WITHOUT

5/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

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LESIONS OR MASSES. NO ADNEXAL TENDERNESS TO PALPATION. NO RECTOCELE OR CYSTOCELE PRESENT.
RECTUM: MANUALLY EVALUATED AND FOUND TO HAVE NORMAL TONE AND NO MASSES. THE PATIENT'S STOOL WAS GAUAIAC NEGATIVE. NO HEMORRHOID NOTED.

MUSCULOSKELETAL: NORMAL GAIT NOTED. POSTURE STRAIGHT, WITHOUT SCOLIOSIS. MUSCLES & EXTREMITIES SYMMETRIC. MUSCLE STRENGTH APPROPRIATE AND EQUAL BILATERALLY. ACTIVE RANGE OF MOTION.
JOINTS: NORMAL SIZE AND CONTOUR, FULL RANGE OF MOTION, NO REDNESS OR SWELLING. NO EVIDENCE OF INJURY. NO CLICKS, LOCKING, OR LIMITED EXTENSION NOTED.

SKIN: APPROPRIATE COLOR FOR RACE. WARM & DRY W/O LESIONS OR DEFORMITIES.

MONOFILAMENT EXAM NORMAL.

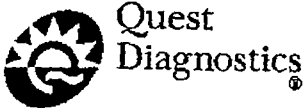
DX: MENORRHAGIA, HYPERLIPIDEMIA, INSOMNIA, DEPRESSION, COPD, HYPOKALEMIA-RESOLVED, TOBACCO DEPENDENCE EOY WITH PAP, CLINICAL BREAST EXAM

PLAN:

- 1) SCHEDULE MAMMOGRAM
- 2) LABS: 3 MOS
- 3) START LOVASTATIN 40MG

PT AWARE OF MESSAGE CENTER FOR X-RAY/LAB RESULTS OR SCHEDULED APPOINTMENTS

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QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 770.934.9205

SPECIMEN INFORMATION
SPECIMEN: AT643536R
REQUISITION: 7211551
LAB REF NO:

PATIENT INFORMATION
RAMEY, GAYLA R

401 98 7482

DOB: 01/02/1961 Age: 45
GENDER: F

ID: 0488701
PHONE: ~~800-441-1111~~

REPORT STATUS **Final**

ORDERING PHYSICIAN
BROOKS, ALICE J

CLIENT INFORMATION
7189992
ALICE J BROOKS, MD
116 STANDARD WAREHOUSE RD
LUGOFF, SC 29078-9670

COLLECTED: 09/11/2006 00:00
RECEIVED: 09/11/2006 18:10
REPORTED: 09/13/2006 08:51

Test Name

Lab

SUREPATH REF HPV

PATHOLOGY REPORT

AT

REPORT STATUS:

FINAL

CLINICAL INFORMATION:

Normal exam

LMP:

7/27/06

PREV. PAP:

3/24/04

PREV. BX:

NONE GIVEN

SOURCE:

CERVICAL

STATEMENT OF ADEQUACY:

Satisfactory for evaluation.
Endocervical/transformation zone component
present.

INTERPRETATION/RESULT:

Negative for intraepithelial lesion or malignancy.

COMMENT:

Based on the cytology result, reflex High/Int
Risk HPV DNA Probe testing is not performed.

CYTOTECHNOLOGIST:

LKC CT(ASCP)

GYNECOLOGICAL CYTOLOGY IS A SCREENING PROCEDURE
SUBJECT TO BOTH FALSE NEGATIVE AND FALSE
POSITIVE RESULTS. IT IS MOST RELIABLE WHEN A
SATISFACTORY SAMPLE IS OBTAINED ON A REGULAR
REPETITIVE BASIS. RESULTS MUST BE INTERPRETED
IN THE CONTEXT OF HISTORIC AND CURRENT CLINICAL
INFORMATION.

Performing Laboratory Information:

AT QUEST DIAGNOSTICS-ATLANTA 1777 MONTREAL CIRCLE TUCKER GA 30084 Laboratory Director: WILLIAM M MILLER, MD

BW 12/14/06
12/19/06

RAMEY, GAYLA R - AT643536R

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ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

1/17/2011

Page 15

0488701 Ramey, Gayla R
16 Duke Drive

Lugoff, SC 29078

DATE Dr. Notes

1/14/2006 18 Chart Number: 0488701

Date Created:

11/14/2006

Patient Name: Ramey, Gayla R

DOB: 01/02/1961 Age: 45 Sex: Female

Ethnic Origin: WHITE, NON-HISPANIC

Doctor: ALICE J. BROOKS M.D.

*****CHIEF COMPLAINT*****

EAR PAIN EARS ITCHING, STOPPED ZOLOFT AFTER 3 WKS, THINKS SHE
SHOULD BE ABLE TO HANDLE THINGS HERSELF

*****PMHX*****

REVIEWED AND UNCHANGED

*****SOCIAL HISTORY*****

SMOKER: YES 1 PACK A DAY

ALCOHOL:

DIET:

RECREATIONAL DRUGS:

*****ROS*****

NEGATIVE EXCEPT AS DESCRIBED IN CC AND HPI

*****PE*****

EARS: TM'S CLEAR, GOOD LIGHT REFLEX.

THROAT: RED AND MOIST, COBBLESTONED

ANENOPATHY: NONE

HEART: RRR NORMAL S1 AND S2, NO MURMUR, GALLOP, CLICK OR RUB
HEARD.

LUNGS: CLEAR TO AUSCULTATION

DX: PND, ALLERGIC RHINITIS, DEPRESSION

TX: OTC ALAVERT, MUCINEX ADVISED TO TAKE ZOLOFT

PT INFORMED OF MESSAGE CENTER FOR ANY LAB/X-RAY REPORTS OR
SCHEUDLED APPOINTMENTS.

PDB

VITAL SIGNS:

Blood Pressure.: 120 (Systolic) How Taken CUFF Arm
70 (Diastolic)

Pulse.....: 0
0 Oximeter

Respiration....: 0 Non Labored 0 Labored 0

Temperature....: 96 How Taken ORAL

Weight.....: 177.0 lbs. Height 0 ft 0.0 inches

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ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

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5/17/2011

0488701 Ramey, Gayla R

1/16/2006

DATE Dr. Notes

Date Created:

1/16/2006 01 Chart Number: 0488701

11/16/2006

Patient Name: Ramey, Gayla R

DOB: 01/02/1961 Age: 45 Sex: Female

Ethnic Origin: WHITE, NON-HISPANIC

Doctor: ALICE J. BROOKS M.D.

*****CHIEF COMPLAINT*****

PT COMPLAINS OF LEFT EAR PAIN FOR 1 WEEK ASSOCIATED WITH
CONGESTION, RUNNY NOSE, SORE NECK, AND A "LUMP BELOW MY LEFT
EAR" THAT IS HARD AND PAINFUL. PT DENIES FEVER, HEADACHE, SORE
THROAT, SOB, OR DIFFICULTY BREATHING. PT STATES THAT SHE WAS
SCRATCHING HER LEFT EAR AND LATER NOTICED SWELLING AND INCREASED
PAIN IN HER EAR CANAL.

*****PMHX*****

REVIEWED AND UNCHANGED

*****SOCIAL HISTORY*****

SMOKER: YES 1 PACK A DAY

*****ROS*****

NEGATIVE EXCEPT AS DESCRIBED IN CC AND HPI

*****PE*****

EARS: TM'S CLEAR, GOOD LIGHT REFLEX.

THROAT: RED AND MOIST, COBBLESTONED

ANENOPATHY: NONE

HEART: RRR NORMAL S1 AND S2, NO MURMUR, GALLOP, CLICK OR RUB
HEARD.

LUNGS: CLEAR TO AUSCULTATION

DX: OE, SINUSITIS

TX: 1) OMNICEF AND CORTISOPORIN OTIC DROPS

PT INFORMED OF MESSAGE CENTER FOR ANY LAB/X-RAY REPORTS OR
SCHEDULED APPOINTMENTS.

PT SEEN WITH BRANDON DRAFTS, MS-III

AB

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/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

Page 17

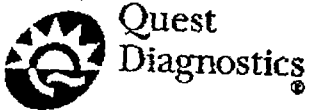
0488701 Ramey, Gayla R
[REDACTED]
[REDACTED]

DATE Dr. Notes

2/14/2006 07 Chart Number: 0488701
12/14/2006
Patient Name: Ramey, Gayla R
DOB: 01/02/1961 Age: 45 Sex: Female
Ethnic Origin: WHITE, NON-HISPANIC
Doctor: ALICE J. BROOKS M.D.
LABS DRAWN IN OFFICE ON 12-14-2006/MAT

Date Created:

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QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 770.934.9205PATIENT INFORMATION
RAMEY, GAYLA R

REPORT STATUS Final

SPECIMEN INFORMATION
SPECIMEN: AT668100T
REQUISITION: 7213475
LAB REF NO:DOB: 01/02/1961 Age: 45
GENDER: F Fasting: YID: 0488701
PHONE: 803-438-5047ORDERING PHYSICIAN
BROOKS, ALICE J
CLIENT INFORMATION
7189992
ALICE J BROOKS, MD
116 STANDARD WAREHOUSE RD
LUGOFF, SC 29078-9670COLLECTED: 12/14/2006 08:30 Room/Loc: LAB
RECEIVED: 12/14/2006 11:45
REPORTED: 12/15/2006 03:11

COMMENTS: FASTING

8-31-06

Test Name	In Range	Out of Range	Reference Range	Lab
LIPID PANEL				
TRIGLYCERIDES	84	118	<150 mg/dL	AT
CHOLESTEROL, TOTAL	195	222	<200 mg/dL	AT
HDL CHOLESTEROL	45	38	> OR = 40 mg/dL	AT
LDL-CHOLESTEROL		133 H 160	<130 mg/dL (calc)	AT
DESIRABLE RANGE <100 MG/DL FOR PATIENTS WITH CHD OR DIABETES AND <70 MG/DL FOR DIABETIC PATIENTS WITH KNOWN HEART DISEASE.				
CHOL/HDLRATIO	4.3		<4.4 (calc)	AT
HEPATIC FUNCTION PANEL				
PROTEIN, TOTAL	7.2		6.0-8.3 g/dL	AT
ALBUMIN	4.6		3.5-4.9 g/dL	
GLOBULIN	2.6		2.2-4.2 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.8		0.8-2.0 (calc)	
BILIRUBIN, TOTAL	0.6		0.2-1.3 mg/dL	
BILIRUBIN, DIRECT	0.1		0.0-0.3 mg/dL	
BILIRUBIN, INDIRECT	0.5		0.0-1.3 mg/dL (calc)	
ALKALINE PHOSPHATASE	62		20-125 U/L	
AST	18		3-35 U/L	
ALT	14		3-40 U/L	

Performing Laboratory Information:

AT QUEST DIAGNOSTICS-ATLANTA 1777 MONTREAL CIRCLE TUCKER GA 30084 Laboratory Director: WILLIAM M MILLER, MD

Lovastatin
Zolof 50

RAMEY, GAYLA R - AT668100T

/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

Page 18

1488701 Ramey, Gayla R
[REDACTED]
[REDACTED]

DATE Dr. Notes

2/20/2006 01 Chart Number: 0488701

Date Created:

12/20/2006

Patient Name: Ramey, Gayla R

DOB: 01/02/1961 Age: 45 Sex: Female

Ethnic Origin: WHITE, NON-HISPANIC

Doctor: ALICE J. BROOKS M.D.

*****CHIEF COMPLAINT*****

Follow-Up of LABS

ROUTINE FOLLOW-UP OF MEDICATIONS

PT ALSO C/O RIGHT NECK PAIN

MASSAGE HELPED THEN PAIN RETURNED

1 MONTH DURATION

PT HAS TWO SKIN LESIONS

*****ROS*****

THE PATIENT DENIES HA, VISUAL CHANGES, NECK PAIN, FEVER, CHILLS, WEIGHT CHANGE, CHEST PAIN, SOB, NAUSEA, VOMITING, URINARY SYMPTOMS, ABDOMINAL PAIN, NUMBNESS OR TINGLING. ALSO THE PATIENT DENIES ANY MENTAL STATUS CHANGES.

THE PAST MEDICAL HISTORY WAS REVIEWED AND FOUND TO BE UNCHANGED. THE PRIOR SOCIAL HISTORY WAS REVIEWED AND UNCHANGED FROM PRIOR VISITS.

THERE IS NO NEW FAMILY HISTORY AT THIS OFFICE VISIT.

*****PHYSICAL*****

VITAL SIGNS:

Blood Pressure.: 130 (Systolic) How Taken CUFF Arm
70 (Diastolic)

Weight.....: 174.0 lbs. Height 0 ft 0.0 inches

The neck is tender over the trapezius muscles RIGHT. There is no tenderness midline. There are no defects or deformities.

The lungs are clear to auscultation and percussion. No rales rhonchi or wheezes were heard. Vesicular breath sounds over peripheral lung tissue. NON-LABORED AND EVEN EFFORT.

NORMAL S1 S2 REGULAR RATE & RHYTHM WITHOUT CLICKS, RUBS, GALLOPS OR MURMURS.

LEFT POSTERIOR SHOULDER AT BRA STRAP LINE RED RAISED WITH DARK CENTER/SCAB

NEEDS REMOVAL

ALSO ONE RIGHT FLANK UNDER BRA LINE THAT IS MULTICOLORED

ALSO NEEDS REMOVAL

DX: SKIN LESION; HYPERLIPIDEMIA; TRAPEZIUS SPASM

TX: CONT CURRENT MEDS; RETURN FOR SKIN LESION REMOVAL; FLEXERIL

5/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

Page 19

AND ALEVE FOR NECK
AB

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

/17/2011

Page 20

0488701 Ramey, Gayla R
[REDACTED]
[REDACTED]

DATE Dr. Notes

2/29/2006

Chart Number: 0488701

Date Created:

12/29/2006

Patient Name: Ramey, Gayla R

DOB: 01/02/1961 Age: 45 Sex: Female

Ethnic Origin: WHITE, NON-HISPANIC

Doctor: ALICE J. BROOKS M.D.

*****CHIEF COMPLAINT*****

PT PRESENTS FOR 4 LESION REMOVALS.

THE LESIONS HAS CHANGED IN COLOR, GROWN AND BECOME IRRITATED

DURATION: #1 RIGHT FLANK SEVERAL WEEKS IRRITATED RAISED AND AT
BRA LINE

0.25CM

#2 LEFT BACK, YRS BUT CHANGING AND IRRITATED 0.5CM AT THE BRA
STRAP LINE

#3 LEFT FOREARM, MONTHS BUT COLOR CHANGING AND GROWING 0.25 CM
MID LEFT FOREARM

#4 LEFT LOWER ABD GROWING CHANGING IN COLOR AND DEVELOPING A
SHADOW TO THE LEFT SIDE 0.5 X 1 CM SQUARE SHAPED

*****PROCEDURE*****L

ESION

LOCAL ANESTHESIA WAS INSTILLED USING 1% XYLOCAINE W/EPI AFTER
USUAL PREP WITH EYOH.

LESIONS X 4 REMOVED BY SHAVE BX AND SENT FOR PATHOLOGY.

HEMOSTASIS OBTAINED WITH DRY SOL. PT TOLERATED PROCEDURE WELL
WITHOUT INCIDENT.

DX: LESIONS X 4 SENT FOR PATH

TX: BX SITE DRESSED WITH NEOSPORIN OINTMENT AND BAND AID
COVERAGE. PT MAY REMOVE IN 24 HRS. PT TO RTO IF SIGNS OF
INFECTION SUCH AS ERYTHEMA/WARMTH/MALODOROUS DISCHARGE NOTED.
AB

41

AB
1 JAN 08 2007
3.27.07
04887

Pathology Service

Carolinas Dermatology Group, PA

1708 Saint Julian Place, Columbia, SC 29204

(803) 771-7506



* 4 0 1 9 8 7 4 8 2 - 1

PATHOLOGY REPORT

Date Done:	12/29/2006	Patient:	RAMEY, GAYLA	MRN:	401987482
Date Received:	1/4/2007	DOB:	1/2/1961	Sex:	F
Date Processed:	1/5/2007	Referring Physician:	Brooks, Alice, MD	SSN:	[REDACTED]

Final Diagnosis

1/5/2007

CZ07-00150 Seborrheic Keratosis, irritated.
Skin, left forearm, Biopsy 702.11

CZ07-00151 Compound Melanocytic Nevus, irritated.
Skin, left back, Biopsy 216.5

CZ07-00152 Intradermal Melanocytic Nevus, irritated
Skin, right side, Biopsy 216.5

CZ07-00153 Junctional melanocytic nevus, irritated.
Skin, left abdomen, Biopsy 216.5

Clinical

CZ07-00150 DY: PLASTIC NEVUS
CZ07-00151 DY: PLASTIC NEVUS
CZ07-00152 DY: PLASTIC NEVUS
CZ07-00153 DY: PLASTIC NEVUS

Specimen: CZ07-00150

Gross Description:

Received in formalin is a single piece of soft tan skin biopsy specimen measuring 5 mm in greatest dimension. Sectioned and entirely submitted.

Microscopic Description:

Skin with acanthosis, hyperkeratosis, horn pseudocysts and dermal inflammation

Specimen: CZ07-00151

Gross Description:

Received in formalin is a single piece of soft tan skin biopsy specimen measuring 5 mm in greatest dimension. Inked in black, sectioned and entirely submitted.

Microscopic Description:

Skin with melanocytes disposed as single cells and as nests at the dermo-epidermal junction and in the dermis. No significant cytological atypia is identified. Mild lymphocytic infiltrates are present around the nevus cells.

Specimen: CZ07-00152

42

1/17/07
P. Tawar
88

Pathology Service

* 4 0 1 9 8 7 4 8 2 - 1

Carolinas Dermatology Group, PA
1706 Saint Julian Place, Columbia, SC 29204

(803) 771-7506

PATHOLOGY REPORT

Date Done:	12/29/2006	Patient:	RAMEY, GAYLA	MRN:	401987482
Date Received:	1/4/2007	DOB:	1/2/1961	Sex:	F
Date Processed:	1/5/2007	Referring Physician:	Brooks, Alice, MD	SSN:	[REDACTED]

Gross Description:

Received in formalin is a single piece of soft tau skin biopsy specimen measuring 5 mm in greatest dimension. Sectioned and entirely submitted.

Microscopic Description:

Skin with melanocytes disposed as single cells and as nests in the dermis. No significant cytological atypia seen. Mild lymphocytic infiltrates are present around the nevus cells.

Specimen: CZ07-00153Gross Description:

Received in formalin is a single piece of soft tau skin biopsy specimen measuring 5 mm in greatest dimension. Inked in black, sectioned and entirely submitted.

Microscopic Description:

Skin with melanocytes disposed as single cells and as nests at the dermo-epidermal junction. No significant cytological atypia is identified. Mild lymphocytic infiltrates are seen in the papillary dermis.

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5/17/2011

ALICE J. BROOKS M.D. P.A.
FAMILY MEDICINE
PATIENT CHART NOTES

Page 21

0488701 Ramey, Gayla R
[REDACTED]

[REDACTED] 78

DATE Dr. Notes

4/03/2007 07 Chart Number: 0488701

Date Created:

04/03/2007

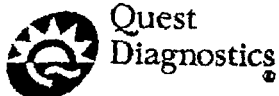
Patient Name: Ramey, Gayla R

DOB: 01/02/1961 Age: 46 Sex: Female

Ethnic Origin: WHITE, NON-HISPANIC

Doctor: ALICE J. BROOKS M.D.

44



Quest on Demand™

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 770.934.9205SPECIMEN INFORMATION
SPECIMEN: AT803557V
REQUISITION: 7215683
LAB REF NO:PATIENT INFORMATION
RAMEY, GAYLA RDOB: 01/02/1961 Age: 46
GENDER: F Fasting: YID: 0488701
PHONE: 803.438.8770

REPORT STATUS Final

ORDERING PHYSICIAN
BROOKS, ALICE JCLIENT INFORMATION
7189992
ALICE J BROOKS, MD
116 STANDARD WAREHOUSE RD
LUGOFF, SC 29078-9670COLLECTED: 04/03/2007 08:30
RECEIVED: 04/03/2007 09:40
REPORTED: 04/04/2007 01:20

Room/Loc: LAB

12/6

COMMENTS: FASTING

Test Name	In Range	Out of Range	Reference Range	Lab
LIPID PANEL				
TRIGLYCERIDES	84	84	<150 mg/dL	AT
CHOLESTEROL, TOTAL	128	145	125-200 mg/dL	AT
HDL CHOLESTEROL		39 L 45	> OR = 40 mg/dL	AT
LDL-CHOLESTEROL	72	133	<130 mg/dL (calc)	AT
DESIRABLE RANGE <100 MG/DL FOR PATIENTS WITH CHD OR DIABETES AND <70 MG/DL FOR DIABETIC PATIENTS WITH KNOWN HEART DISEASE.				
CHOL/HDLRATIO	3.3	4.3	< OR = 5.0 (calc)	AT
HEPATIC FUNCTION PANEL				AT
PROTEIN, TOTAL	6.9		6.2-8.3 g/dL	
ALBUMIN	4.2		3.6-5.1 g/dL	
GLOBULIN	2.7		2.2-3.9 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.6		1.0-2.1 (calc)	
BILIRUBIN, TOTAL	0.3		0.2-1.2 mg/dL	
BILIRUBIN, DIRECT	0.1		< OR = 0.2 mg/dL	
BILIRUBIN, INDIRECT	0.2		0.2-1.2 mg/dL (calc)	
ALKALINE PHOSPHATASE	55		33-115 U/L	
AST	14		10-35 U/L	
ALT	11		6-40 U/L	

Performing Laboratory Information:

AT QUEST DIAGNOSTICS-ATLANTA 1777 MONTREAL CIRCLE TUCKER GA 30084 Laboratory Director: WILLIAM M MILLER, MD

Lowestam
Zolofappt
4/9/07

RAMEY, GAYLA R - AT803557V

Page 1 - End of Report

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Rec'd: 7/24/07
Scan

**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT:	RAMEY, GAYLA 004046	RM#:	MED1 0312-2
DOCTOR:	A.J. Brooks, MD	MR#:	0000209492
ADM DAT	09/21/2007	PT#:	010000396163
		DOB:	01/02/1961

REPORT: NUCLEAR STRESS TEST EXAM DATE: 09/24/2007

46 year-old patient with recurring chest discomfort.

RESTING ELECTROCARDIOGRAM:

Resting electrocardiogram shows sinus rhythm and is normal.

EXERCISE:

The patient exercised a total of 8 minutes and 15 seconds, achieving a maximum recorded heart rate of 150, which is 86% of her maximum predicted heart rate. Peak systolic blood pressure recorded was 160. Exercise terminated secondary to an adequate heart rate being achieved.

ELECTROCARDIOGRAPHIC INTERPRETATION:

At peak exercise 1 mm of ST segment depression is seen in the inferior leads. No arrhythmias occurred.

NUCLEAR SCANNING:

Radioisotope uptake demonstrates a mild anterior wall defect which is actually worse on the rest scan. The gated SPECT shows normal thickening and contractility throughout with a well preserved ejection fraction of 65%.

IMPRESSION:

1. Normal SPECT Cardiolite scanning without any definite ischemia or scarring. Attenuation artifact is suspected.
2. Normal wall motion analysis.

46

KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020

PATIENT: RAMEY, GAYLA
DOCTOR: A.J. Brooks, MD
ADM DATE: 09/21/2007

RM#: -
MR#: 0000209492
PT#: 010000396163

W. Lawrence Schoolmeester, MD, MMM

RADIOLOGIST

WLS/tkm

D: 09/24/2007 4:07 P

T: 09/24/2007 9:54 P

cc: A.J. Brooks, MD
W. Lawrence Schoolmeester, MD, MMM

CARDIOLOGY REPORT
COPY FOR: A.J. Brooks, MD

Page 2 of 2

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Recd. 4/26/07
Scan

**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT: RAMEY, GAYLA 004646
DOCTOR: Todd Alderson, M.D.
ADM DAT 09/21/2007

RM#: MED1 0312-2
MR#: 0000209492
PT#: 010000396163
DOB: 01/02/1961

REPORT: ECHOCARDIOGRAM

EXAM DATE: 09/22/2007

INDICATION:

Chest pain.

DESCRIPTION:

The left ventricle is normal in size. There is normal left ventricular systolic function with estimated ejection fraction of 65%. The left atrium, right atrium, and right ventricle appear to be normal in size. There are no obvious valvular abnormalities. There is minimal pericardial effusion, and no intracardiac mass is identified. Imaging is somewhat diminished due to poor penetration possibly related to lung disease.

SPECTRAL AND COLOR FLOW DOPPLER:

Spectral and color flow Doppler study reveals the presence of trivial mitral and tricuspid regurgitation. Tricuspid regurgitant envelop is insufficient for estimation of right ventricular pressure.

IMPRESSION:

Normal left ventricular systolic function.

Todd Alderson, M.D.

TA/jc

D: 09/22/2007 2:52 P

T: 09/24/2007 8:25 A

cc: Todd Alderson, M.D.
Olajide A Balogun, MD
A.J. Brooks, MD

CARDIOLOGY REPORT

Page 1 of 1

COPY FOR: A.J. Brooks, MD

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**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT: RAMEY, GAYLA 004646
ADM DOCTOR: Olajide A Balogun, MD
ADM DATE: 09/21/2007

RM#: MED1 0312-2
MR#: 0000209492
PT#: 010000396163
DOB: 01/02/1961

CONSULTING PHYSICIAN: Todd Alderson, M.D.
DATE OF SERVICE: 09/22/2007

REASON FOR CONSULTATION:
Chest pain.

HISTORY OF PRESENT ILLNESS:

Galya Ramey is a 46-year-old female who has a history of chronic tobacco uses as well as hyperlipidemia and depression, who presented to the Emergency room yesterday with complaint of chest pain. Her symptoms began approximately 6:00 P.M. while she was lying in bed. She stated that it was intense discomfort in her chest that radiated through her back.

She was unable to give any other qualifying descriptions to the discomfort. She did have some shortness of breath and a little nausea. She's had no palpitations, presyncope or syncope. She's had no orthopnea, PND, or persistent edema. She has had occasional dependent edema at the end of her work shift that resolved after rest.

She has had no dyspnea on exertion, but she stated she felt as though she couldn't quite get a deep breath over the last three days. She has been under a fair amount of stress since the last part of August, when she started four classes in addition to working as a nurse at a nursing home in Ridgway.

Her first two sets of cardiac enzymes are negative. She received Nitroglycerin sublingual three times in the Emergency room without significant improvement. She also received Phenergan and Morphine, which eventually resolved her discomfort. She has had no further discomfort, though she states that she still feels fatigued.

ALLERGIES:
None.

MEDICATIONS:

1. Zoloft 50 mg q.h.s.
2. Lovastatin 40 mg daily.

CONSULTATION REPORT
COPY FOR: A.J. Brooks, MD

Page 1 of 3

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**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT: RAMEY, GAYLA
ADM DOCTOR: Olajide A Balogun, MD
ADM DATE: 09/21/2007

RM#: MED1 0312-2
MR#: 0000209492
PT#: 010000396163
DOB: 01/02/1961

SOCIAL HISTORY:

She smokes a pack and a half a day. She works as above, as a nurse. She is married. Her husband is at the bedside. They live in Lugoff. She denies alcohol use.

SURGICAL HISTORY:

Previous removal of uterine polyp in 1995. The patient otherwise states no other surgeries "to speak of".

FAMILY HISTORY:

Negative for premature coronary disease. Her mother had a history of CHF, but supposedly died of an MI, however this is in the setting of toxemia from C. Difficile colitis.

REVIEW OF SYSTEMS:

Full review of systems is as above, and otherwise noncontributory as listed below.

PHYSICAL EXAM:

Vital signs: Blood pressure 92/62 mm/Hg. Pulse is 70 beats per minute. SATs are 97% on room air. She is 5'8" tall, 152 pounds. She is afebrile. In general, she is in no acute distress. Her affect is somewhat flat. She is alert and oriented. The skin is warm and dry. No rash. HEENT: Normocephalic, atraumatic. There is no scleral icterus or xanthelasma. Neck is supple. Normal venous pressure. Normal carotid upstroke. No carotid bruits. Chest is clear to auscultation bilaterally with good inspiratory effort. Cardiac exam reveals a regular rate. There is a 1/6 systolic murmur heard best at the right upper sternal borders. No S3, S4. Abdomen is soft, nontender, nondistended. No mass or bruits appreciated. Extremities are free of clubbing, cyanosis, or edema. Dorsalis pedis pulses are 2+. Posterior tibialis is 1+ on the right and trace on the left.

DATABASE:

EKG shows normal sinus rhythm. One tracing is consistent with cannot rule out septal infarct age undetermined, however this appears to be lead placement when compared to the subsequent tracing. Chest x-ray shows no acute disease.

LABORATORY DATA:

CONSULTATION REPORT
COPY FOR: A.J. Brooks, MD

Page 2 of 3

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**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT: RAMEY, GAYLA
ADM DOCTOR: Olajide A Balogun, MD
ADM DATE: 09/21/2007

RM#: MED1 0312-2
MR#: 0000209492
PT#: 010000396163
DOB: 01/02/1961

CK 61. MB 3.4, troponin-T less than 0.010. White count 13.3, hemoglobin 14.1, platelets 274, BUN and creatinine 10 and 0.9, potassium 3.4, glucose 94. Pro-BNP is 48. Initial CK 101 with MB of 4, troponin-T of less than 0.010. INR 0.94. UA is negative.

IMPRESSION:

1. Chest pain.
2. Chronic tobacco use.
3. Hyperlipidemia* treated with Lovastatin.
4. Depression.

RECOMMENDATION:

At this time will complete her rule out with third set of cardiac enzymes. An echocardiogram has been performed, and we will check on the results of this study. Also add an assessment profile to this morning's blood.

I discussed smoking cessation with her and she stated that her husband told her she stopped smoking when she was admitted. We will plan for a stress Cardiolute study on Monday.

Todd Alderson, M.D.

TA/at2

D: 09/22/2007 2:41 P

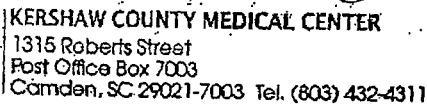
T: 09/22/2007 3:08 P

cc: Todd Alderson, M.D.
Olajide A Balogun, MD
A.J. Brooks, MD

CONSULTATION REPORT
COPY FOR: A.J. Brooks, MD

Page 3 of 3

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K10000396163 IN ADM 09/21/07 SEX F
NAMEY, GAYLA
BALOGUN, OLAJIDE A MD
MRN M000209492 AGE 45
DOB 01/02/1961 RACE CA

Diagnosis:

Discharge Instructions

Please bear down as you are making multiple copies

Chest pain - multiple risk factors

Non-Cardiac
COPD
Tobacco Rep. Abuse
Hypertension
Atrial Fibrillation
Old Ireland

☐ Home Health ☐ Hospice

Phone #

Call to agency made by:

Discharge Date: _____ Time: _____

Condition on D/C: _____ Weight at Discharge: _____ pounds

Diet: ☐ Regular ☐ Low Salt ☐ Low Fat ☐ Cal ADA ☐ Other _____

Activity: ☐ No Restriction ☐ Rest at Home ☐ Return to Work/School on _____

Mode of Discharge: ☐ Wheelchair ☐ Arms ☐ Stretcher ☐ EMS ☐ Other _____

Discharge to: ☐ Home ☐ Nursing Home ☐ Other

DME:

Company: _____

Phone # _____

Call to agency made by:

Disease Management:

☐ Weight Monitoring

☐ Contact doctor if symptoms worsen

Special Instructions:

Schedule Output US of Gall Bladder

Follow-Up doctor appointments:

Follow-up appointment with ✱ Poterica Burton in 10 DAYS call # 438-623 for appointment.

Follow-up appointment with Dr. _____ In _____. Call # _____ for appointment.

Follow-up appointment with Dr. _____ in _____, Call # _____ for appointment.

I understand the discharge instructions as they have been explained to me and I have received a copy.

I understand that smoking and second-hand smoke are harmful to my health and the health of those around me, and that quitting smoking greatly reduces the risk of adverse health effects. Quitline Support 1-800-QUIT-NOW.

Patient/Significant Other

Date: _____ Time: _____

Nurse: _____ Date: _____ Time: _____

Physician _____ Date: _____ Time: _____

MD Signature will initiate orders for Hospital/Home Health/Hospice/SNF

PREScriptions

Name Gaurav Kumar

Address _____

Date 9/24/07
ALLERGIES

ALLERGIES



KERESHAW COUNTY MEDICAL CENTER
1316 Roberts Street
Post Office Box 7003
Carmichael, SC 29021-7003 Tel. (803) 432-4511

RX	MG.	NO.	DIRECTIONS	REFILLS
Chantix Starting			monday pack	0
Chantix			containing monday pack	1
			DO NOT COPY	
			4/23/2017	

White - Chart Yellow - MD Pink - Patient / HH / NSG Home

284

Rec'd. 10/9/07
Scan

KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020

PATIENT: RAMEY, GAYLA ⁰⁰⁴⁶⁴⁶~~0004~~ RM#: MED1 0312-2
DOCTOR: A.J. Brooks, MD MR#: 0000209492
ADM DAT 09/21/2007 PT#: 010000396163
DOB: 01/02/1961

REPORT: NUCLEAR STRESS TEST

EXAM DATE: 09/24/2007

46 year-old patient with recurring chest discomfort.

RESTING ELECTROCARDIOGRAM:

Resting electrocardiogram shows sinus rhythm and is normal.

EXERCISE:

The patient exercised a total of 8 minutes and 15 seconds, achieving a maximum recorded heart rate of 150, which is 86% of her maximum predicted heart rate. Peak systolic blood pressure recorded was 160. Exercise terminated secondary to an adequate heart rate being achieved.

ELECTROCARDIOGRAPHIC INTERPRETATION:

At peak exercise 1 mm of ST segment depression is seen in the inferior leads. No arrhythmias occurred.

NUCLEAR SCANNING:

Radioisotope uptake demonstrates a mild anterior wall defect which is actually worse on the rest scan. The gated SPECT shows normal thickening and contractility throughout with a well preserved ejection fraction of 65%.

IMPRESSION:

1. Normal SPECT Cardiolite scanning without any definite ischemia or scarring. Attenuation artifact is suspected.
2. Normal wall motion analysis.

Ag

CARDIOLOGY REPORT
CHART COPY

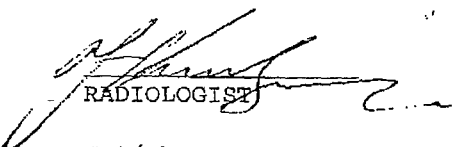
Page 1 of 2

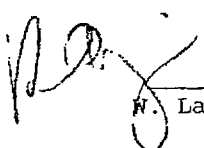
53

KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020

PATIENT: RAMEY, GAYLA
DOCTOR: A.J. Brooks, MD
ADM DATE: 09/21/2007

RM#: -
MR#: 0000209492
PT#: 010000396163


RADIOLOGIST


W. Lawrence Schoolmeester, MD, MMM

WLS/tkm

D: 09/24/2007 4:07 P

T: 09/24/2007 9:54 P

cc: A.J. Brooks, MD

W. Lawrence Schoolmeester, MD, MMM

CARDIOLOGY REPORT
CHART COPY

Page 2 of 2

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**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT: RAMEY, GAYLA RM#: MED1 0312-2
DOCTOR: A.J. Brooks, MD MR#: 0000209492
ADM DATE: 09/21/2007 PT#: 010000396163
DSC DATE: 09/24/2007 DOB: 01/02/1961

DISCHARGE DIAGNOSES:

1. Chest pain noncardiac.
2. Multiple risk factors for heart disease.
3. COPD.
4. Tobacco dependence.
5. Hyperlipidemia.
6. Abnormal EKG suggesting old infarct.

DISCHARGE MEDICATIONS:

1. Zoloft 50 mg daily.
2. Lovastatin 40 mg daily.

LABORATORY DATA:

Two initial sets of cardiac enzymes were within normal limits. Pro-BNP is 48. One EKG cannot rule out old septal infarct. Normal sinus rhythm. Glucose 94, BUN 10, creatinine 0.9.

HOSPITAL COURSE:

The patient came to the hospital through the Emergency room because of chest pain that she felt at rest. Cardiology was consulted and an echocardiogram was ordered, which was within normal limits, and a nuclear stress test, which was within normal limits. The patient was strongly advised to stop smoking. She will be worked up on an outpatient basis for gastrointestinal problems causing her recurrent noncardiac chest pain. The first test that will be done will be an ultrasound of the gallbladder. She will return to Dr. Brooks office in ten days. A prescription has been written for Chantix.

DISCHARGE SUMMARY

COPY FOR: A.J. Brooks, MD

Page 1 of 2

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KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020

PATIENT:	RAMEY, GAYLA	RM#:	-
DOCTOR:	A.J. Brooks, MD	MR#:	0000209492
ADM DATE:	09/21/2007	PT#:	010000396163
DSC DATE:	09/24/2007		

Dictated by: Patricia Davis
Burton, NP
PDB/at2

A.J. Brooks, MD

D: 09/24/2007 5:29 P
T: 10/24/2007 8:49 P

cc: A.J. Brooks, MD
Patricia Davis Burton, NP

DISCHARGE SUMMARY
COPY FOR: A.J. Brooks, MD

Page 2 of 2

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**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT:	RAMBEY, GAYLA	RM#:	MED1 0312-2
DOCTOR:	A.J. Brooks, MD	MR#:	0000209492
ADM DATE:	09/21/2007	PT#:	010000396163
DSC DATE:	09/24/2007	DOB:	01/02/1961

DISCHARGE DIAGNOSES:

1. Chest pain noncardiac.
2. Multiple risk factors for heart disease.
3. COPD.
4. Tobacco dependence.
5. Hyperlipidemia.
6. Abnormal EKG suggesting old infarct.

PB.
OCT 25 2007
1031-07

DISCHARGE MEDICATIONS:

1. Zoloft 50 mg daily.
2. Lovastatin 40 mg daily.

LABORATORY DATA:

Two initial sets of cardiac enzymes were within normal limits. Pro-BNP is 48. One EKG cannot rule out old septal infarct. Normal sinus rhythm. Glucose 94, BUN 10, creatinine 0.9.

HOSPITAL COURSE:

The patient came to the hospital through the Emergency room because of chest pain that she felt at rest. Cardiology was consulted and an echocardiogram was ordered, which was within normal limits, and a nuclear stress test, which was within normal limits. The patient was strongly advised to stop smoking. She will be worked up on an outpatient basis for gastrointestinal problems causing her recurrent noncardiac chest pain. The first test that will be done will be an ultrasound of the gallbladder. She will return to Dr. Brooks office in ten days. A prescription has been written for Chantix.

10/25/07
C

**DISCHARGE SUMMARY
COPY FOR:**

Page 1 of 2

57

**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT: RAMBY, GAYLA
DOCTOR: A.J. Brooks, MD
ADM DATE: 09/21/2007
DSC DATE: 09/24/2007

RM#: -
MR#: 0000209492
PT#: 010000396163

Dictated by: Patricia Davis
Burton, NP
PDB/at2

A.J. Brooks, MD

D: 09/24/2007 5:29 P
T: 10/24/2007 8:49 P

cc: A.J. Brooks, MD
Patricia Davis Burton, NP

DISCHARGE SUMMARY
COPY FOR:

Page 2 of 2

58



Quest
Diagnostics

Quest on Demand™

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 770.934.8205

PATIENT INFORMATION
RAMEY, GAYLA R

REPORT STATUS **Final**

SPECIMEN INFORMATION

SPECIMEN: AL7999
REQUISITION: 721956
LAB REF NO:

EOV10-31-07
AB 10-15-07

DOB: 01/02/1961 Age: 46
GENDER: F
ID: 0488701
PHONE: 0000000000

ORDERING PHYSICIAN

BROOKS, ALICE J

CLIENT INFORMATION

7189992
ALICE J BROOKS, MD
116 STANDARD WAREHOUSE RD
LUGOFF, SC 29078-9670

COLLECTED: 10/10/2007 08:30
RECEIVED: 10/10/2007 19:28
REPORTED: 10/11/2007 03:46

Room/Loc: LAB

COMMENTS: FASTING

Test Name	In Range	Out of Range	Reference Range	Lab
LIPID PANEL WITH REFLEX TO DIRECT LDL				
TRIGLYCERIDES	67		<150 mg/dL	AT
CHOLESTEROL, TOTAL	153		125-200 mg/dL	AT
HDL CHOLESTEROL	45		> OR = 40 mg/dL	AT
LDL-CHOLESTEROL	95		<130 mg/dL (calc)	AT
DESIRABLE RANGE <100 MG/DL FOR PATIENTS WITH CHD OR DIABETES AND <70 MG/DL FOR DIABETIC PATIENTS WITH KNOWN HEART DISEASE.				
CHOL/HDLRATIO	3.4		< OR = 5.0 (calc)	AT
COMPREHENSIVE METABOLIC PANEL W/EGFR				AT
GLUCOSE	98		65-99 mg/dL	
UREA NITROGEN (BUN)	10		7-25 mg/dL	
CREATININE	0.9		0.5-1.2 mg/dL	
GFR ESTIMATED	>60		> OR = 60 mL/min/1.73m2	
IF THE PATIENT IS AFRICAN-AMERICAN, PLEASE MULTIPLY THIS RESULT BY 1.21. THIS RESULT HAS BEEN CALCULATED ASSUMING THE PATIENT IS NON-AFRICAN AMERICAN.				
BUN/CREATININE RATIO	11		6-22 (calc)	
SODIUM	140		135-146 mmol/L	
POTASSIUM	4.9		3.5-5.3 mmol/L	
CHLORIDE	107		98-110 mmol/L	
CARBON DIOXIDE	25		21-33 mmol/L	
CALCIUM	9.2		8.6-10.2 mg/dL	
PROTEIN, TOTAL	7.0		6.2-8.3 g/dL	
ALBUMIN	4.4		3.6-5.1 g/dL	
GLOBULIN	2.6		2.2-3.9 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.7		1.0-2.1 (calc)	
BILIRUBIN, TOTAL	0.4		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	56		33-115 U/L	
AST	15		10-35 U/L	
ALT	10		6-40 U/L	

Performing Laboratory Information:

AT Quest Diagnostics-Atlanta 1777 Montreal Cir Tucker GA 30084 Laboratory Director: William Miller

RAMEY, GAYLA R - AL799933D

Page 1 - End of Report

Printed by Care360 AutoReceive on 10/11/07 at 08:01am.

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**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT: RAMEY, GAYLA
DOCTOR: D. Paul Christenberry, MD
ADM DATE: 10/18/2007

RM#: -
MR#: 0000209492
PT#: 010000401549
DOB: 01/02/1961

SURGEON: D. Paul Christenberry, MD

DATE OF SURGERY: 10/18/2007

PREOPERATIVE DIAGNOSIS:

Symptomatic gallstones.

POSTOPERATIVE DIAGNOSIS:

Same.

OPERATION:

Laparoscopic cholecystectomy with intraoperative cholangiography.

ANESTHESIA:

General.

FINDINGS:

Minimal gallbladder inflammation. Intraoperative cholangiogram was noted to be normal with the exception of what were felt to be two bubbles in the common bile duct (moved easily with change of position and were perfectly round).

PROCEDURE:

The patient was brought to the operating room where general endotracheal anesthesia was introduced without complication. The abdomen was prepped and draped in the usual sterile manner. An incision was made just below the umbilicus using a 15 bladed knife. The subcutaneous tissue was spread down to the fascia which was elevated using 0 Vicryl stay sutures and then transected using electrocautery. The peritoneal cavity was entered bluntly using a Kelly clamp. Hasson cannula was introduced. The abdomen was insufflated to 15 mmHg using carbon dioxide. Three 5 mm trocars were then placed, two in the right upper quadrant and one in the epigastric area, all under direct visualization without difficulty. The gallbladder was retracted anteriorly and cephalad by its body and laterally by its neck. The cystic duct was dissected circumferentially at its juncture with the gallbladder. A clip was placed in this position. The cystic artery was doubly clipped on the patient's side and singly clipped on the specimen side. The cystic duct was partially transected using Endoshears. A Reddick cholangiocatheter was used to obtain a cholangiogram which revealed free spill in the duodenum, the two aforementioned filling defects which were felt to represent air bubbles, and normal anatomy. The cholangiocatheter was then removed.

OPERATIVE REPORT

Page 1 of 2

COPY FOR: A.J. Brooks, MD

**KERSHAW COUNTY MEDICAL CENTER
CAMDEN, S.C. 29020**

PATIENT:	RAMEY, GAYLA	RM#:	
DOCTOR:	D. Paul Christenberry, MD	MR#:	0000209492
ADM DATE:	10/18/2007	PT#:	010000401549

The cystic duct remnant was doubly clipped on the patient's side. The cystic duct and cystic artery were transected using Endoshears. The gallbladder was taken off of the liver bed using a combination of blunt, sharp, and electrocautery dissection and was removed through the supraumbilical port. The area of dissection was irrigated and noted to be hemostatic. Clips were noted to be in good position with no bleeding or bile leak. The trocars were removed under direct visualization with no bleeding from any trocar site appreciated as the intraabdominal pressure was allowed to fall. The Hasson cannula was removed. All excess CO2 was expressed. The fascia in the subumbilical incision was reapproximated using running 0 Vicryl suture. All skin incisions were closed using subcuticular 4-0 Monocryl sutures. Steri-Strips and sterile dressings were applied. Anesthesia was reversed. The patient was taken to the recovery area in stable condition, having tolerated the procedure well.

D. Paul Christenberry, MD

DPC/rc1

D: 10/18/2007 11:21 A

T: 10/24/2007 8:20 A

cc: A.J. Brooks, MD
D. Paul Christenberry, MD

OPERATIVE REPORT
COPY FOR: A.J. Brooks, MD

Page 2 of 2

KERSHAW COUNTY MEDICAL CENTER

1315 Roberts Street
Camden, South Carolina 29020

SURGICAL PATHOLOGY REPORT

Name: RAMEY, GAYLA

Date: 10/18/07

Sex: F

Age: 46

DOB: 01/02/1961

Pathology #: S07-3102

MR#: M000209492

Acct #: K10000401549

Room: OPSURG

Submitting Dr: CHRISTENBERRY, DAVID MD

NATURE OF SPECIMEN

Gallbladder

CLINICAL HISTORY

Gallbladder dysfunction

GROSS DESCRIPTION

"Gallbladder" Received is a pink-blue gallbladder which is 10.2 x 3.0 x 1.8 cm. There is no gross evidence of a perforation along the serosal surface. Nodularity cannot be palpated within the serosal surface surrounding the gallbladder neck. Upon cut section, two multifaceted yellow green stones which measure in greatest dimension up to 1.0 cm are noted within the gallbladder sac. These stones will be washed and returned to the patient at the request of the surgeon. The mucosal surface is brown, and ulcerations are not seen. The wall thickness is approximately 0.2 cm. Representative sections of gallbladder are submitted in one cassette.

MICROSCOPIC DESCRIPTION

Sections of gallbladder show a focally denuded epithelial lining. A slight increase in the number of chronic inflammatory cells can be appreciated within the lamina propria. Occasional Rokitansky-Aschoff sinuses are seen. Vascular congestion is noted within the serosa. There is no evidence of malignancy within any of these sections.

FINAL DIAGNOSIS

Gallbladder, Cholecystectomy:

Mild Chronic Cholecystitis.

RBT:ag

10/19/07

Department of Pathology

Electronically Signed By:

Renee B. Thomas, M.D., Pathologist

<signature on file>

10/19/07

KERSHAW COUNTY MEDICAL CENTER

1315 Roberts Street
Camden, South Carolina 29020

SURGICAL PATHOLOGY REPORT

Name: **RAMEY, GAYLA**

Date: 10/18/07

Sex: F

Age: 46

DOB: 01/02/1961

Pathology #: S07-3102

MR#: M000209492

Acct #: K10000401549

Room: OPSURG

Submitting Dr: CHRISTENBERRY, DAVID MD

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Gallbladder, Cholecystectomy:

Mild Chronic Cholecystitis.

RBT:ag
10/19/07

Department of Pathology
Electronically Signed By:
Renee B. Thomas, M.D., Pathologist
<signature on file>
10/19/07



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CAMDEN GENERAL AND VASCULAR SURGERY

PAUL CHRISTENBERRY, M.D., F.A.C.S.

1001 FAIRLAWN DRIVE • CAMDEN, SC 29020-4525

PHONE: 803-432-8989 • FAX: 803-432-6382

October 24, 2007

Alice J. Brooks, M.D.
116 Standard Warehouse Rd.
Lugoff, SC 29078

RE: Gayla Ramey

Dear Alice,

Gayla returned today after her laparoscopic cholecystectomy. Her wounds are healing satisfactorily.

I will plan on seeing her back in the office in one week's time to make sure she heals without further difficulty.

Enclosed you will find the copy of her path report for inclusion in her records there at your office.

Thank you again.

Sincerely,

D. Paul Christenberry, M.D., F.A.C.S.
/at

(Dictated but not read)

Enclosure

64



CAMDEN GENERAL AND VASCULAR SURGERY
PAUL CHRISTENBERRY, M.D., F.A.C.S.
1001 FAIRLAWN DRIVE • CAMDEN, SC 29020-4525
PHONE: 803-432-8989 • FAX: 803-432-6382

Rec'd: 11/7/07
PB

October 31, 2007

Alice J. Brooks, M.D.
116 Standard Warehouse Rd.
Lugoff, SC 29078

RE: Gayla Ramey

Dear Alice,

I had the pleasure of seeing Gayla Ramey back in the office today after her recent laparoscopic cholecystectomy.

On follow up today, her wounds are healing satisfactorily. I have asked her to return to see me should she have any difficulties.

✓ Enclosed you will find a copy of her path note for inclusion in her records there at your office.

Thank you again for allowing me to see her.

Sincerely,

Paul Christenberry
D. Paul Christenberry, M.D., F.A.C.S.
/at

(Dictated but not read)

Enclosure

11/12/07
Q

EDV
11/14/07
PB

65

ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS REPORT

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

ADDRESS: [REDACTED]

HOME TEL: [REDACTED] WK TEL:

OCCUPATION: DOB: 01/02/1961 (50)

PT CHART #: 0488701

GUARANTOR: RAMEY, GAYLA R

DATE ORDERED: 11/14/2007

ORDERED BY: AMY

DATE ENTERED: 11/14/2007

ENTERED BY: BRENDA

PROVIDER: 002 BURTON, PATRICIA D

PANEL NAME: NONE

TEST TITLE

RESULTS

HEMOCCULT

lot 14055

exp 9/09

RESULT NEG..PB/BB

66

ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS REPORT

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

ADDRESS: 16 [REDACTED]

HOME TEL: [REDACTED] WORK TEL:

OCCUPATION: DOB: 01/02/1961 (50)

PT CHART #: 0488701

GUARANTOR: RAMEY, GAYLA R

DATE ORDERED: 11/14/2007

ORDERED BY: AMY

DATE ENTERED: 11/14/2007

ENTERED BY: KELLIE

PROVIDER: 001 BROOKS, ALICE J

PANEL NAME: NONE

TEST TITLE

RESULTS

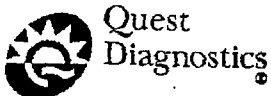
URINALYSIS

GLU	NEGATIVE
BIL	NEGATIVE
KET	NEGATIVE
SG	1.010
BLO	NEGATIVE
pH	6.5
PRO	NEGATIVE
URO	1.0 E.U./dL
NIT	NEGATIVE
LEU	NEGATIVE

3 EPI

PDB

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Quest on Demand™

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 770.934.9205

PATIENT INFORMATION
RAMEY, GAYLA R

REPORT STATUS **Final**

DOB: 01/02/1961 Age: 46
GENDER: F

ORDERING PHYSICIAN
BURTON, PATRICIA D

ID: 0488701
PHONE: [REDACTED]

CLIENT INFORMATION
7189992
ALICE J BROOKS, MD
116 STANDARD WAREHOUSE RD
LUGOFF, SC 29078-9670

SPECIMEN INFORMATION
SPECIMEN: AL606885E
REQUISITION: 7190800
LAB REF NO: AL606885E

COLLECTED: 11/14/2007 00:00
RECEIVED: 11/15/2007 03:05
REPORTED: 11/27/2007 13:24

12/3/2007 pdb

Test Name

Lab

SUREPATH-FP W/REFL HPV
REPORT STATUS:

PATHOLOGY REPORT

FINAL

AT

CLINICAL INFORMATION:

Normal exam

LMP:

10/25/07

PREV. PAP:

9-11-06

PREV. BX:

????????????????????

SOURCE:

Cervix

STATEMENT OF ADEQUACY:

Satisfactory for evaluation.
Endocervical/transformation zone component
present.

INTERPRETATION/RESULT:

Negative for intraepithelial lesion or malignancy.

COMMENT:

This case was successfully processed by the
Tripath FocalPoint (TM) slide profiler.

Based on the cytology result, reflex High/Int
Risk HPV DNA Probe testing is not performed.

CYTOTECHNOLOGIST:

MMC CT(ASCP)

Performing Laboratory Information:

AT Quest Diagnostics-Atlanta 1777 Montreal Cir Tucker GA 30084 Laboratory Director: William Miller

12/04/07 LAB RET..BB

RAMEY, GAYLA R - AL606885E

Printed by Care360 Aut

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CENTRAL CAROLINA TECHNICAL COLLEGE
506 North Guignard Dr.
Sumter, SC 29150
PHYSICAL EXAMINATION AND IMMUNIZATION FORM

TO BE COMPLETED BY STUDENT

Name Gayla Ramey Phone [REDACTED] DOB 01-02-61 CID
Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]

In case of emergency notify:

Name James Ramey Phone Relationship
Address Same City State Zip

List any current health problems that may affect my ability to participate in patient care:

I hereby certify that all information on this form is correct. I understand that false information will be sufficient cause for the college to cancel my enrollment and require withdrawal. I will report any changes in my health status to my Department Chair/Program Manager. This form must be renewed with each admission to the Health Sciences Division. I authorize CCTC to release this information to the agencies where I have clinical assignments.

Student Signature [Signature] Date 9/19/08

TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER OR
PHYSICIAN'S ASSISTANT

I have completed a physical exam on this student and:

I consider the applicant physically qualified for college classes and patient care? Yes ☒ No ☐

I consider the applicant emotionally qualified for college classes and patient care? Yes ☒ No ☐

Please furnish any information that may affect this student's ability to participate fully in patient care in a clinical setting, including chronic illnesses, infectious disease or pregnancy:

Print Provider's Name: Alice J. Brooks Title: MD

Provider Signature [Signature] Date: 9-19-08

Address 116 Standard Warehouse Rd Lugoff, SC 29078 Phone: 803-438-6023

IMMUNIZATION RECORD

Name Gayla Ramey CID _____

Complete documentation of immunization status is required by the first class day in a Health Sciences clinical course. Each immunization or titer must have a specific date and be verified with the signature of a physician, nursing or health care professional administering immunization.

Please do not attach immunization records or test results; they must be transcribed to this form.

VACCINE	IMMUNIZATION HISTORY	HEALTH CARE PROFESSIONAL VERIFICATION SIGNATURE
TETANUS TOXOID: (Booster required every 10 years)	Date of vaccine: <u>9-11-2006</u>	HCP Signature: _____
RED MEASLES (RUBEOLA) 2 vaccines *Read information below	Date of Titer: <u>7-14-00</u> Results: ☒ Immune or, Date of vaccines: #1 _____ #2 _____	HCP Signature _____
GERMAN MEASLES (RUBELLA) *Read information below	Date of Titer: <u>7-14-00</u> Results: ☒ Immune or, Date of vaccine: #1 _____	HCP Signature _____
2STEP TB SKIN TEST: Plant PPD #1: read in 48 hrs -72 hrs Plant PPD #2: in 1-3 weeks from date PPD #1 planted, read in 48 hrs to 72 hrs	<u>Che ordered no further PPD's.</u> Step I: Date Given: _____ Date Read: _____ [] negative [] positive Step II: Date Given: _____ Date Read: _____ [] negative [] positive	HCP Signature _____ HCP Signature _____
The Two Step TB skin test (Mantoux) is required upon admission followed by a repeat PPD every 12 months. Some clinical sites require PPD not be older than 3-6 months. The tine test or the monovac test is not acceptable. Students with a history of a 2 step PPD and recurrent annual PPD are not required to have a repeated 2 step PPD, but must submit proof from provider. Students with a documented history of a positive PPD must attach one of the following upon admission and annually: - Physician's statement stating chest x-ray is negative for TB or, - Physician's statement stating chest x-ray not needed or, - Physician's statement stating currently under treatment with Isoniazid (INH).		
HEPATITIS B: Hepatitis B vaccine is optional. Student who cannot or will not take the vaccine will be required to sign a waiver.	Titer (anti HBs) Date <u>6-24-01</u> Results: ☒ Immune or, Date of Disease: _____ or, Dates of injections: #1 _____ #2 _____ #3 _____	HCP Signature _____ HCP Signature _____ HCP Signature _____
VARICELLA (CHICKEN POX)	Year of illness <u>1967</u> or, (If year of illness by history no signature required.) Titer Date: _____ Results: [] immune or, Date of vaccine: _____ (If titer is negative vaccine required.)	HCP Signature _____

*Rubeola (Measles) and Rubella (German Measles): The student should receive an additional MMR vaccine prior to admission unless there is a physician's statement that states the student:

- has laboratory evidence of Rubeola and Rubella immunity or,
- is pregnant or trying to conceive or,
- has had an anaphylactic reaction to gelatin or,
- can document 2 MMR vaccines after the first birthday.

Research does not support that an allergy to eggs is a contraindication.

10/05

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KERSHAW COUNTY MEDICAL CENTER
Radiology Department
Haile and Roberts Streets
Camden, South Carolina 29020
(803)713-6531

AD
SEP 23 2008
Dgls

4646
Patient: RAMEY, GAYLA

Age: 47 Sex: F

18 [REDACTED]
LU [REDACTED] 8

DOB: 01/02/1961

Serv Dt/Tm: 09/22/08 /

Ord Dr: BROOKS, ALICE MD

Loc: WWRAD Rm/Bed: *

Status: REG CLI

MRN: M000209492

Acct #: K10000498782

Req #: 08-0032172

BROOKS, ALICE MD
116 STANDARD WAREHOUSE RD
LUGOFF, SC 29078

REASON FOR EXAM: COUGH, POSITIVE PPD REACTION

CHEST 9-22-08

Two views are compared to 7-27-06. A small noncalcified nodule is again noted in the left lung base unchanged. No acute infiltrate, pleural effusion or cardiomegaly is seen.

IMPRESSION: NO ACTIVE DISEASE.


Electronically signed by: YASSEEN KUZBARY MD <<Signature on File>>

Trans by: JAS

Trans date/time: 09/22/08 2001

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Signed
cc: BROOKS, ALICE MD
Report #0922-0130

Ordering Physician's copy

1 of 1



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
339-078-3163-0	S	BN	COMPLETE	1

ADDITIONAL INFORMATION

SS#: ****-7482

0488701

FASTING: Y

PHONE: 800-762-4344 DOB: 1/02/1961

PATIENT NAME	SEX	AGE(YR./MOS.)
RAMEY, GAYLA R	F	47 / 11

PT. ADDR:	SC	29078-0000

DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
12/04/2008	8:30	12/04/2008	12/05/2008	5:37 2121

CLINICAL INFORMATION

CD-20138003181

PHYSICIAN ID.	NPI	PATIENT ID.
BROOKS A	1275573420	004646

ACCOUNT: Alice J Brooks MD Clinical Act

116 Standard Warehouse Road

Lugoff

SC 29078-0000

ACCOUNT NUMBER: 39432640

TEST	RESULT	LIMITS	LAB

CBC With Differential/Platelet

WBC 9.8 x10E3/uL 4.0 - 10.5 01

Effective December 08, 2008, the pediatric reference intervals

will be changing on all result codes that are included in

CBC With Differential/Platelet(005009).

RBC 4.20 x10E6/uL 3.80 - 5.10 01

Hemoglobin 12.9 g/dL 11.5 - 15.0 01

Hematocrit 37.4 % 34.0 - 44.0 01

MCV 89 fL 80 - 98 01

MCH 30.7 pg 27.0 - 34.0 01

MCHC 34.5 g/dL 32.0 - 36.0 01

RDW 13.6 % 11.7 - 15.0 01

Platelets 263 x10E3/uL 140 - 415 01

Neutrophils 62 % 40 - 74 01

Lymphs 30 % 14 - 46 01

Monocytes 6 % 4 - 13 01

Eos 2 % 0 - 7 01

Basos 0 % 0 - 3 01

Neutrophils (Absolute) 6.1 x10E3/uL 1.8 - 7.8 01

Lymphs (Absolute) 2.9 x10E3/uL 0.7 - 4.5 01

Monocytes(Absolute) 0.6 x10E3/uL 0.1 - 1.0 01

Eos (Absolute) 0.2 x10E3/uL 0.0 - 0.4 01

Baso (Absolute) 0.0 x10E3/uL 0.0 - 0.2 01

Comp. Metabolic Panel (14)

Glucose, Serum 90 mg/dL 65 - 99 01

BUN 11 mg/dL 5 - 26 01

Creatinine, Serum 0.90 mg/dL 0.57 - 1.00 01

Glom Filt Rate, Est >59 mL/min/1.73 >59

If African-American >59 mL/min/1.73 >59

Note: Persistent reduction for 3 months or more in an eGFR

<60 mL/min/1.73 m2 defines CKD. Patients with eGFR values

>=60 mL/min/1.73 m2 may also have CKD if evidence of persistent

proteinuria is present. Additional information may be found at

www.kdoqi.org.

BUN/Creatinine Ratio 12 8 - 27

Sodium, Serum 142 mmol/L 135 - 145 01

Potassium, Serum 4.1 mmol/L 3.5 - 5.2 01

Chloride, Serum 104 mmol/L 97 - 108 01

Carbon Dioxide, Total 27 mmol/L 20 - 32 01

Calcium, Serum 9.3 mg/dL 8.5 - 10.6 01

Pat Name: RAMEY, GAYLAR	Pat ID: 004646	Spec #: 339-078-3163-0	Seq #: 2121

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.23.00

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LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 339-078-3163-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION		SS#: ***-**-7482		
0488701		FASTING: Y PHONE: 803-438-5047 DOB: 1/02/1961		
PATIENT NAME RAMEY, GAYLA R		SEX F	AGE(YR./MOS.) 47 / 11	
PT. ADD.: [REDACTED]				
DATE OF COLLECTION TIME 12/04/2008 8:30	DATE RECEIVED 12/04/2008	DATE REPORTED 12/05/2008	TIME 5:37	2121

CLINICAL INFORMATION CD-20138003181		
PHYSICIAN ID. BROOKS A	NPI 1275573420	PATIENT ID. 004646
ACCOUNT: [REDACTED] 116 Standard Warehouse Road Lugoff SC 29078-0000		
ACCOUNT NUMBER: 39432640		

TEST	RESULT	LIMITS	LAB
Protein, Total, Serum	6.5 g/dL	6.0 - 8.5	01
Albumin, Serum	3.8 g/dL	3.5 - 5.5	01
Globulin, Total	2.7 g/dL	1.5 - 4.5	
A/G Ratio	1.4	1.1 - 2.5	
Bilirubin, Total	0.4 mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	68 IU/L	25 - 150	01
AST (SGOT)	19 IU/L	0 - 40	01
ALT (SGPT)	20 IU/L	0 - 40	01
Lipid Panel With LDL/HDL Ratio			
> Cholesterol, Total	206 H mg/dL	100 - 199	01
Triglycerides	123 mg/dL	0 - 149	01
HDL Cholesterol	42 mg/dL	>39	01
Comment			
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.			
VLDL Cholesterol Cal	25 mg/dL	5 - 40	
> LDL Cholesterol Calc	139 H mg/dL	0 - 99	
Comment			
If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors.			
> LDL/HDL Ratio	3.3H ratio units	0.0 - 3.2	

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

Pat Name: RAMEY, GAYLA R Pat ID: 004646 Spec #: 339-078-3163-0 Seq #: 2121

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.23.00

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ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS REPORT

ATTIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

DDRESS: 16 [REDACTED]

M TEL: [REDACTED] WK TEL: [REDACTED]

CCUPATION: [REDACTED] DOB: 01/02/1961 (50)

PT CHART #: 0488701

GUARANTOR: RAMEY, GAYLA R

DATE ORDERED: 12/12/2008

ORDERED BY: AMY

DATE ENTERED: 12/12/2008

ENTERED BY: KELLIE

PROVIDER: 001 BROOKS, ALICE J

PANEL NAME: NONE

TEST TITLE

RESULTS

URINALYSIS

GLU NEGATIVE
BIL NEGATIVE
KET NEGATIVE
SG 1.010
BLO NEGATIVE
pH 6.0
PRO NEGATIVE
URO 0.2 E.U./dL
NIT NEGATIVE
LEU TRACE

NEG

AB

74



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 109-078-3340-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
0488701		FASTING: Y PHONE: 803-438-5047 DOB: 1/02/1961		
PATIENT NAME RAMEY, GAYLA R		SEX F	AGE(YR./MOS.) 49 / 3	
PT. ADDR: [REDACTED]				
DATE OF COLLECTION TIME 4/19/2010 9:49	DATE RECEIVED 4/19/2010	DATE REPORTED 4/20/2010	TIME 5:37	6897

CLINICAL INFORMATION CD-20138007951		
PHYSICIAN ID. BROOKS A	NPI 1275573420	PATIENT ID. 004646
ACCOUNT: Alice J Brooks MD Clinical Act		
116 Standard Warehouse Road Lugoff SC 29078-0000		
ACCOUNT NUMBER: 39432640		

TEST	RESULT	LIMITS	LAB
CBC With Differential/Platelet			
> WBC	10.8H x10E3/uL	4.0 - 10.5	01
RBC	4.99 x10E6/uL	3.80 - 5.10	01
> Hemoglobin	15.5H g/dL	11.5 - 15.0	01
> Hematocrit	44.7H %	34.0 - 44.0	01
MCV	90 fL	80 - 98	01
MCH	31.1 pg	27.0 - 34.0	01
MCHC	34.7 g/dL	32.0 - 36.0	01
RDW	12.9 %	11.7 - 15.0	01
Platelets	270 x10E3/uL	140 - 415	01
Neutrophils	67 %	40 - 74	01
Lymphs	23 %	14 - 46	01
Monocytes	8 %	4 - 13	01
Eos	1 %	0 - 7	01
Basos	1 %	0 - 3	01
Neutrophils (Absolute)	7.3 x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.5 x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.9 x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.1 x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.1 x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0 %	0 - 1	01
Immature Grans (Abs)	0.0 x10E3/uL	0.0 - 0.1	01
Comp. Metabolic Panel (14)			
Glucose, Serum	95 mg/dL	65 - 99	01
BUN	9 mg/dL	5 - 26	01
Creatinine, Serum	0.89 mg/dL	0.57 - 1.00	01
eGFR	>59 mL/min/1.73	>59	
eGFR AfricanAmerican	>59 mL/min/1.73	>59	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.			
BUN/Creatinine Ratio	10	8 - 27	
Sodium, Serum	140 mmol/L	135 - 145	01
Potassium, Serum	3.8 mmol/L	3.5 - 5.2	01
Chloride, Serum	103 mmol/L	97 - 108	01
Carbon Dioxide, Total	24 mmol/L	20 - 32	01
Calcium, Serum	9.5 mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.8 g/dL	6.0 - 8.5	01

Pat Name: RAMEY, GAYLA R	Pat ID: 004646	Spec #: 109-078-3340-0	Seq #: 6897

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.23.00

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LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 109-078-3340-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION SS#: ***.7482				
0488701 FASTING: Y PHONE: 803-438-5047 DOB: 1/02/1961				
PATIENT NAME RAMEY, GAYLA R		SEX F	AGE(YR/MOS.) 49 / 3	
PT. ADD.: [REDACTED] SC 29078-0000				
DATE OF COLLECTION TIME 4/19/2010 9:49	DATE RECEIVED 4/19/2010	DATE REPORTED 4/20/2010	TIME 5:37	6897

CLINICAL INFORMATION CD-20138007951		
PHYSICIAN ID. BROOKS A	NPI 1275573420	PATIENT ID. 004646
ACCOUNT: Alice J Brooks MD Clinical Act		
116 Standard Warehouse Road Lugoff SC 29078-0000		
ACCOUNT NUMBER: 09432640		

TEST	RESULT	LIMITS	LAB
Albumin, Serum	4.3 g/dL	3.5 - 5.5	01
Globulin, Total	2.5 g/dL	1.5 - 4.5	
A/G Ratio	1.7	1.1 - 2.5	
Bilirubin, Total	0.4 mg/dL	0.1 - 1.2	01
Effective April 26, 2010, Bilirubin, Total, reference interval will be changing to: mg/dL			
Newborns, term and near term:			
24 hours old: 0.0 - 8.0			
48 hours old: 0.0 - 13.2			
72 hours old: 0.0 - 15.6			
96 hours to 1 month old: 0.0 - 16.6			
Children 1 month and older and Adults: 0.0 - 1.2			
Panic value will be changed such that results >17.0 mg/dL will be called as panics.			
Alkaline Phosphatase, S	65 IU/L	25 - 150	01
AST (SGOT)	17 IU/L	0 - 40	01
ALT (SGPT)	23 IU/L	0 - 40	01
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	134 mg/dL	100 - 199	01
Triglycerides	113 mg/dL	0 - 149	01
HDL Cholesterol	43 mg/dL	>39	01
Comment			01
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.			
VLDL Cholesterol Cal	23 mg/dL	5 - 40	
LDL Cholesterol Calc	68 mg/dL	0 - 99	
LDL/HDL Ratio	1.6 ratio units	0.0 - 3.2	

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

Pat Name: RAMEY, GAYLA R	Pat ID: 004646	Spec #: 109-078-3340-0	Seq #: 6897

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.23.00

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LabCorp Burlington CYTO
1447 York Court
Burlington NC 27215-3361

Phone: 800-222-7566

Specimen Number 118-Y17-2055-0		Patient ID 004646		Control Number 20138008045	Account Number 39432640	Account Phone 803-438-6023	Route 99
Patient Last Name RAMEY				Account Address Alice J Brooks MD Clinical Act			
Patient First Name GAYLA		Patient Middle Name R		116 Standard Warehouse Road Lugoff SC 29078			
Patient SS# ***-**-7482	Patient Phone [REDACTED]	Total Volume					
Age (Y/M/D) 049/03/26	Date of Birth 01/02/61	Sex F	Fasting No				
Patient Address [REDACTED]				Additional Information CO-CSF2010-11820550			
Date/Time Collected 04/28/10 16:09 ET	Date Entered 04/28/10	Date/Time Reported 05/03/10 05:35 ET	Physician Name BROOKS, A	NPI# 1275573420	Physician ID		
Tests Ordered: Pap IG, HPV-hr				Clinician Provided ICD-9 & Clinical History: V76.2 ; Screening for malignant neoplasm of the cervix (01)			
Diagnosis: NEGATIVE FOR INTRAEPITHELIAL LESION AND MALIGNANCY. (01)				Clinician Provided Cytology Information: GYN Source: Dates / Results LMP-01-10 LAST PAP-11-14-07 Number of Containers: 01 TrPath Collection Vial			
Specimen Adequacy: Satisfactory for evaluation. Endocervical and/or squamous metaplastic cells (endocervical component) are present. (01)				LabCorp Cytology History: 03/25/2004 MALIGNANT HGSIL LGSIL AGUS ASCUS NEGATIVE 085-C99-0040-0 OTHER UNSATISFACTORY			

HPV Results:HPV, high-risk: **NEGATIVE**

This high-risk HPV test detects thirteen high-risk types (16/18/31/33/35/39/45/51/52/56/58/59/68) without differentiation.

Comments:

The Pap smear is a screening test designed to aid in the detection of premalignant and malignant conditions of the uterine cervix. It is not a diagnostic procedure and should not be used as the sole means of detecting cervical cancer. Both false-positive and false-negative reports do occur.

Test Methodology:

This liquid based SurePath(R) pap test was screened with the assistance of an image guided system.

PAP Performed by
**Shirley J McKellar, Supervisory
Cytotechnologist (ASCP)**

(01) E1	LabCorp Burlington CYTO	1447 York Court	Burlington NC 27215-3361	Lab: 800-222-7566	Dir: William F Hancock, MD
(02) GF	LabCorp Burlington Cytology	2039 Willow Springs Lane	Burlington NC 27215	Lab: 800-222-7566	Dir: Sandra Bigner, MD
(03) BN	LabCorp Burlington	1447 York Court	Burlington NC 27215-3361	Lab: 800-762-4344	Dir: William F Hancock, MD

For inquiries, the physician may contact the lab using the numbers indicated above:

RAMEY, GAYLA R	004646	118-Y17-2055-0	Seq # 7023

FINAL REPORT

Page 1 of 1

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If you have received this document in error, please call 800-222-7566

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DOC1 Ver: 1.17

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ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS REPORT

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

ADDRESS: [REDACTED]

HOME TEL: [REDACTED] WORK TEL: [REDACTED]

OCCUPATION: [REDACTED] DOB: 01/02/1961 (50)

PT CHART #: 0488701

GUARANTOR: RAMEY, GAYLA R

DATE ORDERED: 04/28/2010 ORDERED BY: AMY
DATE ENTERED: 04/28/2010 ENTERED BY: BECKY
PROVIDER: 001 BROOKS, ALICE J
PANEL NAME: NONE

TEST TITLE

RESULTS

URINALYSIS

GLU NEG
BIL NEG
KET TRACE
SG 1.020
BLO TRACE-INTACT
PH 5.5
PRO NEG
URO 1.0 EU/DL
NIT NEG
LEU NEG

NOTHING SEEN UNDER MICRO PER DR BROOKS

78

401987482

KershawHealth Medical Center
Radiology Department
Haile and Roberts Streets
Camden, South Carolina 29020
(803) 713-6531

4646
JUN 02 2010
10-27-10

Patient: RAMEY, GAYLA Age: 49 Sex: F

DOB: 01/02/1961

Serv Dt/Tm: 05/27/10 / 1111

Ord Dr: BROOKS, ALICE MD MRN: M000209492

Loc: ELGRAD

Rm/Bed: Acct #: K10000683626

Status: REG CLI

Req #: 10-0021526

BROOKS, ALICE MD
116 STANDARD WAREHOUSE RD
LUGOFF, SC 29078

BILATERAL MAMMOGRAMS (DIGITAL) 05-27-10

CLINICAL HISTORY: Screening mammogram. Asymptomatic.

COMPARISON: 09-01-06

TECHNIQUE: Digital bilateral MLO and CC views are obtained. The images were also analyzed with CAD (computer aided detection) software.

DENSITY: The breasts are heterogeneously dense (50-75% fibroglandular tissue). This may obscure lesions on mammography.

FINDINGS: There is no new dominant mass, architectural distortion or abnormal calcification to suggest development of malignancy.

IMPRESSION: No evidence for malignancy.

FINAL ASSESSMENT: ACR - Category 1 - NEGATIVE

Follow-up recommended in 1 year.

Electronically signed by: W. SHAWN CONWELL MD <<Signature on File>>

Trans by: APS

Trans date/time: 05/31/10 2104

Signed
cc: BROOKS, ALICE MD
Report #0531-0076

Ordering Physician's copy

1

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6-11-10
Lab Ret.
QD



LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN 295-078-3213-0	TYPE S	PRIMARY LAB BN	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION		SS#: ***-**-7482		
CHT 0488701		FASTING: Y		
PHONE: 803-295-0607		DOB: 1/02/1961		
PATIENT NAME RAMEY, GAYLA R		SEX F	AGE(YR./MOS.) 49 / 9	
PT. ADD.: [REDACTED]				
DATE OF COLLECTION TIME 10/22/2010	DATE RECEIVED 9:29	DATE REPORTED 10/23/2010	TIME 5:37	8720

CLINICAL INFORMATION		
CD- 20138009691		
PHYSICIAN ID. BROOKS A	NPI 1275573420	PATIENT ID. 004646
ACCOUNT: Alice J Brooks MD Clinical Act		
116 Standard Warehouse Road Lugoff SC 29078-0000		
ACCOUNT NUMBER: 39432640		

TEST	RESULT	LIMITS	LAB

CBC With Differential/Platelet

WBC	8.6	x10E3/uL	4.0 - 10.5	01
RBC	5.05	x10E6/uL	3.80 - 5.10	01
> Hemoglobin	16.2H	g/dL	11.5 - 15.0	01
> Hematocrit	47.1H	%	34.0 - 44.0	01
MCV	93	fL	80 - 98	01
MCH	32.1	pg	27.0 - 34.0	01
MCHC	34.4	g/dL	32.0 - 36.0	01
RDW	13.2	%	11.7 - 15.0	01
Platelets	263	x10E3/uL	140 - 415	01
Neutrophils	67	%	40 - 74	01
Lymphs	24	%	14 - 46	01
Monocytes	8	%	4 - 13	01
Eos	1	%	0 - 7	01
Basos	0	%	0 - 3	01
Neutrophils (Absolute)	5.7	x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.1	x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.7	x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.1	x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0	%	0 - 1	01
Immature Grans (Abs)	0.0	x10E3/uL	0.0 - 0.1	01

Comp. Metabolic Panel (14)

Glucose, Serum	96	mg/dL	65 - 99	01
BUN	11	mg/dL	5 - 26	01
Creatinine, Serum	1.00	mg/dL	0.57 - 1.00	01
> eGFR	59 L	mL/min/1.73	>59	
eGFR AfricanAmerican	>59	mL/min/1.73	>59	

Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.

BUN/Creatinine Ratio	11		8 - 27	
Sodium, Serum	143	mmol/L	135 - 145	01
Potassium, Serum	3.9	mmol/L	3.5 - 5.2	01
Chloride, Serum	103	mmol/L	97 - 108	01
Carbon Dioxide, Total	25	mmol/L	20 - 32	01
Calcium, Serum	9.3	mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.6	g/dL	6.0 - 8.5	01

Pat Name: RAMEY, GAYLA R	Pat ID: 004646	Spec #: 295-078-3213-0	Seq #: 8720

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page

LCM Version: 03.25.00

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LabCorp Burlington
1447 York Court, Burlington, NC 27215-3361

Phone: 800-762-4344

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
295-078-3213-0	S	BN	COMPLETE	2

ADDITIONAL INFORMATION SS#: ***-**-7482

CHT 0488701 FASTING: Y
PHONE: 803-295-0607 DOB: 1/02/1961

PATIENT NAME	SEX	AGE(YR./MOS.)
RAMEY, GAYLA R	F	49 / 9

PT. ADD: [REDACTED]

DATE OF COLLECTION TIME	DATE RECEIVED	DATE REPORTED	TIME	
10/22/2010 9:29	10/22/2010	10/23/2010	5:37	8720

CLINICAL INFORMATION

CD-20138009691

PHYSICIAN ID.	NPI	PATIENT ID.
BROOKS A	1275573420	004646

ACCOUNT: Alice J Brooks MD Clinical Act

116 Standard Warehouse Road

Lugoff SC 2902

ACCOUNT NUMBER: 39432640

TEST	RESULT	LIMITS	LAB
Albumin, Serum	4.4 g/dL	3.5 - 5.5	01
Globulin, Total	2.2 g/dL	1.5 - 4.5	
A/G Ratio	2.0	1.1 - 2.5	
Bilirubin, Total	0.5 mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	71 IU/L	25 - 150	01
AST (SGOT)	13 IU/L	0 - 40	01
ALT (SGPT)	9 IU/L	0 - 40	01
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	185 mg/dL	100 - 199	01
Triglycerides	69 mg/dL	0 - 149	01
HDL Cholesterol	53 mg/dL	>39	01
Comment			
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.			
VLDL Cholesterol Calc	14 mg/dL	5 - 40	
LDL Cholesterol Calc	118 H mg/dL	0 - 99	
LDL/HDL Ratio	2.2 ratio units	0.0 - 3.2	

LAB: 01 BN LabCorp Burlington DIRECTOR: William F Hancock MD
1447 York Court, Burlington, NC 27215-3361

Pat Name: RAMEY, GAYLA R	Pat ID: 004646	Spec #: 295-078-3213-0	Seq #: 8720

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

LCM Version: 03.25.00

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KershawHealth Medical Center
Radiology Department
Haile and Roberts Streets
Camden, South Carolina 29020
(803) 713-6531

4046
NOV 01 2010
4.22.11

Patient: RAMEY, GAYLA R

Age: 49

Sex: F

[REDACTED]

DOB: 01/02/1961

Serv D/Tm: 10/27/10 / 1725

Ord Dr: BROOKS, ALICE MD MRN: M000209492

Loc: ELGRAD

Rm/Bed: Acct #: K10000730899

Status: REG CLI

Req #: 10-0045600

REASON FOR EXAMINATION: NODULE FOLLOW-UP

CHEST PA/LATERAL 10-27-10

Two views are compared with the study of 11-23-09 and reveals a nodule over the left lung base which could be the patient's nipple. Recommend a repeat PA view of the chest with nipple marker in place. Also a minimal oblique view with the nipple marker is recommended. No other acute cardiopulmonary disease is seen.

Electronically signed by: DONALD J COPLEY MD <<Signature on File>>

Trans by: APS

Trans date/time: 10/28/10 0823

Repeat
PA
+ oblique
with
nipple
marker
(AB)

Signed

cc: BROOKS, ALICE MD

Report #1028-0003

Additional copy

1

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Pt aware 11.8.10
Referral Sent RB

KershawHealth Medical Center
Radiology Department
Haile and Roberts Streets
Camden, South Carolina 29020
(803) 713-6531

4646
NOV 11 2010
4.27.11

Patient: RAMEY, GAYLA R

Age: 49

Sex: F

DOB: 01/02/1961

Serv Dt/Tm: 11/11/10 /

Loc: WWRAD

Status: REG CLI

Ord Dr: BROOKS, ALICE MD MRN: M000209492

Rm/Bed: Acct #: K10000735433

Req #: 10-0047987

REASON FOR EXAM: ABNORMAL PA /LAT CHEST

TWO VIEW CHEST 11-11-10

Comparison is made with 10-27-10 and reveals a nodular density over the left lung base which is not marked by the nipple marker and may be within the lung therefore chest CT is recommended for further evaluation.

IMPRESSION: NODULAR DENSITY OVER LEFT LOWER LUNG DOES NOT APPEAR TO BE NIPPLE THEREFORE CHEST CT IS RECOMMENDED FOR FURTHER EVALUATION. NO OTHER ACUTE CHANGES NOTED.

Electronically signed by: DONALD J COPLEY MD

Trans by: JAS

Trans date/time: 11/11/10 1240

Draft

CC:

Report #1111-0080

Draft copy

1

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11-12-10
PT aware (ad)

PAGE 01/01

W. WATEREE X-RAY

8034308832

11/11/2010 14:13

National Imaging Associates, Inc.
4129 East Van Buren, Suite 150
Phoenix, AZ 85008

NOV 15 2010



South Carolina

November 15, 2010

DR. ALICE BROOKS
116 STANDARD WAREHOUSE RD
LUGOFF SC 29078-9670

This is your copy of the letter sent to GAYLA RAMEY

Member Name: Gayla Ramey
ID #: ZCS5785443502
Date of Birth: 01/02/1961
Requesting Provider: Dr. Alice Brooks
Place of Service: KERSHAWHEALTH URGENT CARE AT ELGIN
Requested Procedure/Service: Chest CT
Reference #: 060135139

Re: Approval

Dear Gayla Ramey:

National Imaging Associates, Inc. (NIA) performs utilization management services for certain diagnostic radiology procedures on behalf of the State Health Plan. As such, we are responsible for reviewing radiology procedures to determine that they are appropriate for payment under the member's benefit plan.

NIA has approved one (1) unit of the following:

Requested Procedure/Service: Chest CT
Date of Service: on or about 11/16/2010
This pre-authorization is valid Nov 15, 2010 to Dec 15, 2010
from:
The pre-authorization number is: 0319S0247

This pre-authorization only applies to the listed service(s) during the dates listed above. Your health plan requires a new preauthorization if the service(s) is not provided by the identified provider or there are any changes to the service plan or for the date(s) of the service.

Please be aware that some radiologists may not be in your health plan's network, even if the facility is in network. You should ask your providers if they are members of the network. If you use the services of an out-of-network provider, you may be required to pay the difference between the amount your health plan will pay for these services

BCBSSC-SHP-Approval-10-2009

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and the amount the provider charges. Also, if you use an out-of-network provider, your health plan will send payment for these provider's services directly to you. You are responsible for paying any out-of-network providers.

You can maximize your benefits by utilizing a provider who participates in the State Health Plan's provider network. You may access the BlueCross BlueShield of South Carolina website at www.southcarolinablues.com and select 'Find a Doctor' to determine if your provider is a participant with the State Health Plan.

IMPORTANT: this pre-authorization is NOT A GUARANTEE of payment or your eligibility. When BlueCross receives the claims, we will review the claims to verify that: (1) the authorized claim and the claims filed are consistent; (2) you were eligible at the time of the services; (3) your health plan covers the services; and (4) all health plan requirements have been satisfied (e.g. limitations in services, pre-existing waiting periods, co-payments, deductibles, network eligibility of providers, etc.). Your Insurance Benefit Guide and health plan documents contain more information about plan requirements.

You may call NIA with any questions at 1-866-500-7664 or our toll-free TTY line for the hearing impaired at 866-753-9424, Monday through Friday 8:00 a.m. to 8:00 p.m. Eastern time.

Sincerely,

Clinical Operations Department
National Imaging Associates, Inc.

cc: Dr. Alice Brooks

85

Patient: RAMEY, GAYLA R

Age: 49 Sex: F

DOB: 01/02/1961

Serv Dt/Tm: 11/16/10 / 1504

Ord Dr: BROOKS, ALICE MD

MRN: M000209492

Loc: ELGRAD

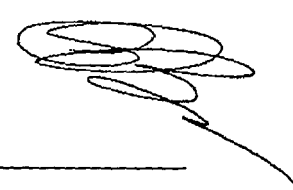
Rm/Bed:

Acct #: K10000735948

Status: REG CLI

Req #: 10-0048891

He 46#
4/27/11 EOC
Nov 17 2010



REASON FOR EXAMINATION: ABNORMAL CHEST RADIOGRAPH, LEFT LUNG NODULE

UNENHANCED CHEST CT 11-16-10

Multiple axial, coronal and sagittal images were made through the patient's chest without IV contrast enhancement. The thyroid gland is unremarkable. No supraclavicular or axillary adenopathy is seen. There are calcified nodes in the right and left hila and mediastinum consistent with old granulomatous disease. There is a calcified nodule in the left lung base felt to account for the nodular density noted on the chest radiograph. This is consistent with a granuloma and part of a Ghon's complex. This measures 14 mm in diameter. There is a small hiatal hernia present. There are some coronary artery calcifications are present.

IMPRESSION: OLD GRANULOMATOUS DISEASE WITH GHON'S COMPLEX ON THE LEFT. OTHER CALCIFIED MEDIASTINAL AND RIGHT HILAR ADENOPATHY IS SEEN. ATHEROSCLEROTIC CHANGES NOTED IN THE CORONARY ARTERIES. THERE IS PROBABLE MINIMAL SCARRING IN THE RIGHT MIDDLE LOBE. STATUS POST CHOLECYSTECTOMY. SMALL HIATAL HERNIA.

Electronically signed by: DONALD J COPLEY MD

Trans by: APS

Trans date/time: 11/16/10 1646

86

Patient aware
will recall
if any symptoms
11.17.10 NB

ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

PRESCRIPTION REPORT

PATIENT NAME: **RAMEY, GAYLA R**

PATIENT NO: 004646

ADDRESS: [REDACTED]

4 TEL: 803-205-1111 WK TEL:

OCCUPATION: DOB: 01/02/1961 (50)

PT CHART #: 0488701

GUARANTOR: RAMEY, GAYLA R

DATE RX MEDICINE DOSAGE/SIG
ISP TTD REFILLS PRINT PRESCRIBING PROVIDER

2/29/2010 METROGEL VAGINAL 1APPLICATOR QHS
TUBE 0 Y 001 BROOKS, ALICE J

10/27/2010 LOVASTATIN 40MG TAKE IN PM
30 1 5 Y 001 BROOKS, ALICE J

10/27/2010 HCTZ 25MG
30 1 5 Y 001 BROOKS, ALICE J

10/27/2010 FLEXERIL 10MG TAKE ONE QHS
30 1 5 2 001 BROOKS, ALICE J

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ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

OFFICE VISIT ON 12/29/2010

PROVIDER: BROOKS, ALICE J

ENTERED BY: DRBROOKS

*****CHIEF COMPLAINT*****

REASON FOR TODAY'S VISIT: C/O VAGINAL BLEEDING ON 12/13/10 - 12/19/20.
SPOTTING ON 12/20/10. INTERCOURSE ON 12/21/10 AND HAD INCREASED BRIGHT
RED BLOOD AFTER THIS AND ON 12/23/10, SHE HAD A BROWNISH COLOR DISCHARGE
W/ ODOR. HAS NOT HAD A CYCLE OTHER THAN SPOTTING IN MAY 2010 FOR 4-5
DAYS. SHE HAS DISCOMFORT IN HER PELVIC AREA, HEADACHE, SOME DIZZINESS.
THE 1ST DIZZY EPISODE WAS PRIOR TO 12/13/10 AND SHE HAS HAD 3-4 EPISODES
SINCE. HOWEVER THE HEADACHES HAVE BEEN EVERYDAY AND THIS IS NOT USUAL FOR
HER. SHE WANTS TO MAKE SURE SHE DOES NOT HAVE AN INFECTION.

*****PMHX*****

NO CHANGE IN PMHX, FMHX, SOC.HX, EXCEPT AS NOTED IN CC.

*****ROS*****

NEGATIVE EXCEPT AS DESCRIBED IN CC AND HPI

*****PE*****

HEART: RRR NORMAL S1 AND S2, NO MURMUR, GALLOP, CLICK OR RUB
HEARD

LUNGS: CLEAR TO AUSCULTATION

ABD: SOFT NON TENDER, NO HSM, NORMAL BS

PELVIC NORMAL EXTERNAL

NORMAL INTERNAL

NO SIGN OF BLOOD

WET PREP NEGATIVE

DX:BV

TX:METRONIDADOLE VAG

PT INFORMED OF MESSAGE CENTER FOR ANY LAB/X-RAY REPORTS OR
SCHEDULED APPOINTMENTS.

AB

SIGNATURE: _____

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VITAL SIGNS ON 12/29/2010

PROVIDER: BROOKS, ALICE J

ENTERED BY: AMY

ALICE J BROOKS MD PA

PO BOX 39

LUGOFF SC 29078

803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: **RAMEY, GAYLA R**

PATIENT NO: **004646**

VITAL SIGNS

BLOOD PRESSURE: 102/60-L

WEIGHT:153

SIGNATURE: _____

FLU VACCINE ON 11/16/2010

PROVIDER: BROOKS, ALICE J

ENTERED BY: DIANA

MAN:SANOFI PASTEUR

LOT:U3727AA

EXP:30JUN11

SITE:0.5CC IM LD

INITIALS:DG

SIGNATURE: _____

OUTBOUND REFERRALS ON 11/12/2010

PROVIDER: BROOKS, ALICE J

ENTERED BY: AMY

REFERRAL

FOR:CT CHEST

DX: ABN CHEST XRAY 11/11/10; LEFT LUNG NODULE

COMMENTS: APPOINTMENT 11/16/10 @ 3:00PM

SIGNATURE: _____

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OUTBOUND REFERRALS ON 11/09/2010

PROVIDER: BROOKS, ALICE J

ENTERED BY: BECKY

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PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: **RAMEY, GAYLA R**

PATIENT NO: **004646**

REFERRAL

FOR: REPEAT PA + OBLIQUE CHEST X RAY WITH NIPPLE MARKER

DX: ABNORMAL PA/LATERAL

COMMENTS: THE PATIENT IS TO HAVE X RAY DONE EITHER 11.9.10 OR 11.10.10 DUE TO WORK SCHEDULE. PATIENT AWARE. RB

SIGNATURE: _____

OFFICE VISIT ROUTINE ON 10/27/2010

PROVIDER: BROOKS, ALICE J

ENTERED BY: DRBROOKS

REASON FOR OV

THE PATIENT PRESENTS TODAY FOR:

FOLLOW UP OF LIPIDS. FOLLOW UP OF LABS. HEALTH MAINTENANCE AND REVIEW OF MEDICAL PROBLEMS.

THE PATIENT COMPLAINS OF: HAS BEEN OFF ALL OF HER MEDICATIONS X 3 MOS. SHE IS REQUESTING REFILLS TODAY PARTICULARLY ON HCTZ DUE TO SHE HAS BEEN RETAINING FLUID.

REVIEW OF SYSTEMS

THE REMAINDER OF THE ROS IS BENIGN.

REVIEW OF PAST HISTORY

THE PATIENT'S PAST MEDICAL HISTORY WAS REVIEWED AND FOUND TO BE UNCHANGED.

THE SOCIAL HISTORY WAS FOUND TO BE UNCHANGED.

THE FAMILY HISTORY WAS UNCHANGED.

OBJECTIVE

HEART:

NORMAL S1 AND S2 WERE HEARD. NO MURMUR OR GALLOP NOTED.

LUNGS:

THE LUNGS ARE CLEAR TO AUSCULTATION. NO WHEEZES RALES OR RHONCHI NOTED.

dx: NICOTINE ADDICTION; LUNG NODULE; POLYCYTHEMIA

TX: LAB/EOV

PT TO RESTART MEDS

AB

90

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803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

SIGNATURE: _____

VITAL SIGNS ON 10/27/2010

PROVIDER: BROOKS, ALICE J

ENTERED BY: AMY

VITAL SIGNS

BLOOD PRESSURE: 108/70-L

WEIGHT:150

SIGNATURE: _____

EOV ON 04/28/2010

PROVIDER: BROOKS, ALICE J

ENTERED BY: DRBROOKS

Chart Number: 0488701

Date Created: 4/28/10

Patient Name: Ramey, Gayla R

DOB: 01/02/1961 Sex: Female

Ethnic Origin: WHITE, NON-HISPANIC

Doctor: ALICE J. BROOKS M.D.

*****CHIEF COMPLAINT*****

EXTENDED OV, PAP SMEAR AND CLINICAL BREAST EXAM

LABS -- DISCUSSED

*****REVIEW OF SYSTEMS*****

THIS PATIENT DENIES FEVER, HA, PND, ALLERGIES, ST, COUGH, FATIGUE, SOB,
CHEST PAIN, N/V/C/D, URINARY SYMPTOMS, SWELLING OR NEUROLOGIC CHANGES.

*****PATIENT HISTORY*****

ALLERGIES: NKDA

CHILDHOOD ILLNESSES:ALL ROUTINE

ADULT ILLNESSES: MENORRHAGIA, HYPERLIPIDEMIA, INSOMNIA, DEPRESSION, COPD,
HYPOKALEMIA-RESOLVED, TOBACCO DEPENDENCE

INJURIES/FX'S: FX PINKY

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MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

SURGERIES: UTERINE POLYP REMOVED 1994, GALLBLADDER REMOVED 10/18/07

HOSPITALIZATIONS: RESPIRATORY INFECTION AND CHILDBIRTH

CURRENT MEDICATIONS: LOVASTATIN 40MGs, HCTZ 25MGs, FLEXERIL 10MGs, ALEVE PRN

LMP: 3-4 MTHS AGO

MENARCHE: 11

LAST PAP SMEAR 11/14/07 3-4 NEGATIVE

LAST MAMMOGRAM: 09/01/06 NEGATIVE

HX OF ABNORMAL PAP SMEARS: NO

HX OF ABNORMAL MAMMOGRAMS: NO

G 5 P4 A1 MISCARRIAGE

PREGNANCY HISTORY:

FULL TERM: 4

SVD: 4

COMPLICATIONS WITH PREGNANCY: NO

AGE AT FIRST PREGNANCY: 15

BREAST FEED: TRIED WITH 3RD

BIRTH CONTROL METHOD: VASECTOMY

H/O STD'S: NO

IMMUNIZATIONS:

YEARLY FLU VACCINE: 11/13/2007

PNEUMOVAX: 2004

HEP B SERIES: YES

LAST TETANUS INJ (WITHIN 10 YEARS): 9/11/2006

LAST EYE EXAM: LONG TIME

LAST DENTAL EXAM: UNKNOWN

BONE DENSITY SCAN: NONE

COLONOSCOPY: NONE

PROBLEMS WITH VOIDING: NONE

*****FAMILY HISTORY*****

HX OF FEMALE RELATED CANCER: MOTHER UTERINE OR CERVICAL CANCER

FAMILY HX OF OSTEOPOROSIS: MOTHER AND MATERNAL GRANDMOTHER

MOTHER: DECEASED AGE 65, HTN, COPD, CHF, CARDIAC, UTERINE OR CERVICAL CA AT AGE 29; OSTEOPOROSIS

FATHER: 69 HTN

SIBLINGS: 1 BROTHER-HEALTHY; 2 SISTERS ONE HAD BREAST BIOPSY

MGM: DECEASED OSTEOPOROSIS

MGF: DECEASED 45 SUICIDE UNSURE

PGM: DECEASED DM

PGF: DECEASED STROKE

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803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

*****SOCIAL HISTORY*****

TOBACCO USE: YES 1-1.5 PPD 28-30 YRS
ETOH: NO
RECREATIONAL DRUG USE: NO TYPE:
CAFFEINE INTAKE: DRINKING DECAFF FOR FEW MONTHS
EXERCISE: NO
EMPLOYED: RIDGEWAY HEALTH AND REHAB
MARITAL STATUS: MARRIED
LIVING ARRANGEMENTS: LIVES WITH HUSBAND AND YOUNGEST CHILD 4 GRANDCHILDREN
AND 2 MIDDLE DAUGHTERS

*****PHYSICAL*****

NEURO: THE PATIENT IS WELL DEVELOPED. A&O X3, PLEASANT AFFECT. CRANIAL
NERVE II-XII INTACT TO INCLUDE DTR'S AND SENSATION. SENSE OF TASTE NOT
TESTED.

HEAD: HEAD IS ATRAUMATIC AND NORMOCEPHALIC, HELD MIDLINE & ERECT WITH
FEATURES SYMMETRIC. SCALP MOVES FREELY UNDER EXAMINING FINGERS. NO
TENDERNESS NOTED. TEMPORAL ARTERIES PALPABLE BUT NOT THICKENED. NO DEFECTS
OR DEFORMITIES NOTED.

EYES: PATIENT DENIES PAIN, DISCOMFORT, ITCHING, BLURRED VISION, OR DOUBLE
VISION. PUPILS ARE EQUAL, ROUND & REACTIVE TO LIGHT AND ACCOMODATION. EXTRA OCULAR
MOVEMENTS
INTACT. PERIPHERAL VISION INTACT AT 75 DEGREES BILATERALLY. INSPECTION OF
LIDS AND CONJUNCTIVAE WITHIN NORMAL LIMITS.

EARS: AURICLE IN ALIGNMENT, NO MASSES, LESIONS, SCARS OR TENDERNESS
NOTED. EXTERNAL AUDITORY CANALS UNOBSTRUCTED. TYMPANIC MEMBRANES ARE
TRANSLUCENT PEARLY GREY IN COLOR, INTACT, MOBILE, GOOD LIGHT REFLEX AND
BONY LANDMARKS PRESENT.
WHISPER TEST, WEBER AND RINNE WITHIN NORMAL LIMITS, MIDLINE,
NONLATERALIZING AND AIR > BONE CONDUCTION.

NOSE: NO DISCHARGE OR POLYPS, MUCOSA PINK AND MOIST, SEPTUM MIDLINE AND
PATENT BILATERALLY, TURBINATES CLEAR. NO ERYTHEMA OR PURULENCE WAS NOTED.
NO FRONTAL OR MAXILLARY TENDERNESS ON PALPATION OR PERCUSSION.

MOUTH: LIPS ARE SYMMETRICAL, COLOR PINK, WITHOUT EDEMA OR SURFACE
ABNORMALITIES. BUCCAL MUCOSA PINK AND MOIST WITHOUT LESIONS, GINGIVAE RED
AND BOGGY; TONGUE MIDLINE; NO LESIONS OR TREMORS. TEETH IN GOOD REPAIR.
HARD AND SOFT PALATE INSPECTED NO OBVIOUS ABNORMALITIES NOTED.

THROAT: UVULA RISES EVENLY, OROPHARYNX PINK AND MOIST
WITHOUT EXUDATE OR ERYTHEMA, NO HOARSENESS. ENUCIATES WORDS CLEARLY.

NECK: TRACHEA MIDLINE. THE NECK IS SUPPLE, NON-TENDER, WITHOUT JVD OR
BRUIES. FULL RANGE OF MOTION. THERE IS NO ADENOPATHY OR THYROMEGALY
PRESENT. THYROID IS SMOOTH, SOFT, NON-TENDER, & MOVES FREELY WHEN PATIENT
SWALLOWS.

LUNGS: CLEAR TO AUSCULTATION AND PERCUSSION. NO RALES, RHONCHI, OR
WHEEZES WERE HEARD. VESICULAR BREATH SOUNDS OVER PERIPHERAL LUNG TISSUE.
NON LABORED AND EVEN EFFORT. NO INCREASED OR DIMINISHED TACTILE FREMITUS

ALICE J. BROOKS MD PA
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LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

NOTED.

HEART: NORMAL S1,S2 REGULAR RATE AND RHYTHM WITHOUT CLICKS GALLOPS, RUBS, OR MURMURS. PMI IS AT THE LMC LINE.

VASCULAR: PULSES IN ALL FOUR EXTREMITIES +3, NO JUGULAR VEIN DISTENTION NOTED, CAPILLARY REFILL 1-2 SECONDS, NO PITTING EDEMA OR SWELLING OF EXTREMITIES NOTED. NO BRUITS AUDIBLE.

BREASTS: PALPATION WITHOUT MASSES, DIMPLES OR AXILLARY ADENOPATHY. SYMMETRICAL SHAPE AND SIZE. NO DISCHARGE FROM NIPPLES.

ABDOMEN: VISUAL INSPECTION OF ABDOMEN WITHOUT MASSES OR LESIONS NOTED. NORMAL BOWEL SOUNDS, NO HEPATO-SPLEENMEGALY NOTED. NO TENDERNESS TO PALPATION. NO GUARDING OR REBOUND. NORMAL TO PERCUSSION. THE PATIENT WAS EVALUATED AND NO HERNIAS PRESENT.

GENITOURINARY: HAIR DISTRIBUTION IS WITHIN NORMAL LIMITS. BLADDER IS WITHOUT FULLNESS, MASSES OR TENDERNESS. THE ORIFICE OF THE URETHRA IS WITHOUT MASSES, TENDERNESS OR SCARING. THE VAGINA IS NORMAL IN COLOR AND RUGGAE. NO LESIONS OR MASSES ARE SEEN. THE UTERUS IS NORMAL IN SIZE, SHAPE AND CONSISTENCY. THERE IS NO CERVICAL MOTION TENDERNESS. THE CERVICAL OS IS WITHOUT LESIONS OR MASSES. cyst NO ADNEXAL TENDERNESS TO PALPATION. NO RECTOCELE OR CYSTOCELE PRESENT.

RECTUM: MANUALLY EVALUATED AND FOUND TO HAVE NORMAL TONE AND NO MASSES. THE PATIENT'S STOOL WAS IMMUNOASSAY NEGATIVE. NO HEMORRHOID NOTED.

MUSCULOSKELETAL: NORMAL GAIT NOTED. POSTURE STRAIGHT, WITHOUT SCOLIOSIS. MUSCLES & EXTREMITIES SYMMETRIC. MUSCLE STRENGTH APPROPRIATE AND EQUAL BILATERALLY. ACTIVE RANGE OF MOTION.

JOINTS: NORMAL SIZE AND CONTOUR, FULL RANGE OF MOTION, NO REDNESS OR SWELLING. NO EVIDENCE OF INJURY. NO CLICKS, LOCKING, OR LIMITED EXTENSION NOTED.

SKIN: APPROPRIATE COLOR FOR RACE. WARM & DRY W/O LESIONS OR DEFORMITIES.

MONOFILAMENT EXAM NORMAL

DX: MENORRHAGIA, HYPERLIPIDEMIA, INSOMNIA, DEPRESSION, COPD, HYPOKALEMIA-RESOLVED, TOBACCO DEPENDENCE, EOY WITH PAP, CLINICAL BREAST EXAM

PLAN: LAB/OV 6 MOS
AB

PT AWARE OF MESSAGE CENTER FOR X-RAY/LAB RESULTS OR SCHEDULED APPOINTMENTS

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803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: **RAMEY, GAYLA R**

PATIENT NO: **004646**

SIGNATURE: _____

VITAL SIGNS ON 04/28/2010

PROVIDER: BROOKS, ALICE J

ENTERED BY: DIANA

VITAL SIGNS

BLOOD PRESSURE:120/70

WEIGHT:159

HEIGHT:67.5

SIGNATURE: _____

OUTBOUND REFERRALS ON 04/28/2010

PROVIDER: BROOKS, ALICE J

ENTERED BY: DIANA

REFERRAL

FOR:MAMMOGRAM

DX:SCREENING

COMMENTS: PT CAN WALK IN ON TUES,THURS,FRI BETWEEN 8.00AM AND 4.30PM.NO
DEODORANT, BODY LOTION OR TALC TO APPT.

SIGNATURE: _____

OFFICE VISIT ON 04/16/2010

PROVIDER: BROOKS, ALICE J

ENTERED BY: AMY

*****CHIEF COMPLAINT*****

REASON FOR TODAY'S VISIT:C/O PAIN IN RIGHT SHOULDER UP INTO THE BACK OF
NECK. PAIN IS CONSTANT. THE BURNING SENSATION BECOMES INTENSE SHE STATES.
ABOUT A WEEK AND A HALF AGO IT STARTED. PROGRESSIVELY
PAIN HAS GOTTEN WORSE .OTC HEAT PATCHES, IBUPROFEN

ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: **RAMEY, GAYLA R**

PATIENT NO: **004646**

*****PMHX*****

NO CHANGE IN PMHX, FMHX, SOC.HX, EXCEPT AS NOTED IN CC.

*****ROS*****

NEGATIVE EXCEPT AS DESCRIBED IN CC AND HPI

*****PE*****

NECK SUPPLE

RIGHT TRAPEZIUS TENDER WITH PALPABLE MUSCLE SPASM REPRODUCING PAIN.

PROCEDURE: PREPPED WITH ALCOHOL, 80MG DEPO-MEDROL, 1CC LIDOCAINE

INJECTED; GOOD RESULT

PT RELATED PAIN IMPROVEMENT

HEART: RRR NORMAL S1 AND S2, NO MURMUR, GALLOP, CLICK OR RUB
HEARD

LUNGS: CLEAR TO AUSCULTATION

ABD: SOFT NON TENDER, NO HSM, NORMAL BS

DX:TRAPEZIUS SPASM

TX: TRIGGER POINT INJECTION

FLEXERIL 10MG; HEAT & ICE ALTERNATING; PT DUE FOR LABS/EOV.

PT INFORMED OF MESSAGE CENTER FOR ANY LAB/X-RAY REPORTS OR
SCHEDULED APPOINTMENTS.

SIGNATURE: _____

VITAL SIGNS ON 04/16/2010

PROVIDER: BROOKS, ALICE J

ENTERED BY: BECKY

VITAL SIGNS

BLOOD PRESSURE:122/74

WEIGHT:165

SIGNATURE: _____

96-9-
328

ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

OFFICE VISIT ROUTINE ON 12/12/2008

PROVIDER: BROOKS, ALICE J

ENTERED BY: DRBROOKS

REASON FOR OV

THE PATIENT PRESENTS TODAY FOR:

FOLLOW UP OF HYPERTENSION.FOLLOW UP OF LIPIDS.FOLLOW UP OF LABS.HEALTH
MAINTENANCE AND REVIEW OF MEDICAL PROBLEMS.

THE PATIENT COMPLAINS OF: HAVING MENSTRUAL CYCLE THAT STARTED ON 11/18/08
THAT WAS SPOTTING FOR FIRST 4 DAYS. THEN BLEEDING HEAVILY FOR TWO WEEKS.

TWO DAYS AGO WAS DOWN TO SPOTTING AND NOW TODAY NOTHING. STATES SHE DID
HAVE SOME LOWER BACK PAIN WITH THE HEAVIER BLEEDING. SOME PRESSURE WITH
URINATING. STATES SHE JUST FEELS DRAINED.

REVIEW OF SYSTEMS

THE REMAINDER OF THE ROS IS BENIGN.

REVIEW OF PAST HISTORY

THE PATIENTS PAST MEDICAL HISTORY WAS REVIEWED AND FOUND TO BE UNCHANGED.

THE SOCIAL HISTORY WAS FOUND TO BE UNCHANGED.

THE FAMILY HISTORY WAS UNCHANGED.

OBJECTIVE

HEART:

NORMAL S1 AND S2 WERE HEARD. NO MURMUR OR GALLOP NOTED.

LUNGS:

THE LUNGS ARE CLEAR TO AUSCULTATION. NO WHEEZES RALES OR RHONCHI NOTED.

ABD:NORMAL BOWEL SOUNDS

SEVERAL SCALING LESIONS ON BUTTOCK ELBOW AND LEGS LOOK C/W PSORIASIS

+1 PITTING EDEMA

DX: MENOPAUSAL SXMS, MENORRHAGIA, HYPERLIPIDEMIA

TX:REFER TO GYN KRAEMER FOR POSSIBLE ENDOMETRIAL ABLATION

RESTART LOVASTSTIN

INCREASE HCTZ

AB

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

VITAL SIGNS ON 12/12/2008

PROVIDER: BROOKS, ALICE J

ENTERED BY: AMY

VITAL SIGNS

BLOOD PRESSURE:128/88-L

WEIGHT:182

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

OUTBOUND REFERRALS ON 12/12/2008

PROVIDER: BROOKS, ALICE J

ENTERED BY: KELLIE

REFERRAL

FOR:EVALUATION FOR MENORRHAGIA/POSSIBLE ENDOMETRIAL ABLATION

DX:MENORRHAGIA

COMMENTS:YOUR APPOINTMENT IS ON 12/23/08 @ 2:00PM. IF YOU HAVE ANY
QUESTIONS REGARDING THIS APPOINTMENT PLEASE CALL 438-3800. CALL PT WITH
APT.LMTRC

12/18/08 PATIENT AWARE OF APPT DATE & TIME. . .KM

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

FLU VACCINE ON 11/28/2008

PROVIDER: BROOKS, ALICE J

ENTERED BY: BECKY

MAN:SANOFI PASTEUR

LOT:U2747AA

EXP:30JUN09

SITE:0.5CC IM LD

98-11-
200

ALICE J BROOKS MD PA
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803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

INITIALS:RB

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

OFFICE VISIT ON 11/04/2008

PROVIDER: BROOKS, ALICE J

ENTERED BY: DRBROOKS

*****CHIEF COMPLAINT*****

REASON FOR TODAY'S VISIT: MENSTRUAL CYCLES HAVE GOTTEN IRREGULAR. HAS BEEN 2 MOS SINCE LAST CYCLE. PREVIOUSLY HAD HOT/COLD FLASHES, BUT THAT HAS SUBSIDED.

NONE FOR 2 MOS.

ALSO WANTS TO STOP SMOKING

ALSO NOTED EDEMA

*****PMHX*****

NO CHANGE IN PMHX, FMHX, SOC.HX, EXCEPT AS NOTED IN CC.

*****ROS*****

NEGATIVE EXCEPT AS DESCRIBED IN CC AND HPI

*****PE*****

HEART: RRR NORMAL S1 AND S2, NO MURMUR, GALLOP, CLICK OR RUB
HEARD

LUNGS: CLEAR TO AUSCULTATION

+ 1 PITTING EDEMA

DX: MENOPAUSAL, NICOTINE ADDICTION, HTN

TX: CHANTIX, HCTZ

DISCUSSED MENOPAUSE AND RISK OF BLEEDING

AB

PT INFORMED OF MESSAGE CENTER FOR ANY LAB/X-RAY REPORTS OR
SCHEDULED APPOINTMENTS.

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

VITAL SIGNS ON 11/04/2008

PROVIDER: BROOKS, ALICE J

ENTERED BY: AMY

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803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

VITAL SIGNS

BLOOD PRESSURE:142/84-L
WEIGHT:183

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

OFFICE VISIT ON 09/19/2008

PROVIDER: BROOKS, ALICE J

ENTERED BY: AMY

*****CHIEF COMPLAINT*****

REASON FOR TODAY'S VISIT: FORMS FOR NURSING SCHOOL
GOING FOR RN

ALSO NOTES INTERMITTENT COUGH

PT HAS KNOWN POSITIVE PPD

SHE HAD TREATMENT YEARS AGO

HAD A POSITIVE PPD 1 MONTH AGO

WILL NEED CXR FOR COUGH AND POSITIVE PPD

*****PMHX*****

NO CHANGE IN PMHX, FMHX, SOC.HX, EXCEPT AS NOTED IN CC.

*****ROS*****

NEGATIVE EXCEPT AS DESCRIBED IN CC AND HPI

*****PE*****

EARS: TM'S CLEAR, GOOD LIGHT REFLEX.

THROAT: PINK AND MOIST

ADENOPATHY: NONE

HEART: RRR NORMAL S1 AND S2, NO MURMUR, GALLOP, CLICK OR RUB
HEARD

LUNGS: CLEAR TO AUSCULTATION

DX:OK FOR NURSING; INTERMITTENT COUGH

TX: GET CXR PA AND LAT

PT INFORMED OF MESSAGE CENTER FOR ANY LAB/X-RAY REPORTS OR
SCHEDULED APPOINTMENTS.

AB

100

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

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MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

VITAL SIGNS ON 09/19/2008

PROVIDER: BROOKS, ALICE J

ENTERED BY: AMY

VITAL SIGNS

BLOOD PRESSURE:146/84

WEIGHT:174

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

WORK AND SCHOOL EXCUSE ON 04/07/2008

PROVIDER: BROOKS, ALICE J

ENTERED BY: BRENDA

EXCUSE

THIS PATIENT WAS OUT OF SCHOOL/WORK ON THE FOLLOWING DAYS:04/07/08

THEY MAY RETURN TO SCHOOL/WORK ON:04/08/08

THIS EXCUSE MAY NOT BE EXTENDED WITHOUT FIRST CONTACTING OUR OFFICE.

ALICE J. BROOKS, MD

PATRICIA BURTON, FNP

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

VITAL SIGNS ON 04/07/2008

PROVIDER: BROOKS, ALICE J

ENTERED BY: BRENDA

VITAL SIGNS

BLOOD PRESSURE:112/80

WEIGHT:184

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ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: **RAMEY, GAYLA R**

PATIENT NO: **004646**

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

OFFICE VISIT ON 04/07/2008

PROVIDER: BROOKS, ALICE J

ENTERED BY: DRBROOKS

*****CHIEF COMPLAINT*****

REASON FOR TODAY'S VISIT: NECK AND BACK PAIN. THE PAIN RADIATES INTO RIGHT SHOULDER. BURNING PAIN. WORSE WITH FORWARD FLEXION. ALSO WORSE IN AM. OCCASIONAL FLEXION CAUSES BILAT HEAT SENSATION. 2 WEEKS DURATION. GETTING WORSE.

TRIED NAPROXEN....SLIGHT HELP.

STRETCHING EXERCISES

*****PMHX*****

NO CHANGE IN PMHX, FMHX, SOC.HX, EXCEPT AS NOTED IN CC.

*****ROS*****

NEGATIVE EXCEPT AS DESCRIBED IN CC AND HPI

*****PE*****

FORWARD FLEXION NOT ABLE TO TOUCH CHIN TO CHEST

RETROFLEXION INCREASES PAIN RIGHT TRAPEZIUS AREA

LATERAL FLEXION NOT AS BAD

SOME CREPITUS WITH ROTATION AND RIGHT SIDE PULLS INTO SHOULDER

SPASM IN RIGHT TRAPEZIUS PALPABLE TRIGGER POINT

80MG DEPO MEDROL WITH LIDOCAINE INJECTED INTO TRIGGER POINT

SOME IMPROVEMENT S/P INJ

DX: TRAPEZIUS SPASM/TRIGGER POINT INJECTION

TX: PT INFORMED OF MESSAGE CENTER FOR ANY LAB/X-RAY REPORTS OR SCHEDULED APPOINTMENTS.

FLEXERIL AND NAPROXEN

AB

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

OUTBOUND REFERRALS ON 11/14/2007

PROVIDER: BURTON, PATRICIA D

ENTERED BY: BRENDA

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ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

REFERRAL

FOR:MAMMOGRAM

DX:SCREENING MAMMOGRAM

COMMENTS:YOU MAY CALL OR WALK IN FOR AN APPT MON-FRI 9-5PM THEIR
TELEPHONE NUMBER IS 436-3680.BB

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

VITAL SIGNS ON 11/14/2007

PROVIDER: BURTON, PATRICIA D

ENTERED BY: BRENDA

VITAL SIGNS

BLOOD PRESSURE:126/76

WEIGHT:180 1/2

HEIGHT: 67 1/2IN

VISION: LT 20/20

RT 20/20

WITHOUT CORRECTION

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

EOV ON 11/14/2007

PROVIDER: BURTON, PATRICIA D

ENTERED BY: DIANA

Chart Number: 0488701

Date Created: 11/14/07

Patient Name: Ramey, Gayla R

DOB: 01/02/1961 Sex: Female

Ethnic Origin: WHITE, NON-HISPANIC

Doctor: ALICE J. BROOKS M.D.

*****CHIEF COMPLAINT*****
EXTENDED OV, PAP SMEAR AND CLINICAL BREAST EXAM

LABS -- DISCUSSED

*****REVIEW OF SYSTEMS*****

THIS PATIENT DENIES FEVER, HA, PND, ALLERGIES, ST, COUGH, FATIGUE, SOB,

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ALICE J BROOKS MD PA
PO BOX 39
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803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

CHEST PAIN, N/V/C/D, URINARY SYMPTOMS, SWELLING OR NEUROLOGIC CHANGES. ALL
OTHER SYSTEMS NEGATIVE.

MENSTRUAL CYCLES ARE CHANGING LAST TIME SPOTTED, HAS SOME HOT FLASHES, SLEEPING WELL, DID
NOT START CHANTIX

*****PATIENT HISTORY*****

ALLERGIES: NKDA

CHILDHOOD ILLNESSES: ALL ROUTINE

ADULT ILLNESSES: MENORRHAGIA, HYPERLIPIDEMIA, INSOMNIA, DEPRESSION, COPD,
HYPOKALEMIA-RESOLVED, TOBACCO DEPENDENCE

INJURIES/FX'S: FX PINKY

SURGERIES: UTERINE POLYP REMOVED 1994, GALLBLADDER REMOVED 10/18/07

HOSPITALIZATIONS: RESPIRATORY INFECTION AND CHILDBIRTH

CURRENT MEDICATIONS: ZOLOFT, LOVASTATIN

LMP: 10/25/07

MENARCHE: 11

LAST PAP SMEAR 9/11/2006 NEGATIVE

LAST MAMMOGRAM: 09/01/06 NEGATIVE

HX OF ABNORMAL PAP SMEARS: NO

HX OF ABNORMAL MAMMOGRAMS: NO

G 5 P4 A1 MISCARRIAGE

PREGNANCY HISTORY:

FULL TERM: 4

SVD: 4

COMPLICATIONS WITH PREGNANCY: NO

AGE AT FIRST PREGNANCY: 15

BREAST FEED: TRIED WITH 3RD

BIRTH CONTROL METHOD: VASECTOMY

H/O STD'S: NO

IMMUNIZATIONS:

YEARLY FLU VACCINE: 11/13/2007

PNEUMOVAX: 3 YRS AGO

HEP B SERIES: YES

LAST TETANUS INJ (WITHIN 10 YEARS): 9/11/2006

LAST EYE EXAM: LONG TIME

LAST DENTAL EXAM: UNKNOWN

BONE DENSITY SCAN: NONE

COLONOSCOPY: NONE

PROBLEMS WITH VOIDING: NONE

*****FAMILY HISTORY*****

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ALICE J BROOKS MD PA
PO BOX 39
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803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: RAMEY, GAYLA R

PATIENT NO: 004646

HX OF FEMALE RELATED CANCER: MOTHER UTERINE OR CERVICAL CANCER
FAMILY HX OF OSTEOPOROSIS: MOTHER AND MATERNAL GRANDMOTHER
MOTHER: DECEASED AGE 65, HTN, COPD, CHF, CARDIAC, UTERINE OR CERVICAL CA AT AGE
29; OSTEOPOROSIS
FATHER: 69 HTN

SIBLINGS: 1 BROTHER-HEALTHY; 2 SISTERS ONE HAD BREAST BIOPSY

MGM: DECEASED OSTEOPOROSIS
MGF: DECEASED 45 SUICIDE UNSURE
PGM: DECEASED DM
PGF: DECEASED STROKE

*****SOCIAL HISTORY*****

TOBACCO USE: YES 1-1.5 PPD 28-30 YRS
ETOH: NO
RECREATIONAL DRUG USE: NO TYPE:
CAFFEINE INTAKE: DRINKING DECAFF FOR FEW MONTHS
EXERCISE: NO
EMPLOYED: RIDGEWAY HEALTH AND REHAB
MARITAL STATUS: MARRIED
LIVING ARRANGEMENTS: LIVES WITH HUSBAND AND YOUNGEST CHILD 4 GRANDCHILDREN
AND 2 MIDDLE DAUGHTERS

*****PHYSICAL*****

NEURO: THE PATIENT IS WELL DEVELOPED. A&O X3, PLEASANT AFFECT. CRANIAL
NERVE II-XII INTACT TO INCLUDE DTR'S AND SENSATION. SENSE OF TASTE NOT
TESTED.

HEAD: HEAD IS ATRAUMATIC AND NORMOCEPHALIC, HELD MIDLINE & ERECT WITH
FEATURES SYMMETRIC. SCALP MOVES FREELY UNDER EXAMINING FINGERS. NO
TENDERNESS NOTED. TEMPORAL ARTERIES PALPABLE BUT NOT THICKENED. NO DEFECTS
OR DEFORMITIES NOTED.

EYES: PATIENT DENIES PAIN, DISCOMFORT, ITCHING, BLURRED VISION, OR DOUBLE
VISION. THE PATIENT'S VISION WAS 20/20 BILATERALLY. PUPILS ARE EQUAL,
ROUND & REACTIVE TO LIGHT AND ACCOMODATION. EXTRA OCULAR MOVEMENTS
INTACT. PERIPHERAL VISION INTACT AT 75 DEGREES BILATERALLY. INSPECTION OF
LIDS AND CONJUNCTIVAE WITHIN NORMAL LIMITS.

EARS: AURICLE IN ALIGNMENT, NO MASSES, LESIONS, SCARS OR TENDERNESS
NOTED. EXTERNAL AUDITORY CANALS UNOBSTRUCTED. TYMPANIC MEMBRANES ARE
TRANSLUCENT PEARLY GREY IN COLOR, INTACT, MOBILE, GOOD LIGHT REFLEX AND
BONY LANDMARKS PRESENT.
WHISPER TEST, WEBER AND RINNE WITHIN NORMAL LIMITS, MIDLINE,
NONLATERALIZING AND AIR > BONE CONDUCTION.

NOSE: NO DISCHARGE OR POLYPS, MUCOSA PINK AND MOIST, SEPTUM MIDLINE AND
PATENT BILATERALLY, TURBINATES CLEAR. NO ERYTHEMA OR PURULENCE WAS NOTED.
NO FRONTAL OR MAXILLARY TENDERNESS ON PALPATION OR PERCUSSION.

MOUTH: LIPS ARE SYMMETRICAL, COLOR PINK, WITHOUT EDEMA OR SURFACE
ABNORMALITIES. BUCCAL MUCOSA PINK AND MOIST WITHOUT LESIONS, GINGIVAE RED
AND BOGGY; TONGUE MIDLINE; NO LESIONS OR TREMORS. TEETH IN GOOD REPAIR.
HARD AND SOFT PALATE INSPECTED NO OBVIOUS ABNORMALITIES NOTED.

ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: **RAMEY, GAYLA R**

PATIENT NO: **004646**

THROAT: GAG REFLEX INTACT, UVULA RISES EVENLY, OROPHARYNX PINK AND MOIST WITHOUT EXUDATE OR ERYTHEMA, NO HOARSENESS. ENUCIATES WORDS CLEARLY.

NECK: TRACHEA MIDLINE. THE NECK IS SUPPLE, NON-TENDER, WITHOUT JVD OR BRUITS. FULL RANGE OF MOTION. THERE IS NO ADENOPATHY OR THYROMEGALY PRESENT. THYROID IS SMOOTH, SOFT, NON-TENDER, & MOVES FREELY WHEN PATIENT SWALLOWS.

LUNGS: CLEAR TO AUSCULTATION AND PERCUSSION. NO RALES, RHONCHI, OR WHEEZES WERE HEARD. VESICULAR BREATH SOUNDS OVER PERIPHERAL LUNG TISSUE. NON LABORED AND EVEN EFFORT. NO INCREASED OR DIMINISHED TACTILE FREMITUS NOTED.

HEART: NORMAL S1,S2 REGULAR RATE AND RHYTHM WITHOUT CLICKS GALLOPS, RUBS, OR MURMURS. PMI IS AT THE LMC LINE.

VASCULAR: PULSES IN ALL FOUR EXTREMITIES +3, NO JUGULAR VEIN DISTENTION NOTED, CAPILLARY REFILL 1-2 SECONDS, NO PITTING EDEMA OR SWELLING OF EXTREMITIES NOTED. NO BRUITS AUDIBLE.

BREASTS: PALPATION WITHOUT MASSES, DIMPLES OR AXILLARY ADENOPATHY. SYMMETRICAL SHAPE AND SIZE. NO DISCHARGE FROM NIPPLES.

ABDOMEN: VISUAL INSPECTION OF ABDOMEN WITHOUT MASSES OR LESIONS NOTED. NORMAL BOWEL SOUNDS, NO HEPATO-SPLEENMEGALY NOTED. NO TENDERNESS TO PALPATION. NO GUARDING OR REBOUND. NORMAL TO PERCUSSION. THE PATIENT WAS EVALUATED AND NO HERNIAS PRESENT.

GENITOURINARY: HAIR DISTRIBUTION IS WITHIN NORMAL LIMITS. BLADDER IS WITHOUT FULLNESS, MASSES OR TENDERNESS. THE ORIFICE OF THE URETHRA IS WITHOUT MASSES, TENDERNESS OR SCARING. THE VAGINA IS NORMAL IN COLOR AND RUGGAE. NO LESIONS OR MASSES ARE SEEN. THE UTERUS IS NORMAL IN SIZE, SHAPE AND CONSISTENCY. THERE IS NO CERVICAL MOTION TENDERNESS. THE CERVICAL OS IS WITHOUT LESIONS OR MASSES. cyst NO ADNEXAL TENDERNESS TO PALPATION. NO RECTOCELE OR CYSTOCELE PRESENT.

RECTUM: MANUALLY EVALUATED AND FOUND TO HAVE NORMAL TONE AND NO MASSES. THE PATIENT'S STOOL WAS GAUIAC NEGATIVE. NO HEMORRHOID NOTED.

MUSCULOSKELETAL: NORMAL GAIT NOTED. POSTURE STRAIGHT, WITHOUT SCOLIOSIS. MUSCLES & EXTREMITIES SYMMETRIC. MUSCLE STRENGTH APPROPRIATE AND EQUAL BILATERALLY. ACTIVE RANGE OF MOTION.

JOINTS: NORMAL SIZE AND CONTOUR, FULL RANGE OF MOTION, NO REDNESS OR SWELLING. NO EVIDENCE OF INJURY. NO CLICKS, LOCKING, OR LIMITED EXTENSION NOTED.

SKIN: APPROPRIATE COLOR FOR RACE. WARM & DRY W/O LESIONS OR DEFORMITIES.

MONOFILAMENT EXAM NORMAL

DX: MENORRHAGIA, HYPERLIPIDEMIA, INSOMNIA, DEPRESSION, COPD, HYPOKALEMIA-RESOLVED, TOBACCO DEPENDENCE EOY WITH PAP, CLINICAL BREAST

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ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: **RAMEY, GAYLA R**

PATIENT NO: **004646**

EXAM

PLAN:

1) stop smoking rx for chantix
2) advise taking calcium, vitamin, exercising, getting enough rest
3) cont meds recheck labs 6 mo
PT AWARE OF MESSAGE CENTER FOR X-RAY/LAB RESULTS OR SCHEDULED
APPOINTMENTS
pdb

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

FLU VACCINE ON 11/13/2007

PROVIDER: BROOKS, ALICE J

ENTERED BY: DIANA

MAN: SANOFI PASTEUR
LOT: U2507AA
EXP: 30JUN08
SITE: 0.5CC IM LD

INITIALS: DG

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

VITAL SIGNS ON 04/10/2007

PROVIDER: BROOKS, ALICE J

ENTERED BY: SHEREE

VITAL SIGNS

BLOOD PRESSURE: 140/80
WEIGHT: 175.5

ELECTRONICALLY SIGNED BY Alice J. Brooks MD

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ALICE J BROOKS MD PA
PO BOX 39
LUGOFF SC 29078
803 438 6023

MEDICAL RECORDS INFORMATION

PATIENT NAME: **RAMEY, GAYLA R**

PATIENT NO: **004646**

OFFICE VISIT ROUTINE ON 04/10/2007

PROVIDER: BROOKS, ALICE J

ENTERED BY: DRBROOKS

REASON FOR OV

THE PATIENT PRESENTS TODAY FOR:
FOLLOW UP OF LIPIDS.FOLLOW UP OF LABS.HEALTH MAINTENANCE AND REVIEW OF
MEDICAL PROBLEMS.
THE PATIENT COMPLAINS OF: NO PROBLEMS.
ZOLOFT SEEMS TO BE WORKING.
NO PROBLEMS WITH MEDS.
DISCUSSED LABS.

REVIEW OF SYSTEMS

AND THE REMAINDER OF THE ROS IS BENIGN.

REVIEW OF PAST HISTORY

THE PATIENTS PAST MEDICAL HISTORY WAS REVIEWED AND FOUND TO BE
UNCHANGED.THE SOCIAL HISTORY WAS FOUND TO BE UNCHANGED.
THE FAMILY HISTORY WAS UNCHANGED.

OBJECTIVE

HEART:

NORMAL S1 AND S2 WERE HEARD. NO MURMUR OR GALLOP NOTED.

LUNGS:

THE LUNGS ARE CLEAR TO AUSCULTATION. NO WHEEZES RALES OR RHONCHI NOTED.

DX: HYPERLIPIDEMIA

TX: EXERCISE ENCOURAGED

CONT LOVASTATIN

6MOS LAB/EOV

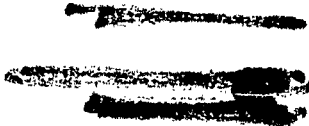
AB

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DOCTORS CARE



EXAM ROOM TIME 2-27

CHECKOUT TIME

TICKET NO.

ACCOUNT NUMBER	DATE	TIME		
471935	03/11/11	10:29am	NON PHYSICIAN, RIDGEVIEW	
& ADDRESS			2142387	
RAMEY, GAYLA			DOB: 01/02/1961 (50 years)	
1 [REDACTED]			GENDER: F	
[REDACTED]			IBG:	
[REDACTED]			CELL:	
WRK:			RELATION: SELF	
INSURED: RAMEY, GAYLA			COPAY: WC	
INS: WC/ESIS/ACE				
REASON: -				
NICKNAME:				
fell at work, Rt Arm/Hand bruised, Swollen				

al Hx	Family Hx	Social Hx	ROS (I or O):	Allergies:
DM	HTN	Alcohol	Fatigue, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Sore Throat, CP, SOB, Cough, Sputum, Wheezing, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash	NKDA
		Tobacco	All others negative	
hant rev., no sig chg			Medications:	
Above Hx reviewed M.K.			ACTIZ 25mg	
			Lorazepam 40mg	
			Med List Reviewed M.K.	

CAL: (see reverse) Omit if N/A	Chief Complaint:	☐ CBC
ml., O if abnml. & give details	HPI	☐ EKG
eral	- MOP: 7am today pt. was	☐ FBS
ENT	walking up stairs from parking	☐ Flu
sk	lot into UPAC Tanglewood Nursing	☐ Heme
les	Home when she slipped on 1st	☐ Hgb A1C
gs	stair & injured (R) FA & hand	☐ H. Pylori
		☐ KOH
		☐ Microalb
		☐ Mono
		☐ Strep
		☐ U/A
		☐ U Preg
		☐ Wet Prep
		☐ X-Ray

ESSMENT / DIAGNOSIS: 1. Abrasions (R) arm 2. Back Pain 3. (R) arm pain.

Patient Care Instructions Discussed:	Referrals, Tests, Treatments	PSR Notes:
estyle Modification	Rx:	NEW
ventative Recommendation(s)	1. Soma 350mg tid. #30	
criptions / OTC Meds	2. Naproxen Nat 550mg bid. #20	
le Effects Discussed	3. Ultram 50mg bid. #20	
o Return:		
orse:		
ot better:		
Follow-Up:		
ER if:		

Off Work / School 96h pri #20

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Date: 3/11/11

Date: 3/11/11



Return To Work Form

- ☐ 850 Aiken Mall Drive, Aiken, SC 29803 (803) 648-1464
- ☐ 511 Beltline Blvd., Columbia, SC 29205 (803) 782-4051
- ☐ 1060 Highway 1, South Lugoff, SC 29078 (803) 438-9759
- ☐ 977 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0476
- ☐ 7653 Garners Ferry Road, Columbia, SC 29209 (803) 783-2661
- ☐ 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613

- ☐ 4416 Forest Drive, Suite A, Columbia, SC 29206 (803) 738-9522
- ☐ 247 Columbia Avenue, Lexington, SC 29072 (803) 359-5533
- ☐ 1029 York Street NE, Aiken, SC 29801 (803) 648-4119
- ☐ 10040 Two Notch Road, Columbia, SC 29223 (803) 788-1153
- ☒ 4214 Hardscrabble Road, Columbia, SC 29223 (803) 736-8955
- ☐ 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
- ☐ 2475 Broad Street, Sumter, SC 29150 (803) 778-6555
- ☐ 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0545
- ☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- ☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120

Name: Gayle Ramey
Date: 3-11-11 Company Name: _____

Arrival Time: 9:50 Discharge Time: _____

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____

- ☒ 3. May work with the following accommodations as of: _____

☒ No lifting more than 10 lbs.

☐ No operation of hazardous or fast-moving machinery, no driving.

☒ Ground level work only, no ladders or heights.

☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.

☒ No continuous standing and/or sitting > 30min in duration per. hour.

☒ Minimal walking or climbing (including stairs)

☒ Limited use of Back.

☒ No overhead lifting.

☒ No high repetitive hand activities for extended periods of time.

☒ No use of R arm

- ☐ 4. Has reached Maximum Medical Improvement (MMI)

- ☒ 5. Return for re-evaluation at this office on 3/18/2011 Time: _____

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: ① R arm injury ② Back injury

Medications: ☒ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____ Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: Gayle Ramey Date: 3/11/11

Provider Signature: A. Kill PA43C Date: 3/11/2011

Workers' Compensation Policy & Procedure

Patient to Receive a Copy



All Work-Related Patients please read the following, and present this to your supervisor. You have Three (3) Payment Options.

1. EMPLOYER FILES TO THEIR WORKERS' COMPENSATION INSURANCE CARRIER

Your employer may file this visit/claim with their workers' compensation insurance carrier

- A Workers' Compensation Authorization Form must accompany the patient or must be faxed or emailed to the Doctors Care Office today, if during normal business hours, or the very next business day. A copy of this form can be found at www.doctorscare.com or at any Doctors Care office.
- A First Report of Injury must accompany the patient, or be sent to the Doctors Care office within three (3) business days and must be sent to the workers' compensation insurance carrier as well.
- The First Report of Injury is essential to file the claim. Once the First Report of Injury is submitted, we will file the claim to the workers' compensation insurance carrier.

2. EMPLOYER PAYS BILL ITSELF

Your employer may pay the bill within 10 business days without filing the claim.

- Please submit payment in the envelope-provided for the services rendered within ten (10) business days of the visit.

3. PATIENT PAYS BILL

IF OPTIONS 1 or 2 ARE NOT COMPLETED, THE PATIENT WILL BE RESPONSIBLE FOR THE PAYMENT OF SERVICES RENDERED.

Patient will be given the following items upon departure.

1. A statement with the current account balance.
2. An envelope in which the Employer may use to pay the bill without filing a workers' compensation insurance claim.
3. A copy of this policy and procedure outline.

Patient Acknowledgement

I have been informed of the Doctors Care Policy and Procedure on all Work-Related Injuries. I understand that I will be personally responsible for the payment of services, if options 1 or 2 are not completed within 10 business days.

Carla Ramirez
Patient's Printed Name

3/11/11
Date

[Signature]
Patient or Authorized Person's Signature

Tanya Shepard
Supervisor's Name

UPAC Tanglewood
Employer

803-337-3211
Supervisor Phone #



EXAM ROOM TIME 9:15		CHECKOUT TIME		TICKET NO.
ACCOUNT NUMBER	DATE	TIME	PATIENT NAME	PATIENT ID
471935	03/14/11	09:03 AM	KILLIAN, MICHAEL	2144305
PATIENT ADDRESS			INSURANCE	
RAMEY, GAYLA			BALANCE \$353.00	
DOB: 01/02/1961 (50 years)			ACCOUNT	
GENDER: F			BALANCE \$353.00	
IBG:			CURRENT	
CELL:			CHARGES	
WRK:			AMOUNT	
INSURED: RAMEY, GAYLA			PAID	
INS: WC/ESIS/ACE			NEW	
REASON: KILLIAN WKC FOLLOW UP			BALANCE	
NICKNAME:			CASH	
COPAY:			CHECK	
			M.O.	
			C.C.	

Personal Hx	Family Hx	Social Hx	ROS (I or O):	Allergies:
DM +	DM +	Alcohol -	Fatigue, Wt. Loss, Fever,	NKDA
HTN +	HTN +	Tobacco -	Chills, Nasal Congestion, Sinus Pain, Sore	
			Throat, CP, SOB, Cough, Sputum, Wheezing,	
			ABD Pain, N, V, D, Constip., Dysuria,	
			Freq., Urgency, Back Pain, Pelvic Pain, Vag.	
			D/C, Headache, Syncope, Rash	
			☒ All others negative	
v. chart rev., no sig chg			Medications:	
Above Hx reviewed M.K.			HCTZ	
BP 124/82	Pulse 76	Resp 16	Levostatin	
Temp 98.2			Med List Reviewed M.K.	

YSICAL: (see reverse) Omit if N/A	Chief Complaint:	☐ CBC
if abnl., O if abnl. & give details	HPI	☐ EKG
General	- X 3/11/2011 - DOI = Pt slipped	☐ FBS
HEENT:	going up wooden stairs @	☐ Flu
Neck	work place.	☐ Heme
Nodes	- Pt. st. very improved; No	☐ Hgb A1C
Lungs	(R) arm.	☐ H. Pylori
CV		☐ KOH
Abd		☐ Microalb
Back		☐ Mono
Ext		☐ Strep
GU		☐ U/A
Neuro		☐ U Preg
Skin/Breasts		☐ Wet Prep
I.V.		☐ X-Ray
Injection		
Nebulizer		
Procedure		
Labs - Send Out		

ASSESSMENT / DIAGNOSIS:		
1. Back Pain		
2. Derm abrasion/Contusion		
Patient Care Instructions Discussed:	Referrals, Tests, Treatments	PSR Notes:
Lifestyle Modification	- None -	ESTAB
Preventative Recommendation(s)	Pt. to cont.	
Prescriptions / OTC Meds	P.O. meds as	
Side Effects Discussed	Rx,	
Return to:		
If worse:		
If not better:		
For Follow-Up:		
to ER if:		

Off Work / School		M.D., D.O., P.A., F.N.P.
I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care.		
I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with Doctors Care Notice of Privacy Practices.		
I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered.		
Patient or Authorized Person's Signature	Date	
Gayla Ramey	3/14/11	



Return To Work Form

- ☐ 850 Aiken Mall Drive, Aiken, SC 29803 (803) 648-1464
☐ 511 Bohilino Blvd., Columbia, SC 29205 (803) 782-4051
☐ 1060 Highway 1, South Lugoff, SC 29078 (803) 438-9759
☐ 977 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0476
☐ 7653 Garners Ferry Road, Columbia, SC 29209 (803) 783-2661
☐ 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613

- ☐ 4416 Drive, Suite A, Columbia, SC 29206 (803) 738-9522
☐ 247 C Avenue, Lexington, SC 29072 (803) 359-5533
☐ 1029 York Street NE, Aiken, SC 29801 (803) 648-4119
☐ 10040 Two Notch Road, Columbia, SC 29223 (803) 788-1153
☒ 4214 Hardscrabble Road, Columbia, SC 29223 (803) 736-8955
☐ 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
☐ 2475 Broad Street, Sumter, SC 29150 (803) 778-6555
☐ 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0545
☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120

Name: Gayla RameyArrival Time: 9Discharge Time: 9:35Date: 3-14-11 Company Name: _____

WORK STATUS: (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____

☐ 3. May work with the following accommodations as of: _____

☒ No lifting more than 10 lbs.

☐ No operation of hazardous or fast-moving machinery, no driving.

☒ Ground level work only, no ladders or heights.

☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.

☐ No continuous standing and/or sitting.

☐ Minimal walking or climbing (including stairs)

☒ Limited use of Back
☐ No overhead lifting.

☐ No high repetitive hand activities for extended periods of time.

☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☒ 5. Return for re-evaluation at this office on 3/18/2011

Time: _____

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: Back Injury @ Arm InjuryMedications: ☐ as directed ☐ as neededWound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given

☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____ Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: _____

Date: _____

Provider Signature: _____

P#48

Date: 2/14/11

UCR medical affiliates

Doctors Care Radiology Form

X-Ray Interpretation and Review



X-Ray #: 0375

Office: RV

Date: 3/11/11

Patient Name: Gayla Ramey

Patient ID: 4719.35

DOB: 1-2-64

Requesting Provider: Julian

Pregnancy Status: —

Sex: F

Operator's Signature: E. Herman

History: —

Films Taken:

☐ Abdomen, 1V, 74000	☐ Finger, 3V, 73140	☐ LS-Spine, 3V, 72100	☐ Sinuses, 2V, 70210
☐ Abdomen, 3V, 74022	☐ Foot, 2V, 73620	☐ Mandible, 3V, 70100	☐ Sinuses, 3V, 70220
☐ Ankle, 3V, 73610	☐ Foot, 3V, 73630	☐ Nasal, 3V, 70160	☐ Skull, 2V, 70250
☐ C-Spine, 3V, 72040	☐ Foot-FB, 2V, 73620	☐ Neck-ST, 2V, 70360	☐ Skull, 4V, 70260
☐ C-Spine, 5V, 72050	☒ Forearm, 2V, 73090	☐ Oscalcis, 2V, 73650	☒ T-Spine, 2V, 72070
☐ Chest, 1V, 71010	☒ Hand, 2V, 73120	☐ Pelvis, 1V, 72170	☐ Thumb, 3V, 73140
☐ Chest, 2V, 71020	☒ Hand, 3V, 73130	☐ Ribs, 4V, 71101	☐ Tib & Fib, 2V, 73590
☐ Clav, 2V, 73000	☐ Hip, 2V, 73510	☐ Ribs-Bilat, 4-5V, 71111	☐ Toes, 3V, 73660
☐ Coccyx, 2V, 72220	☐ Humerus, 2V, 73060	☐ Sacrum, 2V, 72220	☐ Wrist, 2V, 73100
☐ Elbow, 2V, 73070	☐ Knee, 2V, 73560	☐ Scapula, 2V, 73010	☐ Wrist w/ Nav, 3-5, 73110
☐ Elbow, 4V, 73080	☐ Knee & Sun, 3+1, 73564	☐ Shoulder AC, 2V, 73050	☐ Add View, 1V, 70001
☐ Femur, 2V, 73550	☐ Knee & Tun, 3+1, 73564	☐ Shoulder, 2V, 73030	

☐ Unlisted X-Ray Description:

of Views: 7

Code: —

Doctors Care Practitioner Interpretation:

①. R hand: ⊖Fx.

②. T-spine: ⊖Fx.

Practitioner Signature: [Signature]

Right or Left Extremity

☒ R ☐ L

Lead Shielding Used

☒ Y ☐ N

Is Patient Pregnant

☐ Y ☒ N

Circle # of Films Taken

1 2 3 4 5

Questions for Radiologist:

Do you agree with practitioner's Initial impression?

☒ Yes☐ No

Do you consider the x-ray(s) normal?

☒ Yes☐ No

Do you see significant findings not noted by practitioner?

☐ Yes☐ No

If high risk, please notify office immediately by phone and fax.

Additional Practitioner Questions:

Radiologists Response

Agree Also forearm neg.

Radiologist Name: C.S. [Signature]

Radiologist Signature: [Signature]

Date of Review: 3/14/11

Doctors Care Office Notified (Phone/Fax/Other):

Doctors Care Follow-Up

Report Reviewed By Doctors Care Practitioner:

Signature: [Signature]

Date: —

Further action required?

☐ Yes☒ No

Patient notified?

☐ Yes☐ No

If yes to either question, follow up steps initiated (describe):



4 EXAM ROOM TIME 8:41 CHECKOUT TIME TICKET NO.

ACCOUNTNUMBER 471935 DATE 03/18/11 TIME 08:36am DC RIDGEVIEW, 2150167

NAME & ADDRESS RAMEY, GAYLA FRIDAY DOB: 01/02/1961 (50 years) GENDER: F INSURANCE BALANCE \$614.00 ACCOUNT BALANCE \$614.00 CURRENT CHARGES AMOUNT PAID NEW BALANCE

PERSONAL Hx Family Hx Social Hx ROS (I or O): Fatigue, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Sore Throat, CP, SOB, Cough, Sputum, Wheezing, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash Allergies: N/A

PHYSICAL: (see reverse) Omit if N/A if nml., O if abnml. & give details) General HEENT Neck Nodes Lungs CV Abd Back Ext GU Neuro Skin/Breasts I.V. Injection Nebulizer Procedure Labs - Send Out

ASSESSMENT / DIAGNOSIS: Cervical spine Full neck ROM UE strength = bkt O shoulder pain O thoracic spine pain healing abrasion neck mid back / -ess resolved cervical strain

Patient or Authorized Person's Signature: Date: 3/18/11



Return To Work Form

- ☐ 850 Aiken Mall Drive, Aiken, SC 29803 (803) 648-1464
- ☐ 511 Beltline Blvd., Columbia, SC 29205 (803) 782-4051
- ☐ 1060 Highway 1, South Lugoff, SC 29078 (803) 438-9759
- ☐ 977 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0476
- ☐ 7653 Garners Ferry Road, Columbia, SC 29209 (803) 783-2661
- ☐ 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613

- ☐ 4416 Forest Drive, Suite A, Columbia, SC 29206 (803) 738-9522
- ☐ 247 Columbia Avenue, Lexington, SC 29072 (803) 359-5533
- ☐ 1029 York Street NE, Aiken, SC 29801 (803) 648-4119
- ☐ 10040 Two Notch Road, Columbia, SC 29223 (803) 788-1153
- ☐ 4214 Hardscrabble Road, Columbia, SC 29223 (803) 736-8955
- ☐ 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
- ☐ 2475 Broad Street, Sumter, SC 29150 (803) 778-6555
- ☐ 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0545
- ☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- ☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120

Name: Gayla Ramey

Arrival Time: 8:21

Discharge Time: [redacted]

Date: 3.18.11

Company Name: _____

WORK STATUS: (Check Appropriate Boxes)

☒ 1. May perform full duty activities as of 3/18/11 without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____

Time: _____

☐ 3. May work with the following accommodations as of: _____

☐ No lifting more than _____ lbs.

☐ No operation of hazardous or fast-moving machinery, no driving.

☐ Ground level work only, no ladders or heights.

☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.

☐ No continuous standing and/or sitting.

☐ Minimal walking or climbing (including stairs)

☐ Limited use of _____

☐ No overhead lifting.

☐ No high repetitive hand activities for extended periods of time.

☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☒ 5. Return for re-evaluation at this office on 3-23-11 SF 3-25-11 Time: _____

Additional Comments: Pt. does have mild neck discomfort. She may need re-eval series if continues. She feels comfortable performing full work duties.

PATIENT DISCHARGE INSTRUCTIONS: mid back pain resolved

Diagnosis: cervical strain, tension spasm Medications: ☒ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every _____ ☒ apply heat every 6 hrs ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____ Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: _____

Date: _____

Provider Signature: S. F. [signature]

349

Date: 3/18/11

4

EXAM ROOM TIME

10:46



CHECKOUT TIME

1241

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	LOCATION	TICKET NO.
471935	03/24/11	10:40am	DC, RIDGEVIEW, 14/11/ian	2160573

IE & ADDRESS: RAMEY, GAYLA
 DOB: 01/02/1961 (50 years)
 GENDER: F
 IBG:
 CELL:
 WRK:
 INSURED: RAMEY, GAYLA
 INS: WC/ESIS/ACE
 REASON: WC FOLLOW UP
 NICKNAME:
 RELATION: OTHER
 COPAY:

INSURANCE BALANCE \$755.00
 ACCOUNT BALANCE \$755.00
 CURRENT CHARGES
 AMOUNT PAID
 NEW BALANCE
 CASH: CHECK: M.O. C.C.

more stiffness in Neck

Personal Hx	Family Hx	Social Hx	ROS (I or O):	Allergies:	Medications:
DM HTN	Alcohol Tobacco	Fatigue, Dizzy, Weak, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ADD Pain, N, V, B, Constip, Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash	M.K.D.A.	HCTZ Lorazepam	M.K.

dent? ☐ yes ☐ no If yes, which state:
 of Accident:
 chart rev., no sig chg.: Above Hx rev.: M.K.

3 HT 57 1/2 BMI 118/118 PULSE 72 RESP 16 TEMP 98.0
☐ LMP ☐ Tetanus ☐ All others negative

Medications: HCTZ, Lorazepam
☒ Meds/Allergies Reviewed M.K.

Chief Complaint: HPI

QDO I = 3/11/2011 - Pt slipped on wooden stairs @ work

② X 13d c ② shoulder pain c radiation to neck & back. No radiation to ② arm.

③ healing abrasion ② arm.

Palpable muscle spasm. ② trapezius.

AGNOSIS: ① Muscle Spasm ② Spondylolisthesis ③ Neck pain

PSR Notes: ESTAB

Worsening symptoms: RTO x 7d.

Off Work / School

Signature: G. Newman, R.T. M.D., D.O., P.A., F.N.P.

AGNOSIS: ① Muscle Spasm ② Spondylolisthesis ③ Neck pain

PSR Notes: ESTAB

Worsening symptoms: RTO x 7d.

Off Work / School

Signature: G. Newman, R.T. M.D., D.O., P.A., F.N.P.

117

3/24/11

350

3/24/11



Return To Work Form

- ☐ 850 Aiken Mall Drive, Aiken, SC 29803 (803) 648-1464
- ☐ 511 Beltline Blvd., Columbia, SC 29205 (803) 782-4051
- ☐ 1060 Highway 1, South Lugoff, SC 29078 (803) 438-9759
- ☐ 977 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0476
- ☐ 7653 Garners Ferry Road, Columbia, SC 29209 (803) 783-2661
- ☐ 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613
- ☐ 7936 Broad River Road, Irmo, SC 29116 (803) 749-2508

- ☐ 4500 Forest Drive, Suite A, Columbia, SC 29206 (803) 738-9522
- ☐ 247 Columbia Avenue, Lexington, SC 29072 (803) 359-5533
- ☐ 1029 York Street NE, Aiken, SC 29801 (803) 648-4119
- ☐ 10040 Two Notch Road, Columbia, SC 29223 (803) 788-1153
- ☐ 4214 Hardscrabble Road, Columbia, SC 29223 (803) 736-8955
- ☐ 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
- ☐ 2475 Broad Street, Sumter, SC 29150 (803) 778-6555
- ☐ 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0545
- ☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- ☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120

Name: G. Ramey Arrival Time: 1030 Discharge Time: 1241
Date: 3.24.11 Company Name: _____

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.
Estimated return to work date with modified duty: _____
Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____

- ☒ 3. May work with the following accommodations as of: 3/24/2011
 - ☒ No lifting more than 10 lbs.
 - ☐ No operation of hazardous or fast-moving machinery, no driving.
 - ☒ Ground level work only, no ladders or heights.
 - ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
 - ☐ No continuous standing and/or sitting.
 - ☐ Minimal walking or climbing (including stairs)
 - ☒ Limited use of back / neck.
 - ☐ No overhead lifting.
 - ☐ No high repetitive hand activities for extended periods of time.
 - ☐ No use of _____

- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☒ 5. Return for re-evaluation at this office on 3/31/2011 Time: _____

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

- Diagnosis: ① Neck pain ② Back pain ③ Muscle spasm Medications: ☐ as directed ☐ as needed
- Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
- ☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped
- ☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: Physical Therapy Date: _____ Time: _____
For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: G. Ramey Date: 3/24/11

Provider Signature: [Signature] 351 Date: 3/24/2011



medical affiliates

Workers' Compensation Policy & Procedure

Patient to Receive a Copy.



All Work-Related Patients please read the following, and present this to your supervisor. You have Three (3) Payment Options.

1. EMPLOYER FILES TO THEIR WORKERS' COMPENSATION INSURANCE CARRIER

Your employer may file this visit/claim with their workers' compensation insurance carrier

- A Workers' Compensation Authorization Form must accompany the patient or must be faxed or emailed to the Doctors Care Office today, if during normal business hours, or the very next business day. A copy of this form can be found at www.doctorscare.com or at any Doctors Care office.
- A First Report of Injury must accompany the patient, or be sent to the Doctors Care office within three (3) business days and must be sent to the workers' compensation insurance carrier as well.
- The First Report of Injury is essential to file the claim. Once the First Report of Injury is submitted, we will file the claim to the workers' compensation insurance carrier.

2. EMPLOYER PAYS BILL ITSELF

Your employer may pay the bill within 10 business days without filing the claim.

- Please submit payment in the envelope provided for the services rendered within ten (10) business days of the visit.

3. PATIENT PAYS BILL

IF OPTIONS 1 or 2 ARE NOT COMPLETED, THE PATIENT WILL BE RESPONSIBLE FOR THE PAYMENT OF SERVICES RENDERED.

Patient will be given the following items upon departure.

1. A statement with the current account balance.
2. An envelope in which the Employer may use to pay the bill without filing a workers' compensation insurance claim.
3. A copy of this policy and procedure outline.

Patient Acknowledgement:

I have been informed of the Doctors Care Policy and Procedure on all Work-Related Injuries. I understand that I will be personally responsible for the payment of services, if options 1 or 2 are not completed within 10 business days.

Gayla Ramey
Patient's Printed Name

3/24/11
Date

[Signature]
Patient or Authorized Person's Signature

8 Tonya Shepard DHS
Supervisor's Name

WPAC - Tanglewood
Employer

803-337-3211
Supervisor Phone #

119
312

[WKC-F004-(12-07)]



medical affiliates

Doctors Care Radiology Form

X-Ray Interpretation and Review



X-Ray #: 0444 Office: RV Date: 3-24-11
 Patient Name: Gayle Ramsey Patient ID: 101935 DOB: 2-61 Age: 50
 Requesting Provider: Killian Pregnancy Status: neck stiffness Sex: F
 Operator's Signature: JD History: Injury 3-11-11

Films Taken:

☐ Abdomen, 1V, 74000	☐ Finger, 3V, 73140	☐ LS-Spine, 3V, 72100	☐ Sinuses, 2V, 70210
☐ Abdomen, 3V, 74022	☐ Foot, 2V, 73620	☐ Mandible, 3V, 70100	☐ Sinuses, 3V, 70220
☐ Ankle, 3V, 73610	☐ Foot, 3V, 73630	☐ Nasal, 3V, 70160	☐ Skull, 2V, 70250
☒ C-Spine, 3V, 72040	☐ Foot-FB, 2V, 73620	☐ Neck-ST, 2V, 70360	☐ Skull, 4V, 70260
☐ C-Spine, 5V, 72050	☐ Forearm, 2V, 73090	☐ Oscalcis, 2V, 73650	☐ T-Spine, 2V, 72070
☐ Chest, 1V, 71010	☐ Hand, 2V, 73120	☐ Pelvis, 1V, 72170	☐ Thumb, 3V, 73140
☐ Chest, 2V, 71020	☐ Hand, 3V, 73130	☐ Ribs, 4V, 71101	☐ Tib & Fib, 2V, 73590
☐ Clav, 2V, 73000	☐ Hip, 2V, 73510	☐ Ribs-Bilat, 4-5V, 71111	☐ Toes, 3V, 73660
☐ Coccyx, 2V, 72220	☐ Humerus, 2V, 73060	☐ Sacrum, 2V, 72220	☐ Wrist, 2V, 73100
☐ Elbow, 2V, 73070	☐ Knee, 2V, 73560	☐ Scapula, 2V, 73010	☐ Wrist w/ Nav, 3-5, 73110
☐ Elbow, 4V, 73080	☐ Knee & Sun, 3+1, 73564	☐ Shoulder AC, 2V, 73050	☐ Add View, 1V, 70001
☐ Femur, 2V, 73550	☐ Knee & Tun, 3+1, 73564	☐ Shoulder, 2V, 73030	

☐ Unlisted X-Ray Description:

of Views: 3

Code:

Doctors Care Practitioner Interpretation:

1. Spondylolisthesis of C-4 on C-5
2. C-5 fracture

Right or Left Extremity

☐ R ☐ L

Lead Shielding Used

☒ Y ☐ N

Is Patient Pregnant

☐ Y ☒ N

Circle # of Films Taken

1 2 3 4 5

Practitioner Signature: [Signature]

Questions for Radiologist

Do you agree with practitioner's initial impression?

☒ Yes

☐ No

Do you consider the x-ray(s) normal?

☐ Yes

☒ No

Do you see significant findings not noted by practitioner?

☐ Yes

☐ No

If high risk, please notify office immediately by phone and fax.

Additional Practitioner Questions

Radiologist's Response

1. Agree. Cant R/O ligamentous injury @ C4-5. Recommend 1st flexion + extension views to assess for stability. DDD

Radiologist Name: C. J. Dineen

Date of Review: 3/27/11

@ C. J. Dineen

Radiologist Signature: [Signature]

Doctors Care Office Notified (Phone/Fax/Other):

Doctors Care Follow-Up

Report Reviewed By Doctors Care Practitioner:

Signature: [Signature]

Date: 3/28/2011

Further action required?

☒ Yes

☐ No

Patient notified?

☐ Yes

☐ No

If yes to either question, follow up steps initiated (describe):

1. Sched. MRI of C-spine (No contrast) 4/11

120



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Workers' Compensation Policy & Procedure

Patient to Receive a Copy



All Work-Related Patients please read the following, and present this to your supervisor. You have Three (3) Payment Options.

1. EMPLOYER FILES TO THEIR WORKERS' COMPENSATION INSURANCE CARRIER

Your employer may file this visit/claim with their workers' compensation insurance carrier

- A Workers' Compensation Authorization Form must accompany the patient or must be faxed or emailed to the Doctors Care Office today, if during normal business hours, or the very next business day. A copy of this form can be found at www.doctorscare.com or at any Doctors Care office.
- A First Report of Injury must accompany the patient, or be sent to the Doctors Care office within three (3) business days and must be sent to the workers' compensation insurance carrier as well.
- The First Report of Injury is essential to file the claim. Once the First Report of Injury is submitted, we will file the claim to the workers' compensation insurance carrier.

2. EMPLOYER PAYS BILL ITSELF

Your employer may pay the bill within 10 business days without filing the claim.

- Please submit payment in the envelope provided for the services rendered within ten (10) business days of the visit.

3. PATIENT PAYS BILL

IF OPTIONS 1 or 2 ARE NOT COMPLETED, THE PATIENT WILL BE RESPONSIBLE FOR THE PAYMENT OF SERVICES RENDERED.

Patient will be given the following items upon departure.

1. A statement with the current account balance.
2. An envelope in which the Employer may use to pay the bill without filing a workers' compensation insurance claim.
3. A copy of this policy and procedure outline.

Patient Acknowledgement

I have been informed of the Doctors Care Policy and Procedure on all Work-Related Injuries. I understand that I will be personally responsible for the payment of services, if options 1 or 2 are not completed within 10 business days.

Gayla Ramey
Patient's Printed Name

4/1/11
Date

[Signature]
Patient or Authorized Person's Signature

Supervisor's Name

Employer

Supervisor Phone #

121
354

[WKC-F004-(12-07)]

4 EXAM ROOM TIME 943



CHECKOUT TIME 10/10

TICKET NO.

ACCOUNT NUMBER 471935	DATE 04/01/11	TIME 08:44am	DC RIDGEVIEW,	TICKET NO. 2170970
NAME & ADDRESS RAMEY, GAYLA [REDACTED] [REDACTED] [REDACTED]			DOB: 01/02/1961 (50 years) GENDER: F IBG: CELL:	INSURANCE BALANCE \$755.00 ACCOUNT BALANCE - \$755.00 CURRENT CHARGES AMOUNT PAID NEW BALANCE
INSURED: RAMEY, GAYLA INS: WC/ESIS/ACE REASON: WKC FOLLOW UP NICKNAME:			RELATION: OTHER COPAY:	CASH: CHECK: MO: DC:

Personal Hx DM ☐ HTN ☐	Family Hx DM ☐ HTN ☐	Social Hx Alcohol ☐ Tobacco ☐	ROS (/ or O): Fatigue, Dizzy, Weak, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash ☐ All others negative	Allergies: NKDA			
Accident? ☐ yes ☐ no If yes, which state: _____ Date of Accident: _____ Prev. chart rev., no sig chg.: _____ Above Hx rev.: SF			Medications: HCTZ Levastatin SF				
WT 145	HT	BMI	BP 124/84	PULSE 68	RESP 16	TEMP 97.9	☐ LMP ☐ Tetanus ☐

PHYSICAL: (see reverse) Omit if N/A
(✓ if nml., O if abnml. & give details).

- ☒ General
☐ HEENT
☐ Neck
☐ Nodes
☐ Lungs
☒ CV
☐ Abd
☒ Back
☐ Ext
☐ GU
☒ Neuro
☐ Skin/Breasts
☐ Chaperone
☐ I.V.
☐ Injection
☐ Nebulizer
☐ Procedure
☐ Pulse Ox

⊕ tender cervical spine palpable muscle spasm
⊕ C5 spine disc on front

Chief Complaint: DOI 3/11/11

HPI

pt having trouble finding a comfortable position while in bed re: neck pain. Had MRI of cervical spine yesterday. results (P) Has not started PT yet. Not taking much Flexeril. pt layed off from work b/c then throat

- ☐ CBC
☐ EKG
☐ FBS
☐ Flu
☐ Heme
☐ Hgb A1C
☐ H. Pylori
☐ KOH
☐ Microalb
☐ Mono
☐ Strep
☐ Tetanus
☐ U/A
☐ U Preg
☐ Wet Prep
☐ X-Ray

DIAGNOSIS:

① Cervical Spine Trapezius Strain
② CDD spine, spondylolisthesis

☐ Patient Care Instructions Discussed☐ Lifestyle Modification☐ Preventative Recommendation(s)☐ Prescriptions / OTC Meds☐ Side Effects Discussed☒ Follow-Up: 1 week

Return:

☐ Worsening symptoms:☒ If not better: 3-5 days

Go to ER if:

Crutches/Splints/Supplies ☐ Given ☐ Recommended

PSR Notes:

EST

① PT- PT to start

② Cant ant inflammatory

③ tight duty

Off Work / School

Stat: [Signature] M.D., D.O., P.A., F.N.P.

1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care.

2. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctors Care Notice of Privacy Practices.

3. I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered.

Patient or Authorized Person's Signature: [Signature]

Date: 4/1/11

4. Workers Compensation patients: I hereby authorize Doctors Care to speak to a rehabilitation specialist, my employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding medical records and the treatment I have received or will receive.

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Patient or Authorized Person's Signature: _____

Date: _____



Return To Work Form

- ☐ 850 Aiken Mall Drive, Aiken, SC 29803 (803) 648-1464
- ☐ 511 Beltline Blvd., Columbia, SC 29205 (803) 782-4051
- ☐ 1060 Highway 1, South Lugoff, SC 29078 (803) 438-9759
- ☐ 977 Knox Abbott Drive, Cayce, SC 29033 (803) 794-0476
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- ☐ 1736 St. Matthews Road, Orangeburg, SC 29116 (803) 536-0613
- ☐ 7936 Broad River Road, Irmo, SC 29116 (803) 749-2508

- ☐ 4500 Forest Drive, Suite A, Columbia, SC 29206 (803) 738-9522
- ☐ 247 Columbia Avenue, Lexington, SC 29072 (803) 359-5533
- ☐ 1029 York Street NE, Aiken, SC 29801 (803) 648-4119
- ☐ 10040 Two Notch Road, Columbia, SC 29223 (803) 788-1153
- ☒ 4214 Hardscabble Road, Columbia, SC 29223 (803) 736-8955
- ☐ 100 Jimmy Love Lane, Columbia, SC 29212 (803) 772-5030
- ☐ 2475 Broad Street, Sumter, SC 29150 (803) 778-6555
- ☐ 2836 Augusta Road, W. Columbia, SC 29170 (803) 939-0545
- ☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- ☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120

Name: Gayla Ramsey

Arrival Time: 8:45

Discharge Time: 10:46

Date: 4/11/11 Company Name: _____

WORK STATUS: (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON

Time: _____

☐ 3. May work with the following accommodations as of: 4/11/11

☒ No lifting more than 15 lbs.

☐ No operation of hazardous or fast-moving machinery, no driving.

☒ Ground level work only, no ladders or heights.

☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.

☐ No continuous standing and/or sitting.

☐ Minimal walking or climbing (including stairs)

☐ Limited use of _____

☒ No overhead lifting.

☐ No high repetitive hand activities for extended periods of time.

☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☒ 5. Return for re-evaluation at this office on 4/18/11

Time: _____

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

Diagnosis: neck spine strain/neck pain

Medications: ☒ as directed

☒ as needed

Wound or Injury Care:

☐ keep dry and clean

☐ do not remove dressing

☐ elevate extremity

☐ warm soaks

☐ ice every _____

☒ apply heat every 6 hrs

☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given

☐ follow instructions sheet given

☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____

Date: _____

Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: Gayla Ramsey

Date: 4/11/11

Provider Signature: Sarah Frouin

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Date: 4/11/11



medical affiliates

Workers' Compensation Policy & Procedure

Patient to Receive a Copy



All Work-Related Patients please read the following, and present this to your supervisor. You have Three (3) Payment Options.

1. EMPLOYER FILES TO THEIR WORKERS' COMPENSATION INSURANCE CARRIER

Your employer may file this visit/claim with their workers' compensation insurance carrier

- A Workers' Compensation Authorization Form must accompany the patient or must be faxed or emailed to the Doctors Care Office today, if during normal business hours, or the very next business day. A copy of this form can be found at www.doctorscare.com or at any Doctors Care office.
- A First Report of Injury must accompany the patient, or be sent to the Doctors Care office within three (3) business days and must be sent to the workers' compensation insurance carrier as well.
- The First Report of Injury is essential to file the claim. Once the First Report of Injury is submitted, we will file the claim to the workers' compensation insurance carrier.

2. EMPLOYER PAYS BILL ITSELF

Your employer may pay the bill within 10 business days without filing the claim.

- Please submit payment in the envelope provided for the services rendered within ten (10) business days of the visit.

3. PATIENT PAYS BILL

IF OPTIONS 1 or 2 ARE NOT COMPLETED, THE PATIENT WILL BE RESPONSIBLE FOR THE PAYMENT OF SERVICES RENDERED.

Patient will be given the following items upon departure.

1. A statement with the current account balance.
2. An envelope in which the Employer may use to pay the bill without filing a workers' compensation insurance claim.
3. A copy of this policy and procedure outline.

Patient Acknowledgement

I have been informed of the Doctors Care Policy and Procedure on all Work-Related Injuries. I understand that I will be personally responsible for the payment of services, if options 1 or 2 are not completed within 10 business days.

Carla Ramsey
Patient's Printed Name

4/1/11
Date

[Signature]
Patient or Authorized Person's Signature

Supervisor's Name

Employer

Supervisor Phone #

124
357

[WKC-F004-(12-07)]



4 EXAM ROOM TIME

CHECKOUT TIME

TICKET NO.

ACCOUNT NUMBER	DATE	TIME	DOCTOR	TICKET NO.
471935	04/08/11	11:46am	DC RIDGEVIEW,	2178057
NAME & ADDRESS RAMEY, GAYLA [REDACTED] [REDACTED] [REDACTED]			DOB: 01/02/1961 (50 years) GENDER: F IBG: CELL: RELATION: OTHER COPAY: WC	
INSURED: RAMEY, GAYLA INS: WC/ESIS/ACE REASON: WC FOLLOW UP NICKNAME:			INSURANCE BALANCE \$896.00 ACCOUNT BALANCE \$896.00 CURRENT CHARGES AMOUNT PAID NEW BALANCE CASH CHECK M.O. C.C.	

Personal Hx	Family Hx	Social Hx	RDS (I or O):	Allergies:
DM ☒ HTN ☒	DM ☒ HTN ☒	Alcohol ☒ Tobacco ☒	Fatigue, Dizzy, Weak, Wt. Loss, Fever, Chills, Nasal Congestion, Sinus Pain, Ear Pain, Sore Throat, SOB, CP, Cough, Sputum, Wheeze, ABD Pain, N, V, D, Constip., Dysuria, Freq., Urgency, Back Pain, Pelvic Pain, Vag. D/C, Headache, Syncope, Rash ☒ All others negative	NKDA Medications: HCTZ, Levasatin Meds/Allergies Reviewed: M.K.
Accident? ☐ yes ☐ no If yes, which state: _____ Date of Accident: _____ Rev. chart rev., no sig chg.: _____ Above Hx rev.: M.K.			VT 146 HT BMI BP 128/74 PULSE 68 RESP 14 TEMP 98.6 ☐ LMP ☐ Tetanus	

PHYSICAL: (see reverse) Omit if N/A
☒ General ☒ HEENT ☒ Neck ☒ Nodes ☒ Lungs ☒ CV ☒ Abd ☒ Back ☒ Ext ☒ GU ☒ Neuro ☒ Skin/Breasts ☒ Chaperone ☒ I.V. ☒ Infection ☒ Nebulizer ☒ Procedure ☒ Pulse Ox

Chief Complaint:
 HPI - X DOI: 3/11/2011 - Pt. Slipped on wooden stairs
 - DMRT of C-spine ~ 4/4/2011
 - disc protrusion C3-C4
 - Chronic degen. disc changes
 - NO spinal stenosis
 784.0 - Spurring into neural foramina C3 to C6.

LABS:
☐ CBC ☐ EKG ☐ FBS ☐ Flu ☐ Hema ☐ Hgb A1C ☐ H. Pylori ☐ KOH ☐ Microalb ☐ Mono ☐ Strep ☐ Tetanus ☐ U/A ☐ U Preg ☐ Wet Prep ☐ X-Ray

DIAGNOSIS:
 1. Neck pain: 2. H/A (tension). 3. Spondylolisthesis

PSR Notes:
 99214 141
 99214 141
 99214 141

AGNOSIS:
 1. Neck pain: 2. H/A (tension). 3. Spondylolisthesis

PSR Notes:
 99214 141
 99214 141
 99214 141

Off Work / School:
 [Signature]
 [Signature]
 [Signature]

Consent:
 I hereby consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care. I consent to the use and disclosure of my/their protected health information for purposes of obtaining payment for services rendered to me/their patient, treatment and health care operations consistent with a Doctors Care Notice of Privacy Practices. I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered.

patient or Authorized Person's Signature: [Signature] Date: 4/8/11

Workers Compensation patients: I hereby authorize Doctors Care to speak to a rehabilitation specialist, employer, my insurance carrier or other professionals involved in my care or rehabilitation, regarding my medical records and the treatment I have received or will receive.



Return To Work Form

- ☐ 850 Aiken Mall Drive, Aiken, SC 29803 (803) 648-1464
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- ☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- ☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120

Name: Gayla Ramey Arrival Time: 1100 Discharge Time: _____
 Date: 4.8.11 Company Name: _____

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____

- ☒ 3. May work with the following accommodations as of: 4/8/2011
 - ☒ No lifting more than 15 lbs.
 - ☐ No operation of hazardous or fast-moving machinery, no driving.
 - ☒ Ground level work only, no ladders or heights.
 - ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
 - ☐ No continuous standing and/or sitting.
 - ☒ Minimal walking or climbing (including stairs)
 - ☒ Limited use of Neck
 - ☒ No overhead lifting.
 - ☐ No high repetitive hand activities for extended periods of time.
 - ☐ No use of _____
- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☒ 5. Return for re-evaluation at this office on 4/14/2011 if unable time: _____

Additional Comments:

to be seen by Ortho. M.D.

PATIENT DISCHARGE INSTRUCTIONS:

- Diagnosis: 1. Neck pain 2. Spandylolisthesis Medications: ☒ as directed ☐ as needed
- Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
- ☐ Ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped
- ☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: Ortho M.D. Date: _____ Time: _____

For: _____

Address: 126

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: Gayla Ramey Date: 4/8/11



Return To Work Form

- ☐ 850 Aiken Mall Drive, Aiken, SC 29803 (803) 648-1464
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- ☐ 3240 Sunset Blvd., West Columbia, SC 29169 (803) 796-4251
- ☐ 1520 Knox Avenue, N. Augusta, SC 29841 (803) 279-4120

Name: Gayla Ramey
 Date: 4.8.11 Company Name: _____

Arrival Time: 1100 Discharge Time: _____

WORK STATUS: (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.
 Estimated return to work date with modified duty: _____
 Estimated return to work date for full duty: _____

RETURN FOR RE-EVALUATION AT THIS LOCATION ON _____ Time: _____

- ☐ 3. May work with the following accommodations as of: _____
- ☐ No lifting more than _____ lbs.
 - ☐ No operation of hazardous or fast-moving machinery, no driving.
 - ☐ Ground level work only, no ladders or heights.
 - ☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
 - ☐ No continuous standing and/or sitting.
 - ☐ Minimal walking or climbing (including stairs)
 - ☐ Limited use of _____
 - ☐ No overhead lifting.
 - ☐ No high repetitive hand activities for extended periods of time.
 - ☐ No use of _____

All restrictions as previously spoken

- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☐ 5. Return for re-evaluation at this office on _____ Time: _____

Additional Comments:

PATIENT DISCHARGE INSTRUCTIONS:

- Diagnosis: _____ Medications: ☐ as directed ☐ as needed
- Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks
- ☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped
- ☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

REFERRAL: If a referral is made for physical therapy, or to another physician, please complete this section:

To: _____ Date: _____ Time: _____

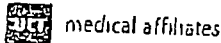
For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature: Gayla Ramey Date: 4/8/11

Provider Signature: _____ Date: _____



Workers' Compensation Policy & Procedure

Patient to Receive a Copy



All Work-Related Patients please read the following, and present this to your supervisor. You have Three (3) Payment Options.

1. EMPLOYER FILES TO THEIR WORKERS' COMPENSATION INSURANCE CARRIER

Your employer may file this visit/claim with their workers' compensation insurance carrier

- A Workers' Compensation Authorization Form must accompany the patient or must be faxed or emailed to the Doctors Care Office today, if during normal business hours, or the very next business day. A copy of this form can be found at www.doctorscare.com or at any Doctors Care office.
- A First Report of Injury must accompany the patient, or be sent to the Doctors Care office within three (3) business days and must be sent to the workers' compensation insurance carrier as well.
- The First Report of Injury is essential to file the claim. Once the First Report of Injury is submitted, we will file the claim to the workers' compensation insurance carrier.

2. EMPLOYER PAYS BILL ITSELF

Your employer may pay the bill within 10 business days without filing the claim.

- Please submit payment in the envelope provided for the services rendered within ten (10) business days of the visit.

3. PATIENT PAYS BILL

IF OPTIONS 1 or 2 ARE NOT COMPLETED, THE PATIENT WILL BE RESPONSIBLE FOR THE PAYMENT OF SERVICES RENDERED.

Patient will be given the following items upon departure.

1. A statement with the current account balance.
2. An envelope in which the Employer may use to pay the bill without filing a workers' compensation insurance claim.
3. A copy of this policy and procedure outline.

Patient Acknowledgement

I have been informed of the Doctors Care Policy and Procedure on all Work-Related Injuries. I understand that I will be personally responsible for the payment of services, if options 1 or 2 are not completed within 10 business days.

Carla Ramey
Patient's Printed Name

4/8/11
Date

[Signature]
Patient or Authorized Person's Signature

Josephine Elkins
Supervisor's Name

UPAC Tanglewood (Separated)
Employer

803-337-3211
Supervisor Phone #

128
361

CAMDEN OPEN MRI

CAMDEN OPEN MRI
1202-A Mill Street
Camden, SC 29020

Phone: 1-803-432-0470
Fax: 1-803-432-0570

Patient: Gayla Ramey
Account #: 000294
DOB: 1/2/1961
Physician: Dr. Killian
Workers/Comp

PRELIMINARY REPORT

History: pain

CERVICAL SPINE MRI 3-31-11

Multiple sequences reveal disc ^{Dislocation?} ~~dislocation~~ at all levels. The vertebral body heights, signals and alignment are normal. There is a small ~~left~~ disc protrusion at C3-4. On the right there is a small to moderate disc osteophyte complex at C3-4, C4-5 and C5-6. There are some degenerative facet joint changes at C3-4, C4-5 and C5-6 which are moderate. No spinal stenosis or definite myelopathy is seen. There is some mild to moderate spurring of the uncovertebral joints into the right and left (right greater than left) C3-4, C4-5 and C5-6 neural foramina.

IMPRESSON: DISC PROTRUSIONS AS DESCRIBED ABOVE, CHRONIC DEGENERATIVE DISC AND FACET JOINT CHANGES, NO SPINAL STENOSIS, SOME SPURRING INTO THE NEURAL FORAMINA FROM THE UNCOVERTEBRAL JOINTS AS DESCRIBED ABOVE.

Donald J. Copley, MD
Camden Radiology Associates

DJC/js

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Palmetto Spine & Sports Medicine, p.a.



Timothy M. Zgleszewski, M.D.

Board Certified

- *Physiatry*
- *Pain Medicine*
- *Independent Medical Examiner*

Non-Operative Spine Care • Interventional Pain Medicine • Electrodiagnostics • Musculoskeletal Medicine

INDEPENDENT MEDICAL EXAMINATION

EXAMINEE: Gayla Ramey
DATE OF EXAM: July 19, 2011
DATE OF BIRTH: January 2, 1961
DATE OF INJURY: March 11, 2011
REFERRAL ORGANIZATION: Calhoun Law Firm
REFERRING INDIVIDUAL: Mark R. Calhoun, Esq.
EVALUATING PHYSICIAN: Timothy M. Zgleszewski, M.D.
LOCATION OF EVALUATION: Columbia, SC

Ms. Ramey was referred for an Independent Medical Evaluation at the request of the above agent. The IME process was explained to the examinee, and the examinee understands that no patient/treating physician relationship exists and that a report will be sent to the requesting agent. Analysis is based upon the subjective complaints, history given by the examinee, review of medical records, tests provided to me and objective clinical findings on physical examination. History was provided by the examinee. Approximately 30 minutes were spent with the examinee. This included taking a history and performing a detailed physical examination. An additional 85 minutes were spent reviewing medical information and preparation of this report. As routinely performed in my medical practice, today's history was formulated by direct patient interview and, when available, medical records that from time to time are utilized for specific detail and accuracy of events regarding the mechanism of injury and the treatment rendered to the individual being evaluated.

HISTORY: Ms. Ramey is a 50 year old female who states she was involved in a work accident that occurred on or about March 11, 2011 while employed by UPAC Tanglewood, working a Nurse. The examinee states the injury occurred when she slipped on some wooden steps landing on her left hip and right upper extremity. She reports having discoloration of the left buttock post fall. The examinee states that she had immediate mid back, neck, and right wrist pain at the time of the injury. She states that she developed an intermittent stabbing sensation of the low back a few days later. She reports continued pain at the site of her wrist hematoma, and reports that there is a scar that has excess skin growth. The examinee also indicates that her neck pain is greater than her low back pain. She states that she has not received any treatment to date.

The examinee states the pain is located in the right and left low back. It does not radiate into the legs. The pain is described

3030 Ashley Town Center Drive, Suite A-102 • Charleston • SC • 29414 • (843) 573-9997 • fax (843) 377-1446
3 Southern Court, Suite B • West Columbia • SC • 29169 • (803) 791-3773 • fax (803) 791-3997
9657 Ocean Highway, Unit B-2 • Pawleys Island • SC • 29585 • (843) 573-9997 • (843) 377-1446

• www.palmettospine.com •

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EXAMINEE: Gayla Ramey
DATE: July 19, 2011
Page 2

as an achy, stabbing, sharp, and burning sensation. Aggravating factors include standing, walking, changes of position, forward bending, and twisting. Alleviating factors include over the counter medications. The examinee's current low back pain averages around 2/10 on the pain scale. At times it flares up to 9/10 on the pain scale.

The examinee states the pain is located in the right and left mid back. It does not radiate into the chest or ribs. The pain is described as a throbbing and achy sensation. Aggravating factors include forward bending, backward bending, pushing and pulling, as well as lying on her stomach. Alleviating factors include lying on her back. The examinee's mid back pain averages around 2/10 on the pain scale. At times it flares up to 5/10 on the pain scale.

The examinee states the pain is located in the right and left neck. It radiates into the right arm. The pain extends down to the shoulders. The pain is described as a throbbing, popping, achy, and stabbing sensation. The examinee states the pain is deep. Aggravating factors include forward neck bending, backward neck bending, lateral flexion to the left and right, pushing, pulling, lying on her stomach, side lying, coughing, sneezing, twisting of the neck, and reaching. The examinee's current neck pain averages around 2/10 on the pain scale. At times it flares up to 5/10 on the pain scale.

The examinee has not had any interventional spinal procedures in the past. The examinee has not gone through physical therapy. The examinee has not had chiropractic care. The examinee is taking Naproxen, Ibuprofen, Advil, and Soma for the pain with some reduction of her discomfort. The examinee's diagnostic testing includes x-rays and a Cervical MRI performed to date.

CURRENT MEDICATIONS: Zocor, HCTZ, Naproxen, Ibuprofen, Advil, and Soma

ALLERGIES: No Known Drug Allergies

PAST MEDICAL HISTORY: Bronchitis

PAST SURGICAL HISTORY: None

SOCIAL HISTORY: The examinee is a one and a half pack a day smoker and a non-drinker. She consumes an average amount of caffeinated beverages per day. She is married with four children. The examinee's highest level of education completed is an Associates Degree with some college.

FAMILY HISTORY: Non-contributory

WORK HISTORY: The examinee states that she has not worked since March 20, 2011.

REVIEW OF SYSTEMS: Non-contributory

GENERAL APPEARANCE: Physical examination reveals a well-developed and well-nourished slender female in a minimal to moderate amount of pain. Grooming, nutrition, and body habitus are otherwise normal for her age. The examinee is alert and oriented to time, place, and person with normal mood and affect.

Gait and station is nonantalgic. The examinee is able to raise up on her heels and toes. Inspection of the upper and lower extremities demonstrates no edema with intact radial and pedal pulses. Inspection of the low back demonstrates a normal lordosis. There is no lumbar shift present on today's examination. There are no prior surgical incisions at the lumbosacral spine. Range of motion of the lumbosacral spine is painful. Pain is increased with forward bending and extension. Range of motion of the hips is normal. There is negative simulated axial compression testing, negative simulated axial rotation testing, negative regional testing, and negative distraction testing. Overall today's Waddell's testing is negative.

On palpation, there is tenderness and spasms in the bilateral lumbar paraspinals. There is no generalized tenderness over the Greater Trochanters. There are no trigger points at the lumbosacral spine today. There is tightness noted in the bilateral piriformis muscles. There is tenderness over the bilateral PSIS's. There is a negative Fortin Finger test bilaterally. There is a positive Patrick's Test bilaterally. There are negative neural tension signs in both legs in the seated slumped position. There is a negative Straight Leg Raise Test bilaterally.

Inspection of the mid back demonstrates a normal thoracic curvature. There are no prior surgical incisions at the thoracic

EXAMINEE: Gayla Ramey
DATE: July 19, 2011
Page 3

spine. Range of motion of the thoracic spine is painful. Pain is increased with extension. There are trigger points located in the upper thoracic paraspinal muscles. Examination of the thoracic spine reveals no spinous process tenderness. There are mild spasms noted in the bilateral upper thoracic paraspinal muscles. Bilateral lower extremity motor examination was normal today. Bilateral lower extremity sensory examination was normal to soft touch and pinprick. Deep tendon reflexes of the bilateral patella and Achilles are normal and symmetric.

Inspection of the cervical spine demonstrates a normal cervical lordosis. There are no prior surgical incisions at the cervical spine. Range of motion of the cervical spine is painful. Pain is increased with extension as well as right and left lateral rotation. On palpation, there is tenderness and spasms in the bilateral cervical paraspinals. There is tenderness in the bilateral cervical facet joints. There is no tenderness over the bilateral Greater Occipital Nerves. There are trigger points located in the bilateral scalene, upper trapezius, and cervical paraspinal muscles with a positive twitch response. There is tightness noted in the bilateral upper trapezius muscles. There are negative neural tension signs in both arms in the median, ulnar, and radial biases. Bilateral upper extremity motor examination was normal. Bilateral upper extremity sensory examination was normal to soft touch and pinprick. Deep tendon reflexes of the bilateral biceps, triceps, and brachioradialis are normal and symmetric.

DIAGNOSTIC TESTING/MEDICAL RECORDS:

1. Doctors Care
2. Camden Open MRI

DIAGNOSES:

1. Cervical pain
2. Probable cervical facet joint dysfunction/pain and or aggravation of pre-existing cervical degenerative disc disease
3. Thoracic pain
4. Probable thoracic facet joint dysfunction/pain
5. Low back pain
6. Probable sacroiliac joint dysfunction/pain

DISCUSSION: After reviewing today's history, physical examination, review of the medical records, and provided diagnostic testing, the examinee has the above diagnoses. It is my medical opinion that the above diagnoses are causally related to the work accident in question. The mechanism of injury described is consistent with the above diagnoses. It is my medical opinion that the examinee is not currently at Maximal Medical Improvement (MMI).

The cause of the examinee's low back pain is coming from the examinee's bilateral sacroiliac joint based on the mechanism of injury as well as physical examination today with positive maneuvers for bilateral sacroiliac joint pain. The bilateral sacroiliac joints have not been tested to date.

The examinee will require rehabilitation therapy to address the low back pain, but will require further diagnostic testing and treatment as outlined below prior to the initiation of rehabilitation therapy.

The examinee will require diagnostic sacroiliac joint (SI) injections to the bilateral SI joints under fluoroscopic guidance utilizing a pain diary. If positive, she will need to proceed with therapeutic SI joint injections with corticosteroids. If no long term benefit is obtained, then she will need to proceed with radiofrequency ablation of the involved SI joints.

The examinee is a candidate for Deepwave Treatment/Percutaneous Electrical Nerve Stimulation (PENS) secondary to the low back pain. The examinee will require six in office treatments; and if successful, she will possibly require a home unit. Deepwave Treatment will most probably tend to increase the examinee's functional ability as well as to lessen her discomfort and the need for pain medications, thus enhancing the examinee's overall quality of life. We are able to provide the above treatment here at Palmetto Spine & Sports Medicine, P.A.

The examinee will require oral pain medications to control her low back pain. These medications would include narcotic pain medications, nerve type pain medications (i.e. neurontin), and the non-steroidal anti-inflammatory medications.

Ms. Ramey is not currently at Maximal Medical Improvement (MMI). If Ms. Ramey is deemed to be at MMI, then based on the AMA Guides to the Evaluation of Permanent Impairment 5th Edition, secondary to the bilateral SI joint dysfunction and pain, the examinee has a 5% impairment to the back/spine. This is based on page 428, Table 15-19.

EXAMINEE: Gayla Ramey
DATE: July 19, 2011
Page 4

The examinee's thoracic (mid back) pain is most probably coming from the bilateral upper thoracic facet joints. This is based on the mechanism of injury, review of the medical records, as well as the positive finding on physical examination today, including muscle spasms over the bilateral upper thoracic paraspinals, tenderness over the bilateral upper thoracic facet joints, and increased pain with extension. The thoracic facet joints have not been tested to date.

The examinee will require rehabilitation therapy to address the thoracic pain, but will require further diagnostic testing and treatment as outlined below prior to the initiation of rehabilitation therapy.

The examinee will require diagnostic lumbar facet nerve blocks to the bilateral upper thoracic facet joints under fluoroscopic guidance utilizing a pain diary. If positive, she will need to proceed with therapeutic facet joint injections with corticosteroids. If no long term benefit is obtained, then she will need to proceed with radiofrequency ablation to the medial branches of the involved facet joints.

The examinee is a candidate for Deepwave Treatment/Percutaneous Electrical Nerve Stimulation (PENS) secondary to the thoracic pain. The examinee will require six in-office treatments; and if successful, she will possibly require a home unit. Deepwave Treatment will most probably tend to increase the examinee's functional ability as well as to lessen her discomfort and the need for pain medications, thus enhancing the examinee's overall quality of life. We are able to provide the above treatment here at Palmetto Spine & Sports Medicine, P.A.

The examinee will require oral pain medications to control her thoracic pain. These medications would include narcotic pain medications, nerve type pain medications (i.e. neurontin), and the non-steroidal anti-inflammatory medications.

Ms. Ramey is not currently at Maximal Medical Improvement (MMI). If Ms. Ramey is deemed to be at MMI, then based on the AMA Guides to the Evaluation of Permanent Impairment 5th Edition, the examinee is considered to be DRE Thoracic Category II, 8% impairment to the back/spine.

The examinee's cervical (neck) pain is most probably coming from the bilateral cervical facet joints. This is based on the mechanism of injury, review of the medical records, as well as the positive findings on physical examination today, including muscle spasms and tenderness over the bilateral cervical facet joints, and increased pain on extension of the neck. The cervical facet joints have not been tested to date. The other possibility would be an aggravation of the pre-existing degenerative disc disease.

The examinee will require rehabilitation therapy to address the neck pain, but will require further diagnostic testing and treatment as outlined below prior to the initiation of rehabilitation therapy.

The examinee will require diagnostic cervical facet nerve blocks to the bilateral C4-5, C5-6, and C6-7 facet joints under fluoroscopic guidance utilizing a pain diary. If positive, she will need to proceed with therapeutic facet joint injections with corticosteroids. If no long term benefit is obtained, then she will need to proceed with radiofrequency ablation to the medial branches of the involved facet joints. If this does not relieve her pain, then she would require a surgical consultation.

The examinee will require trigger point injections the bilateral scalene, upper trapezius, and cervical paraspinal muscles.

The examinee is a candidate for Deepwave Treatment/Percutaneous Electrical Nerve Stimulation (PENS) secondary to the neck pain. The examinee will require six in-office treatments; and if successful, she will possibly require a home unit. Deepwave Treatment will most probably tend to increase the examinee's functional ability as well as to lessen her discomfort and the need for pain medications, thus enhancing the examinee's overall quality of life. We are able to provide the above treatment here at Palmetto Spine & Sports Medicine, P.A.

The examinee will require oral pain medications to control her neck pain. These medications would include narcotic pain medications, nerve type pain medications (i.e. neurontin), and the non-steroidal anti-inflammatory medications.

Ms. Ramey is not currently at Maximal Medical Improvement (MMI). If Ms. Ramey is deemed to be at MMI, then based on the AMA Guides to the Evaluation of Permanent Impairment 5th Edition, the examinee is considered to be DRE Cervical Category II, 8% impairment to the back/spine.

If needed, I could assume the care of this examinee to carry out the above.

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EXAMINEE: Gayla Ramey
DATE: July 19, 2011
Page 5

The examinee may not return to work in my medical opinion until the above additional diagnostic testing and treatment is rendered. In my medical opinion, the examinee would be at risk for further injury if she returns to work before the additional diagnostic testing and treatment is rendered.

Recommendations regarding the examinee's ability to work, or participate in activities of daily living and other opinions provided in this report are given totally independent of the requesting agent. If any new medical records are provided, the above recommendations and opinions may change. These recommendations and opinions are based upon reasonable degree of medical certainty.

At the conclusion of the examination, the examinee was asked whether or not there was any information that was not asked that she wanted to include in this report. The answer to this question was no.

The above diagnostic and treatment recommendations will most probably tend to lessen the examinee's period of disability and impairment and prevent regression of her condition. The above recommendations and opinions are made with a reasonable degree of medical certainty and are made independent of the requesting agent.

"I certify and affirm that the foregoing report is true to the best of my knowledge under penalty of perjury."

Thank you for allowing me to complete this IME of Gayla Ramey. I believe I have answered all questions asked of me. If there are any further inquiries, please do not hesitate to contact me in writing.

Timothy M. Zgleszewski, M.D.
Board Certified Physical Medicine Rehabilitation
Sub Specialty Board Certified, Pain Medicine
Fellowship Trained Interventional Spine/Pain Medicine

cc: Mark R. Calhoun, Esq.
Phone#: (803) 957-8401
Fax#: (803) 957-4709

Electronically signed by Timothy M. Zgleszewski, M.D. on 07/25/2011 at 12:33:00 PM

134

EXHIBITS

- 1) Deposition Transcript of Linda Burr scheduled for August 3, 2011**
- 2) Claimants Wage Record Subpoenaed on April 6, 2011**

CALHOUN LAW FIRM

MARK R. CALHOUN
ATTORNEY AT LAW

714 EAST MAIN STREET
LEXINGTON, S.C. 29072

OFFICE: 803-957-8401
TELECOPIER: 803-957-4709

April 6, 2011

Unity HealthPost Acute Care of Tanglewood
Attn: Personnel Department
213 Tanglewood Court
Ridgeway, SC 29130

Re: Gayla Ramey
DOB: 01/02/1961
Date of Injury: 03/11/2011

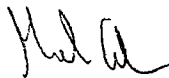
Dear Sir/Madam:

Enclosed please find a *subpoena duces tecum* for all **Personnel File and Wage Records** on the above Claimant. If these records are provided by the request date by U.S. mail your personal appearance is not necessary. Please notice that we are requesting all records. All records should be sent to my street address.

The Subpoena will allow/require you to release this information to us.

If you have any questions, please do not hesitate to contact my office.

Sincerely,



Mark R. Calhoun

MRC/mcm
enclosure

South Carolina Workers' Compensation Commission
P.O. Box 1715 • 1612 Marion Street
Columbia, South Carolina 29202-1715
(803)737-5700

WCC File # _____
Carrier File # _____
Carrier Code # _____
Employer FEIN _____

Gayla Ramey
Claimant's Name
SSN
Address City State Zip
Home Phone #
Work Phone #
Mark R. Calhoun
Preparer's Name

Unity HealthPost Acute Care of Tanglewood
Employer's Name
213 Tanglewood Court Ridgeway, SC 29130
Address City State Zip
American Zurich Insurance Company
Insurance Carrier
(803) 957-8401
Phone #

TO: Unity HealthPost Acute Care of Tanglewood- Personnel Department

☐ YOU ARE COMMANDED to appear before the above named Commission at the place, date and time specified below to testify in the above case.

PLACE OF TESTIMONY: _____ ROOM: _____

DATE AND TIME: _____

☐ YOU ARE COMMANDED to appear at the place, date and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION: _____ DATE AND TIME: _____

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects in your possession, custody or control at the place, date and time specified below (list documents or objects):

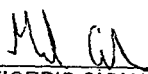
PLACE: 714 East Main Street, Lexington, SC 29072 DATE AND TIME: 04/13/2011 at 5:00pm

ANY AND ALL PERSONNEL RECORDS AND WAGE RECORDS ON THE ABOVE CLAIMANT.

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES: _____ DATE AND TIME: _____

THIS SUBPOENA SHALL REMAIN IN EFFECT UNTIL YOU ARE GRANTED PERMISSION TO DEPART BY THE COMMISSIONER OR AN OFFICER ACTING ON BEHALF OF THE COMMISSIONER. QUESTIONS CONCERNING THIS SUBPOENA SHOULD BE ADDRESSED TO THE ISSUING OFFICER.


ISSUING OFFICER'S SIGNATURE AND TITLE

(803) 957-8401
PHONE #

04/06/2011
DATE

Serve this form according to R.67-21213. Refer to R.67-212 and R.67-214 for additional information. Procedural questions may be addressed to the Judicial Department (803/737-5675).

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

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

03/07/10 to 03/20/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
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03/07/10					14:45	REGULAR	
03/09/10	6:56a	4:46p			9:15	Unsch.	Unsch.
03/09/10					9:15	REGULAR	
03/10/10	6:50a	3:54p			8:45	Unsch.	Unsch.
03/10/10					8:45	REGULAR	
03/11/10	6:51a	3:44p			8:30	Unsch.	Unsch.
03/11/10					3.5000	MEALS	
03/11/10					1:15	OVERTIME	
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03/12/10					8:30	OVERTIME	
03/15/10	6:54a	3:56p			8:30	Unsch.	Unsch.
03/15/10					8:30	REGULAR	
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03/16/10					8:15	REGULAR	
03/17/10	6:54a	2:52p			7:15	Unsch.	Unsch.
03/17/10					7:15	REGULAR	
03/18/10	6:54a	2:57p			7:30	Unsch.	Unsch.
03/18/10					7:30	REGULAR	
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03/20/10	11:01p	8:29a	8:52a	3:35p	15:30	Unsch.	Unsch.
03/20/10					14:45	OVERTIME	
03/20/10					8:30	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
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027-6100-01	OVERTIME	24:30	37.5600	920.2200
027-6100-01	MEALS	0:00	0.0000	3.5000

Supervisor Edits

MELANIES 03/23/10 11:45a AUTHORIZED PERIOD BEGINNING 03/07/10 AND SECURED
 LYNDAS 03/22/10 3:15p CREDIT 3.5000 MEALS 027-6100-01 03/11/10

Gayla Ramey
 \$57,156.93
 $\div 52 = 1,099.17$
 $\times 66.6\% =$

374 \$ 732.04

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

Ridgeway
07/24/02
25.0400

03/21/10 to 04/03/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
03/22/10	11:00p	3:32p			15:30	Unsch.	Unsch.
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03/24/10					7:45	REGULAR	
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03/25/10					8:30	REGULAR	
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03/26/10					8:15	REGULAR	
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04/03/10					7:15	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
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Supervisor Edits

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LYNDAB 04/05/10 9:27p CREDIT 3.5000 MEALS 027-6100-01 03/24/10

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

[REDACTED]
Ridgeway
07/24/02
25.0400

04/04/10 to 04/17/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
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04/15/10					6:00	OVERTIME	
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04/17/10					8:00	OVERTIME	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
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Supervisor Edits

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LYNDAB 04/19/10 8:01p CREDIT 3.5000 MEALS 027-6100-01 04/12/10

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
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650277482

SSN
Class
Hire Date
Rate

~~XXXXXXXXXX~~
Ridgeway
07/24/02
25.0400

04/18/10 to 05/01/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
04/18/10	6:52a	3:36p			8:15	Unsch.	Unsch.
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04/27/10	6:57a	3:18p			7:45	Unsch.	Unsch.
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04/28/10	6:58a	3:03p			7:30	Unsch.	Unsch.
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LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
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Supervisor Edits

MELANIES 05/04/10 11:39a AUTHORIZED PERIOD BEGINNING 04/18/10 AND SECURED

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LYNDAB 05/03/10 5:04p CREDIT 3.5000 MEALS 027-6100-01 04/28/10

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

~~XXXXXXXXXX~~
Ridgeway
07/24/02
25.0400

05/02/10 to 05/15/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
05/02/10	6:55a	11:18a	11:37a	3:27p	8:00	Unsch.	Unsch.
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05/05/10	6:51a	10:29a	11:03a	3:25p	8:15	Unsch.	Unsch.
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05/06/10					7:45	REGULAR	
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05/07/10					7:00	OVERTIME	
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05/13/10					6:45	OVERTIME	
05/13/10					1:00	REGULAR	
05/15/10	7:30a	3:21p			7:15	Unsch.	Unsch.
05/15/10					7:15	OVERTIME	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	80:00	25.0400	2003.2000
027-6100-01	OVERTIME	21:30	37.5600	807.5400

Supervisor Edits

MELANIES 05/18/10 9:53a AUTHORIZED PERIOD BEGINNING 05/02/10 AND SECURED
LYNDAB 05/14/10 4:21p ADD PUN 05/07/10 3:00p

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badga
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

[REDACTED]
Ridgeway
07/24/02
25.0400

05/16/10 to 05/29/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
05/16/10	7:02a	9:45a	10:28a	10:50p	14:30	Unsch.	Unsch.
05/16/10					14:30	REGULAR	
05/17/10	7:24a	10:40p			14:15	Unsch.	Unsch.
05/17/10					14:15	REGULAR	
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05/19/10					4:30	OVERTIME	
05/19/10					3:45	REGULAR	
05/20/10	7:00a	10:28a	10:43a	3:49p	8:15	Unsch.	Unsch.
05/20/10					8:15	OVERTIME	
05/21/10	6:58a	11:00a	11:28a	3:26p	8:00	Unsch.	Unsch.
05/21/10					8:00	OVERTIME	
05/23/10	10:47p	3:36p			15:45	Unsch.	Unsch.
05/23/10					15:45	REGULAR	
05/25/10	6:55a	3:35p			8:00	Unsch.	Unsch.
05/25/10					8:00	REGULAR	
05/26/10	7:14a	8:11a			1:00	Unsch.	Unsch.
05/26/10					1:00	REGULAR	
05/27/10	1:58p	2:32p			0:30	Unsch.	Unsch.
05/27/10					0:30	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	65:15	25.0400	1633.8600
027-6100-01	OVERTIME	20:45	37.5600	779.3701

Supervisor Edits

LYNDAB 05/17/10 1:04p ADD PUN 05/16/10 10:50p (Power out.)

MELANIES 05/01/10 8:51a AUTHORIZED PERIOD BEGINNING 05/16/10 AND SECURED

LYNDAB 05/21/10 2:13p ADD PUN 05/18/10 7:00a

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

~~00-00-0000~~
Ridgeway
07/24/02
25.0400

05/30/10 to 06/12/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
05/31/10					8:00	PTO	
06/01/10					8:00	PTO	
06/02/10					8:00	PTO	
06/03/10					8:00	PTO	
06/04/10					8:00	PTO	
06/07/10	7:00a	3:47p			8:15	Unsch.	Unsch.
06/07/10					8:15	REGULAR	
06/08/10	6:55a	4:07p			8:30	Unsch.	Unsch.
06/08/10					8:30	REGULAR	
06/09/10	6:57a	4:40p			9:15	Unsch.	Unsch.
06/09/10					9:15	REGULAR	
06/10/10	6:49a	4:04p			8:45	Unsch.	Unsch.
06/10/10					8:45	REGULAR	
06/11/10	8:36a	10:25a	10:44a	3:58p	9:00	Unsch.	Unsch.
06/11/10					3:45	OVERTIME	
06/11/10					5:15	REGULAR	
06/12/10	6:59a	3:18p			7:45	Unsch.	Unsch.
06/12/10					7:45	OVERTIME	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	40:00	25.0400	1001.6000
027-6100-01	OVERTIME	11:30	37.5600	431.9400
027-6100-01	PTO	40:00	25.0400	1001.6000

Supervisor Edits

MELANIES 06/15/10 9:03a AUTHORIZED PERIOD BEGINNING 05/30/10 AND SECURED
 LYNDAB 06/13/10 1:25p CREDIT 8:00 PTO 027-6100-01 05/31/10
 LYNDAB 06/13/10 1:25p CREDIT 8:00 PTO 027-6100-01 06/01/10
 LYNDAB 06/13/10 1:25p CREDIT 8:00 PTO 027-6100-01 06/02/10
 LYNDAB 06/13/10 1:25p CREDIT 8:00 PTO 027-6100-01 06/03/10
 LYNDAB 06/13/10 1:24p CREDIT 8:00 PTO 027-6100-01 06/04/10

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew SSN
6100 RN CERTIFIED Class
GENERAL Hire Date
0 Rate
650277482

Ridgeway
07/24/02
25.0400

06/13/10 to 06/26/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
06/13/10	7:01a	4:10p			8:45	Unsch.	Unsch.
06/13/10	10:46p	8:06a			8:45	Unsch.	Unsch.
06/13/10					17:30	REGULAR	
06/15/10	6:39a	3:29p			8:15	Unsch.	Unsch.
06/15/10					8:15	REGULAR	
06/16/10	7:01a	3:38p			8:15	Unsch.	Unsch.
06/16/10					8:15	REGULAR	
06/17/10	6:40a	4:51p			9:30	Unsch.	Unsch.
06/17/10					3:30	OVERTIME	
06/17/10					6:00	REGULAR	
06/18/10	7:02a	3:53p			8:30	Unsch.	Unsch.
06/18/10					8:30	OVERTIME	
06/21/10	6:55a	3:53p			8:30	Unsch.	Unsch.
06/21/10					8:30	REGULAR	
06/22/10	8:48a	4:58p			9:45	Unsch.	Unsch.
06/22/10					9:45	REGULAR	
06/23/10	8:59a	9:56a	10:12a	1:12p	5:45	Unsch.	Unsch.
06/23/10					5:45	REGULAR	
06/24/10	6:57a	3:33p			8:00	Unsch.	Unsch.
06/24/10					8:00	REGULAR	
06/26/10	7:11a	11:51a	12:03p	4:03p	8:15	Unsch.	Unsch.
06/26/10					0:15	OVERTIME	
06/26/10					8:00	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	80:00	25.0400	2003.2000
027-6100-01	OVERTIME	12:15	37.5600	460.1100

Supervisor Edits

MELANIES 06/28/10 9:02a AUTHORIZED PERIOD BEGINNING 06/13/10 AND SECURED

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

650277482
Ridgeway
07/24/02
25.0400

06/27/10 to 07/10/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
06/27/10	7:02a	3:40p			8:15	Unsch.	Unsch.
06/27/10					8:15	REGULAR	
06/29/10	6:46a	3:39p			8:30	Unsch.	Unsch.
06/29/10					8:30	REGULAR	
06/30/10	6:59a	10:43a	11:20a	3:54p	8:30	Unsch.	Unsch.
06/30/10					8:30	REGULAR	
07/01/10	7:10a	11:58a			4:45	Unsch.	Unsch.
07/01/10					4:45	REGULAR	
07/02/10	7:17a	3:30p			7:45	Unsch.	Unsch.
07/02/10					7:45	REGULAR	
07/03/10	7:01a	9:55a	10:34a	3:34p	7:45	Unsch.	Unsch.
07/03/10					5:30	OVERTIME	
07/03/10					2:15	REGULAR	
07/04/10	10:42p	9:53a	10:05a	3:38p	18:00	Unsch.	Unsch.
07/04/10					16:00	REGULAR	
07/06/10					8:00	PTO	
07/07/10					8:00	PTO	
07/08/10	6:54a	3:59p			8:30	Unsch.	Unsch.
07/08/10					8:30	REGULAR	
07/10/10	6:51a	11:28a	12:04p	3:28p	8:15	Unsch.	Unsch.
07/10/10					8:15	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	72:45	25.0400	1821.6600
027-6100-01	OVERTIME	5:30	37.5600	206.5800
027-6100-01	PTO	16:00	25.0400	400.6400

Supervisor Edits

MELANIES 07/13/10 10:11a AUTHORIZED PERIOD BEGINNING 06/27/10 AND SECURED
LYNDAB 07/12/10 5:09p CREDIT 8:00 PTO 027-6100-01 07/06/10
LYNDAB 07/12/10 5:09p CREDIT 8:00 PTO 027-6100-01 07/07/10

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
 6100 RN CERTIFIED
 GENERAL
 0
 850277482

SSN
Class
Hire Date
Rate

Ridgeway
07/24/02
25.0400

07/11/10 to 07/24/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
07/11/10	7:02a	3:27p			8:00	Unsch.	Unsch.
07/11/10					8:00	REGULAR	
07/13/10	8:59a	3:51p			8:15	Unsch.	Unsch.
07/13/10					8:15	REGULAR	
07/14/10	6:59a	3:59p			8:30	Unsch.	Unsch.
07/14/10					8:30	REGULAR	
07/15/10	7:03a	3:26p			8:00	Unsch.	Unsch.
07/15/10					8:00	REGULAR	
07/16/10	6:58a	3:40p			8:15	Unsch.	Unsch.
07/16/10					1:00	OVERTIME	
07/16/10					7:15	REGULAR	
07/19/10	8:54a	10:32a	11:23a	3:28p	7:45	Unsch.	Unsch.
07/19/10					7:45	REGULAR	
07/20/10	6:58a	3:40p			8:15	Unsch.	Unsch.
07/20/10					8:15	REGULAR	
07/21/10	6:57a	3:31p			8:00	Unsch.	Unsch.
07/21/10					8:00	REGULAR	
07/22/10	6:58a	11:04a	11:19a	3:23p	8:00	Unsch.	Unsch.
07/22/10					8:00	REGULAR	
07/24/10	6:54a	11:28a	11:47a	4:03p	8:30	Unsch.	Unsch.
07/24/10					0:30	OVERTIME	
07/24/10					8:00	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	80:00	25.0400	2003.2000
027-6100-01	OVERTIME	1:30	37.5600	56.3400

Supervisor Edits

MELANIES 07/27/10 1:11p AUTHORIZED PERIOD BEGINNING 07/11/10 AND SECURED
 LYNDAB 07/26/10 2:44p ADD PUN 07/20/10 3:40p

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

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

07/25/10 to 08/07/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
07/25/10	7:02a	3:08p			7:45	Unsch.	Unsch.
07/25/10					7:45	REGULAR	
07/26/10	7:10a	3:46p			8:00	Unsch.	Unsch.
07/26/10					8:00	REGULAR	
07/27/10	6:55a	3:27p			8:00	Unsch.	Unsch.
07/27/10					8:00	REGULAR	
07/28/10	6:58a	3:49p			8:15	Unsch.	Unsch.
07/28/10					8:15	REGULAR	
07/29/10	6:58a	2:55p			7:30	Unsch.	Unsch.
07/29/10	11:00p	8:15a			8:45	Unsch.	Unsch.
07/29/10					8:15	OVERTIME	
07/29/10					8:00	REGULAR	
08/02/10	6:55a	4:30p			9:00	Unsch.	Unsch.
08/02/10					9:00	REGULAR	
08/03/10	7:00a	11:30p			15:30	Unsch.	Unsch.
08/03/10					15:30	REGULAR	
08/04/10	7:10a	2:08p			6:30	Unsch.	Unsch.
08/04/10					6:30	REGULAR	
08/05/10	7:00a	3:30p			8:00	Unsch.	Unsch.
08/05/10					8:00	REGULAR	
08/06/10	7:00a	3:30p			8:00	Unsch.	Unsch.
08/06/10					7:00	OVERTIME	
08/06/10					1:00	REGULAR	
08/07/10	7:00a	3:30p			8:00	Unsch.	Unsch.
08/07/10					8:00	OVERTIME	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	80:00	25.0400	2003.2000
027-6100-01	OVERTIME	23:15	37.5600	873.2700

Supervisor Edits

LYNDAB 08/10/10 10:12a DEL PUN 07/25/10 3:09p
 MELANIES 08/10/10 12:01p AUTHORIZED PERIOD BEGINNING 07/25/10 AND SECURED
 LYNDAB 08/03/10 9:49a ADD PUN 07/29/10 11:00p (Time clock down)
 LYNDAB 08/03/10 9:50a ADD PUN 07/30/10 8:15a
 LYNDAB 08/03/10 10:16a ADD PUN 08/02/10 6:55a (Time clock down)
 LYNDAB 08/03/10 10:16a ADD PUN 08/02/10 4:30p
 LYNDAB 08/09/10 2:46p ADD PUN 08/03/10 7:00a (Time clock down)
 LYNDAB 08/09/10 2:47p ADD PUN 08/03/10 11:30p (Time clock down)
 LYNDAB 08/09/10 2:53p ADD PUN 08/04/10 7:10a (Time clock down)
 LYNDAB 08/09/10 2:54p ADD PUN 08/04/10 2:08p (Time clock down)
 LYNDAB 08/09/10 3:40p ADD PUN 08/05/10 7:00a (Time clock down)
 LYNDAB 08/09/10 3:40p ADD PUN 08/05/10 3:30p (Time clock down)
 LYNDAB 08/09/10 3:24p ADD PUN 08/06/10 7:00a (Time clock down)
 LYNDAB 08/09/10 3:25p ADD PUN 08/06/10 3:30p (Time clock down)
 LYNDAB 08/09/10 3:36p ADD PUN 08/07/10 7:00a (Time clock down)
 LYNDAB 08/09/10 3:37p ADD PUN 08/07/10 3:30p (Time clock down)

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

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

08/08/10 to 08/21/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
08/08/10	7:00a	3:30p			8:00	Unsch.	Unsch.
08/08/10					8:00	REGULAR	
08/10/10	6:45a	3:30p			8:15	Unsch.	Unsch.
08/10/10					8:15	REGULAR	
08/11/10	6:50a	4:25p			9:15	Unsch.	Unsch.
08/11/10					9:15	REGULAR	
08/12/10	10:45p	7:30a			8:15	Unsch.	Unsch.
08/12/10					8:15	REGULAR	
08/14/10	7:40a	3:50p			7:30	Unsch.	Unsch.
08/14/10					1:15	OVERTIME	
08/14/10					6:15	REGULAR	
08/16/10	6:50a	3:30p			8:15	Unsch.	Unsch.
08/16/10					8:15	REGULAR	
08/17/10	6:50a	3:50p			8:30	Unsch.	Unsch.
08/17/10					8:30	REGULAR	
08/18/10	7:00a	3:30p			8:00	Unsch.	Unsch.
08/18/10					8:00	REGULAR	
08/19/10	7:00a	3:15p			7:45	Unsch.	Unsch.
08/19/10					7:45	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	72:30	25.0400	1815.4000
027-6100-01	OVERTIME	1:15	37.5600	46.9500

Supervisor Edits

LYNDAB 08/09/10 3:10p ADD PUN 08/08/10 7:00a (Time clock down)
 LYNDAB 08/09/10 3:11p ADD PUN 08/08/10 3:30p (Time clock down)
 MELANIES 08/24/10 9:13a AUTHORIZED PERIOD BEGINNING 08/08/10 AND SECURED
 LYNDAB 08/20/10 11:51a ADD PUN 08/10/10 6:45a (Time clock down)
 LYNDAB 08/20/10 11:51a ADD PUN 08/10/10 3:30p (Time clock down)
 LYNDAB 08/20/10 11:51a ADD PUN 08/11/10 6:50a (Time clock down)
 LYNDAB 08/20/10 11:51a ADD PUN 08/11/10 4:25p (Time clock down)
 LYNDAB 08/20/10 11:49a ADD PUN 08/12/10 10:45p (Time clock down)
 LYNDAB 08/20/10 11:50a ADD PUN 08/13/10 7:30a (Time clock down)
 LYNDAB 08/20/10 11:50a ADD PUN 08/14/10 7:40a (Time clock down)
 LYNDAB 08/20/10 11:50a ADD PUN 08/14/10 3:50p (Time clock down)
 LYNDAB 08/20/10 11:49a ADD PUN 08/16/10 6:50a (Time clock down)
 LYNDAB 08/20/10 11:49a ADD PUN 08/16/10 3:30p (Time clock down)
 LYNDAB 08/20/10 11:52a ADD PUN 08/17/10 6:50a (Time clock down)
 LYNDAB 08/20/10 11:52a ADD PUN 08/17/10 3:50p (Time clock down)
 LYNDAB 08/20/10 11:52a ADD PUN 08/18/10 7:00a (Time clock down)
 LYNDAB 08/20/10 11:52a ADD PUN 08/18/10 3:30p (Time clock down)
 LYNDAB 08/23/10 9:09a ADD PUN 08/19/10 7:00a (Time clock down)
 LYNDAB 08/23/10 9:10a ADD PUN 08/19/10 3:15p (Time clock down)

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

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

08/22/10 to 09/04/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
08/22/10	7:00a	7:10p			11:45	Unsch.	Unsch.
08/22/10					11:45	REGULAR	
08/25/10	8:50a	7:15p			12:00	Unsch.	Unsch.
08/25/10					12:00	REGULAR	
08/26/10	7:05a	10:30a	11:00a	7:20p	11:45	Unsch.	Unsch.
08/26/10					11:45	REGULAR	
08/30/10	7:00a	7:30p			12:00	Unsch.	Unsch.
08/30/10					12:00	REGULAR	
09/01/10	8:55a	7:35p			12:00	Unsch.	Unsch.
09/01/10					12:00	REGULAR	
09/02/10	2:11p	2:28p			0:15	Unsch.	Unsch.
09/02/10					0:15	REGULAR	
09/04/10	7:00a	11:21a	12:15p	7:24p	11:30	Unsch.	Unsch.
09/04/10					11:30	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	71:15	25.0400	1784.1000

Supervisor Edits

LYNDAB 08/23/10 10:54a ADD PUN 08/22/10 7:00a (Time clock down)
 LYNDAB 08/23/10 10:54a ADD PUN 08/22/10 7:10p (Time clock down)
 MELANIES 09/07/10 12:01p AUTHORIZED PERIOD BEGINNING 08/22/10 AND SECURED
 LYNDAB 08/30/10 1:30p ADD PUN 08/25/10 6:50a (Time clock down)
 LYNDAB 08/30/10 1:30p ADD PUN 08/25/10 7:15p (Time clock down)
 LYNDAB 08/30/10 1:31p ADD PUN 08/26/10 7:05a (Time clock down)
 LYNDAB 08/30/10 1:32p ADD PUN 08/26/10 10:30a (Time clock down)
 LYNDAB 08/30/10 1:32p ADD PUN 08/26/10 11:00a (Time clock down)
 LYNDAB 08/30/10 1:32p ADD PUN 08/26/10 7:20p (Time clock down)
 LYNDAB 08/31/10 2:40p ADD PUN 08/30/10 7:00a (Time clock down)
 LYNDAB 08/31/10 2:40p ADD PUN 08/30/10 7:30p (Time clock down)
 LYNDAB 09/05/10 8:22a ADD PUN 09/01/10 6:55a (Time clock down)

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

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

09/05/10 to 09/18/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
09/05/10	6:56a	7:27p			12:00	Unsch.	Unsch.
09/05/10					12:00	REGULAR	
09/06/10					397.5100	RETROPAY	
09/07/10	6:52a	7:32p			12:15	Unsch.	Unsch.
09/07/10					12:15	REGULAR	
09/08/10	6:54a	7:04p			11:30	Unsch.	Unsch.
09/08/10					11:30	REGULAR	
09/12/10	7:03a	12:15p	12:27p	3:13p	7:45	Unsch.	Unsch.
09/12/10					7:45	REGULAR	
09/13/10	6:56a	10:48a	11:16a	7:24p	12:00	Unsch.	Unsch.
09/13/10					12:00	REGULAR	
09/14/10	6:58a	10:56a	11:40a	6:56p	11:15	Unsch.	Unsch.
09/14/10					11:15	REGULAR	
09/17/10					8:00	PTO	
09/18/10	6:57a	11:01a	12:01p	7:25p	11:30	Unsch.	Unsch.
09/18/10					2:30	OVERTIME	
09/18/10					9:00	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	75.45	25.0400	1898.7800
027-6100-01	OVERTIME	2.30	37.5600	83.9000
027-6100-01	RETROPAY	0.00	0.0000	397.5100
027-6100-01	PTO	8.00	25.0400	200.3200

Supervisor Edits

MELANIES 09/21/10 9:44a AUTHORIZED PERIOD BEGINNING 09/05/10 AND SECURED

MELANIES 09/21/10 9:56a AUTHORIZED PERIOD BEGINNING 09/05/10 AND SECURED

LYNDAB 09/20/10 6:22p CREDIT 397.5100 RETROPAY 027-6100-01 09/06/10 (left off from prev. payperiod)

LYNDAB 09/20/10 6:21p CREDIT 8:00 PTO 027-6100-01 09/17/10

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

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

09/19/10 to 10/02/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
09/19/10	7:12a	7:27p			11:45	Unsch.	Unsch.
09/19/10					11:45	REGULAR	
09/22/10	6:58a	10:40a	11:00a	7:11p	11:45	Unsch.	Unsch.
09/22/10					11:45	REGULAR	
09/23/10	6:46a	11:42a			4:30	Unsch.	Unsch.
09/23/10					4:30	REGULAR	
09/24/10	6:52a	11:33a	11:58a	7:38p	12:30	Unsch.	Unsch.
09/24/10					0:30	OVERTIME	
09/24/10					12:00	REGULAR	
09/27/10	7:13a	10:26a	10:57a	7:57p	12:15	Unsch.	Unsch.
09/27/10					12:15	REGULAR	
09/29/10	6:58a	10:28a	10:57a	7:45p	12:15	Unsch.	Unsch.
09/29/10					12:15	REGULAR	
10/02/10	7:13a	9:52a	10:35a	7:05p	11:00	Unsch.	Unsch.
10/02/10					11:00	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	75:30	25.0400	1890.5200
027-6100-01	OVERTIME	0:30	37.5600	18.7800

Supervisor Edits

MELANIES 10/05/10 9:38a AUTHORIZED PERIOD BEGINNING 09/19/10 AND SECURED
 LYNDAB 10/01/10 9:49a ADD PUN 09/29/10 10:57a

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

Ridgeway
07/24/02
25.0400

10/03/10 to 10/15/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
10/03/10	6:55a	2:04p	2:59p	7:16p	11:15	Unsch.	Unsch.
10/03/10					11:15	REGULAR	
10/06/10	6:55a	10:45a	11:22a	5:25p	10:00	Unsch.	Unsch.
10/06/10					10:00	REGULAR	
10/07/10	6:50a	10:30a	11:12a	10:33p	14:30	Unsch.	Unsch.
10/07/10					14:30	REGULAR	
10/08/10	6:52a	4:05p			8:45	Unsch.	Unsch.
10/08/10					4:30	OVERTIME	
10/08/10					4:15	REGULAR	
10/08/10	10:41a	1:10p			2:30	Unsch.	Unsch.
10/09/10					2:30	OVERTIME	
10/12/10	6:53a	7:18p			11:45	Unsch.	Unsch.
10/12/10					11:45	REGULAR	
10/13/10	6:56a	10:26a	11:07a	7:19p	11:30	Unsch.	Unsch.
10/13/10					11:30	REGULAR	
10/16/10	7:05a	10:28a	10:51a	7:26p	12:00	Unsch.	Unsch.
10/16/10					12:00	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	75:15	25.0400	1884.2600
027-6100-01	OVERTIME	7:00	37.5600	262.9200

Supervisor Edits

MELANIES 10/19/10 9:08a AUTHORIZED PERIOD BEGINNING 10/03/10 AND SECURED
 LYNDAB 10/14/10 1:42p ADD PUN 10/06/10 11:15a (Forgot)
 LYNDAB 10/14/10 1:42p DEL PUN 10/06/10 11:15a
 LYNDAB 10/14/10 1:43p ADD PUN 10/06/10 10:45a
 LYNDAB 10/14/10 1:41p ADD PUN 10/07/10 7:00a (Forgot)
 LYNDAB 10/14/10 1:41p DEL PUN 10/07/10 7:00a

AUG-02-2011 14:20 From:

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

Ridgeway
07/24/02
25.0400

10/17/10 to 10/30/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
10/17/10	7:05a	2:16p	2:51p	8:51p	13:15	Unsch.	Unsch.
10/17/10					13:15	REGULAR	
10/20/10	6:58a	11:32a	11:51a	7:27p	12:00	Unsch.	Unsch.
10/20/10					12:00	REGULAR	
10/21/10	7:01a	1:11p	1:25p	3:13p	7:45	Unsch.	Unsch.
10/21/10					7:45	REGULAR	
10/23/10					8:00	PTO	
10/24/10					8:00	PTO	
10/26/10	7:00a	11:40a	11:53a	7:09p	11:45	Unsch.	Unsch.
10/26/10					11:45	REGULAR	
10/27/10	6:51a	10:16a			3:30	Unsch.	Unsch.
10/27/10					3:30	REGULAR	
10/30/10	7:39a	10:48a	11:28a	7:31p	11:00	Unsch.	Unsch.
10/30/10					11:00	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	59:15	25.0400	1483.6200
027-6100-01	PTO	16:00	25.0400	400.6400

Supervisor Edits

MELANIES 11/02/10 9:55a AUTHORIZED PERIOD BEGINNING 10/17/10 AND SECURED

LYNDAB 11/01/10 6:11p CREDIT 8:00 PTO 027-6100-01 10/23/10

LYNDAB 11/01/10 6:12p CREDIT 8:00 PTO 027-6100-01 10/24/10

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

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

10/31/10 to 11/13/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
10/31/10	6:46a	10:46a	11:18a	7:19p	12:00	Unsch.	Unsch.
10/31/10					12:00	REGULAR	
11/03/10	6:57a	11:11a	11:50a	3:38p	8:00	Unsch.	Unsch.
11/03/10					8:00	REGULAR	
11/04/10	6:58a	2:58p	3:17p	7:16p	11:45	Unsch.	Unsch.
11/04/10					11:45	REGULAR	
11/05/10	7:01a	10:55a	11:23a	3:48p	8:15	Unsch.	Unsch.
11/05/10					8:15	REGULAR	
11/08/10	6:51a	10:29a	11:11a	7:31p	12:00	Unsch.	Unsch.
11/08/10					12:00	REGULAR	
11/09/10	6:46a	7:26p			12:15	Unsch.	Unsch.
11/09/10					12:15	REGULAR	
11/13/10	6:42a	7:14p			12:00	Unsch.	Unsch.
11/13/10					12:00	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	76:15	25.0400	1909.3000

Supervisor Edits

LOREY 11/16/10 12:01p AUTHORIZED PERIOD BEGINNING 10/31/10 AND SECURED

Archived Time Card Report

Includes one single employees.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew SSN
6100 RN CERTIFIED
GENERAL
0
650277482

Class
Hire Date
Rate

Ridgeway
07/24/02
25.0400

11/14/10 to 11/27/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
11/14/10	6:53a	11:10a	11:35a	3:36p	8:00	Unsch.	Unsch.
11/14/10					8:00	REGULAR	
11/17/10	6:57a	11:13a	11:29a	3:41p	8:15	Unsch.	Unsch.
11/17/10					8:15	REGULAR	
11/18/10	6:55a	7:16p			11:45	Unsch.	Unsch.
11/18/10					11:45	REGULAR	
11/19/10	7:01a	11:12a	11:33a	12:25p	11:15	Unsch.	Unsch.
11/19/10	1:25p	7:30p					
11/19/10					11:15	REGULAR	
11/23/10	7:00a	12:18p	1:13p	11:07p	14:30	Unsch.	Unsch.
11/23/10					12:00	PTO	
11/23/10					14:30	REGULAR	
11/27/10	7:06a	1:59p	2:17p	7:48p	12:15	Unsch.	Unsch.
11/27/10					12:15	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	66.00	25.0400	1652.6400
027-6100-01	PTO	12.00	25.0400	300.4800

Supervisor Edits

LOREY 11/30/10 9:02a AUTHORIZED PERIOD BEGINNING 11/14/10 AND SECURED
LYNDAB 11/29/10 3:36p CREDIT 12:00 PTO 027-6100-01 11/23/10

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

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

11/28/10 to 12/11/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
11/28/10	7:05a	9:45a	10:23a	4:08p	8:15	Unsch.	Unsch.
11/28/10					8:15	REGULAR	
11/30/10	6:57p	7:34a			12:00	Unsch.	Unsch.
11/30/10					12:00	REGULAR	
12/02/10	6:58a	7:53p			12:30	Unsch.	Unsch.
12/02/10					12:30	REGULAR	
12/03/10	7:09a	10:31a	11:02a	2:18p	6:30	Unsch.	Unsch.
12/03/10					6:30	REGULAR	
12/06/10					8:00	PTO	
12/11/10	6:49a	11:23p			15:45	Unsch.	Unsch.
12/11/10					15:45	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	55:00	25.0400	1377.2000
027-6100-01	PTO	8:00	25.0400	200.3200

Supervisor Edits

LOREY 12/14/10 10:40a AUTHORIZED PERIOD BEGINNING 11/28/10 AND SECURED
 LYNDAB 12/13/10 2:54p CREDIT 8:00 PTO 027-6100-01 12/06/10

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

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

12/12/10 to 12/25/10

Date	In	Out	In	Out	Hours	Schedule	Exceptions
12/12/10					400.6400	RETROPAY	
12/14/10	7:00a	3:07p			7:30	Unsch.	Unsch.
12/14/10					7:30	REGULAR	
12/15/10	7:02a	3:02p			7:30	Unsch.	Unsch.
12/15/10					7:30	REGULAR	
12/16/10	7:04a	7:17p			11:45	Unsch.	Unsch.
12/16/10					11:45	REGULAR	
12/18/10	8:52a	10:45a	11:20a	6:57p	11:45	Unsch.	Unsch.
12/18/10					11:45	REGULAR	
12/20/10	8:48p	8:30a			13:15	Unsch.	Unsch.
12/20/10					13:15	REGULAR	
12/23/10	6:59a	2:38p	3:31p	7:39p	11:45	Unsch.	Unsch.
12/23/10					11:45	REGULAR	
12/25/10	7:18a	9:32a	9:59a	3:23p	7:45	Unsch.	Unsch.
12/25/10					8:00	HOLIDAY	
12/25/10					7:45	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	71:15	25.0400	1784.1000
027-6100-01	HOLIDAY	8:00	25.0400	200.3200
027-6100-01	RETROPAY	0:00	0.0000	400.6400

Supervisor Edits

LYNDAB 12/27/10 1:56p CREDIT 400.6400 RETROPAY 027-6100-01 12/12/10 (left off from prev. payperiod)
 LOREY 12/28/10 9:18a AUTHORIZED PERIOD BEGINNING 12/12/10 AND SECURED
 LYNDAB 12/27/10 10:30a CREDIT 8:00 HOLIDAY 027-6100-01 12/25/10

Archived Time Card Report

Includes one single employee.

Ramey, Gayla**Location**

Heritage Healthcare Ridgew

SSN**Department**

6100 RN CERTIFIED

Class**Cost Center**

GENERAL

Hire Date**Badge**

0

Rate**ID Number**

650277482

Ridgeway

07/24/02

25.0400

12/26/10 to 01/08/11

Date	In	Out	In	Out	Hours	Schedule	Exceptions
12/26/10					8:00	PTO	
12/27/10	7:03a	9:42a	10:08a	12:37p	5:00	Unsch.	Unsch.
12/27/10					5:00	REGULAR	
12/29/10	8:50a	3:18p	5:35p	7:31p	10:30	Unsch.	Unsch.
12/29/10					10:30	REGULAR	
12/30/10	6:53a	3:16p			7:45	Unsch.	Unsch.
12/30/10					7:45	REGULAR	
01/01/11	6:45a	10:54a	11:41a	6:55p	11:30	Unsch.	Unsch.
01/01/11					11:30	REGULAR	
01/02/11	8:57a	10:04a	10:38a	3:15p	7:45	Unsch.	Unsch.
01/02/11					7:45	REGULAR	
01/04/11					4:00	PTO	
01/05/11	7:03a	7:50p			12:15	Unsch.	Unsch.
01/05/11					12:15	REGULAR	
01/06/11	7:06a	2:10p	3:03p	7:36p	11:30	Unsch.	Unsch.
01/06/11					11:30	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	66:15	25.0400	1658.9000
027-6100-01	PTO	12:00	25.0400	300.4800

Supervisor Edits

LYNDAB 01/10/11 12:33p CREDIT 8:00 PTO 027-6100-01 12/26/10
 LOREY 01/13/11 6:29a AUTHORIZED PERIOD BEGINNING 12/26/10 AND SECURED
 LYNDAB 01/10/11 12:33p CREDIT 4:00 PTO 027-6100-01 01/04/11

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location	Heritage Healthcare Ridgew	SSN	
Department	6100 RN CERTIFIED	Class	Ridgeway
Cost Center	GENERAL	Hire Date	07/24/02
Badge	0	Rate	25.0400
ID Number	850277482		

01/09/11 to 01/22/11

Date	In	Out	In	Out	Hours	Schedule	Exceptions
01/09/11	6:59a	9:53a	10:23a	7:18p	11:45	Unsch.	Unsch.
01/09/11					11:45	REGULAR	
01/13/11	6:59a	7:36p			12:00	Unsch.	Unsch.
01/13/11					12:00	REGULAR	
01/14/11	7:11a	11:19a	11:50a	3:20p	7:30	Unsch.	Unsch.
01/14/11					7:30	REGULAR	
01/17/11	6:55a	7:25p			12:00	Unsch.	Unsch.
01/17/11					12:00	REGULAR	
01/19/11	7:02a	7:24p			12:00	Unsch.	Unsch.
01/19/11					12:00	REGULAR	
01/21/11	7:03a	10:46a	11:35a	8:13p	12:30	Unsch.	Unsch.
01/21/11					12:30	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	67.45	25.0400	1698.4600

Supervisor Edits

LOREY 01/25/11 8:12p AUTHORIZED PERIOD BEGINNING 01/09/11 AND SECURED

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

[REDACTED]
Ridgeway
07/24/02
25.0400

01/23/11 to 02/05/11

Date	In	Out	In	Out	Hours	Schedule	Exceptions
01/24/11	8:55a	12:16p	12:35p	7:46p	12:15	Unsch.	Unsch.
01/24/11					12:15	REGULAR	
01/25/11	6:58a	7:28p			12:00	Unsch.	Unsch.
01/25/11					12:00	REGULAR	
01/26/11	12:57p	3:13p			2:15	Unsch.	Unsch.
01/26/11					2:15	REGULAR	
01/29/11	7:00a	7:34p			12:00	Unsch.	Unsch.
01/29/11					12:00	REGULAR	
01/30/11	6:44a	7:37p			12:15	Unsch.	Unsch.
01/30/11					12:15	REGULAR	
02/02/11	7:06a	7:43p			12:15	Unsch.	Unsch.
02/02/11					12:15	REGULAR	
02/03/11	6:34a	7:25p			12:30	Unsch.	Unsch.
02/03/11					12:30	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	75:30	25.0400	1890.5200

Supervisor Edits

LOREY 02/08/11 9:06a AUTHORIZED PERIOD BEGINNING 01/23/11 AND SECURED

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location
Department
Cost Center
Badge
ID Number

Heritage Healthcare Ridgew
6100 RN CERTIFIED
GENERAL
0
650277482

SSN
Class
Hire Date
Rate

Ridgeway
07/24/02
25.0400

02/06/11 to 02/19/11

Date	In	Out	In	Out	Hours	Schedule	Exceptions
02/07/11	7:19a	12:56p	1:11p	7:46p	12:00	Unsch.	Unsch.
02/07/11					12:00	REGULAR	
02/09/11	6:45a	7:51p			12:30	Unsch.	Unsch.
02/09/11					12:30	REGULAR	
02/11/11	6:51a	7:17p			12:00	Unsch.	Unsch.
02/11/11					12:00	REGULAR	
02/15/11	7:03a	7:30p			12:00	Unsch.	Unsch.
02/15/11					12:00	REGULAR	
02/16/11	6:53a	7:28p			12:00	Unsch.	Unsch.
02/16/11					12:00	REGULAR	
02/19/11	6:35a	8:23p			13:30	Unsch.	Unsch.
02/19/11					13:30	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	74:00	25.0400	1852.9600

Supervisor Edits

LOREY 02/22/11 9:26a AUTHORIZED PERIOD BEGINNING 02/06/11 AND SECURED

Archived Time Card Report

Includes one single employee.

Ramey, Gayla

Location	Heritage Healthcare Ridgew	SSN	[REDACTED]
Department	6100 RN CERTIFIED	Class	Ridgeway
Cost Center	GENERAL	Hire Date	07/24/02
Badge	0	Rate	\$5.8480
ID Number	650277482		

02/20/11 to 03/05/11

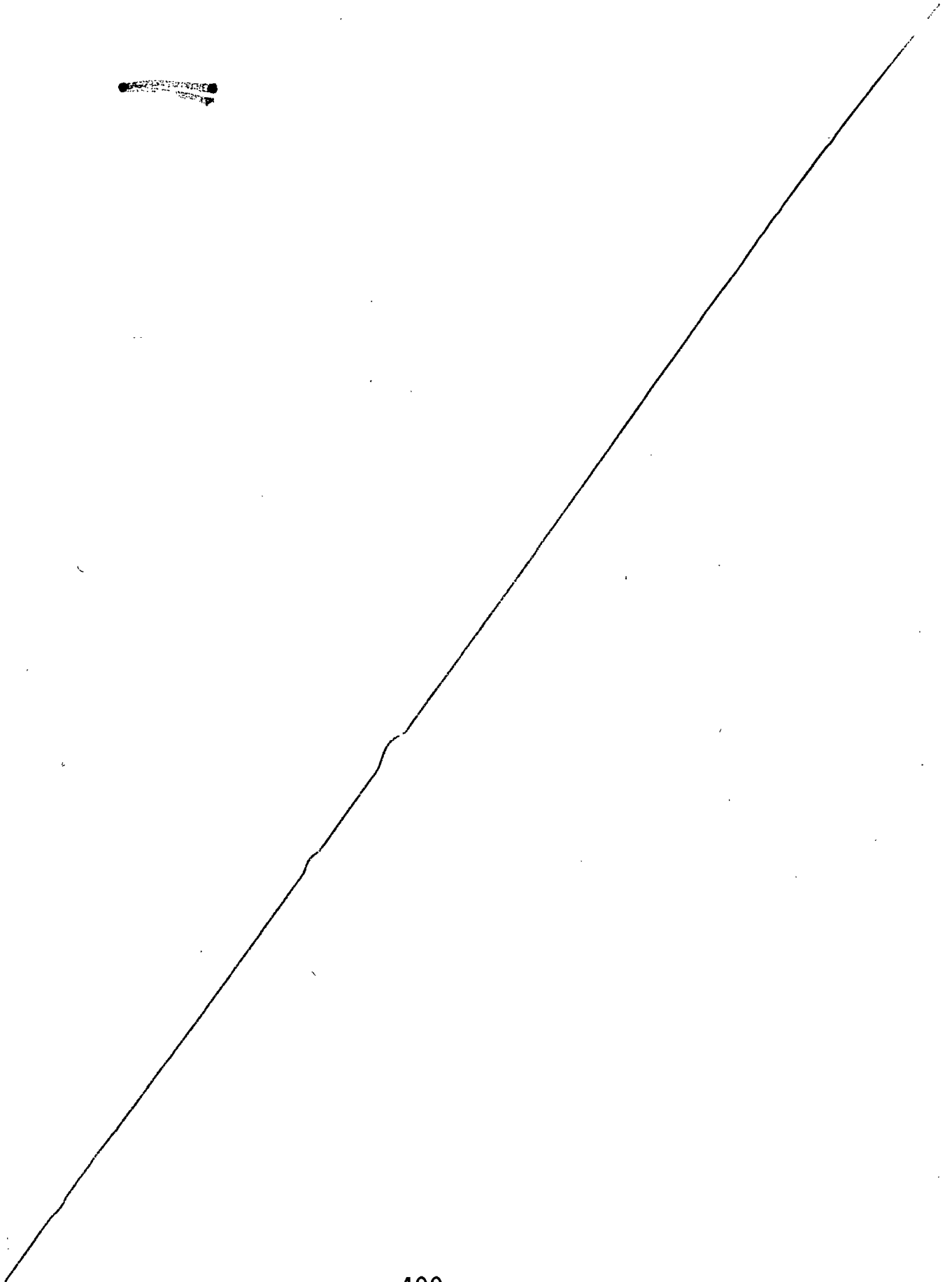
Date	In	Out	In	Out	Hours	Schedule	Exceptions
02/20/11	6:58a	7:32p			12:00	Unsch.	Unsch.
02/20/11					12:00	REGULAR	
02/23/11	6:37a	8:03p			13:00	Unsch.	Unsch.
02/23/11					13:00	REGULAR	
02/24/11	6:57a	7:43p			12:15	Unsch.	Unsch.
02/24/11					12:15	REGULAR	
02/27/11					4:00	PTO	
02/28/11					8:00	PTO	
03/01/11	6:47a	7:35p			12:15	Unsch.	Unsch.
03/01/11					12:15	REGULAR	
03/05/11	6:55a	7:58p			12:30	Unsch.	Unsch.
03/05/11					3.5000	MEALS	
03/05/11					12:30	REGULAR	

LOC-DEPT-COSTCEN	Pay Designation	Hours	Rate	Dollars
027-6100-01	REGULAR	62:00	25.0400	1552.4800
027-6100-01	MEALS	0:00	0.0000	3.5000
027-6100-01	PTO	12:00	25.0400	300.4800

Supervisor Edits

TKELLEY 03/08/11 8:59a AUTHORIZED PERIOD BEGINNING 02/20/11 AND SECURED
 LYNDAB 03/07/11 6:23p CREDIT 4:00 PTO 027-6100-01 02/27/11
 LYNDAB 03/07/11 2:11p CREDIT 8:00 PTO 027-6100-01 02/28/11
 LYNDAB 03/07/11 5:56p CREDIT 3.5000 MEALS 027-6100-01 03/05/11

400





HEDRICK GARDNER

HEDRICK GARDNER KINCHELOE & GAROFALO LLP

ATTORNEYS AT LAW

CHARLOTTE • RALEIGH • WILMINGTON • COLUMBIA

April 19, 2011

Mark R. Calhoun
Mark R. Calhoun, Attorney At Law
714 East Main Street
Lexington, SC 29072

Reply to:
R. DANIEL ADDISON
Partner
P.O. Box 11267
Columbia, SC 29211
Direct: (803) 727-1201
Fax: (803) 727-1259
Email: daddison@hedrickgardner.com

RE: Gayla Ramey v. Unihealth Post Acute Care - Tanglewood
WCC File No: Unassigned
Claim No: 68174982097623
Our File No: 128L-00030

Dear Mark:

In response to your Subpoena dated April 6, 2011 and which was served on the employer, enclosed please find a copy of the personnel records regarding the above referenced workers' compensation case.

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

Very sincerely yours,



R. Daniel Addison

RDA/lb
Enclosures

PARTNER OCCURRENCE SUPERVISORY INVESTIGATION REPORT

SECTION 1: OCCURRENCE DATA			
PARTNER NAME <i>Gayla Ramey</i>		JOB POSITION / TITLE <i>RN</i>	
JOB ASSIGNMENT <i>Nurse (charge) in Hall 100</i>	ACTIVITY/JOB AT TIME OF OCCURRENCE <i>Had not started assignment</i>	LENGTH OF TIME ON THIS JOB	
DEPARTMENT <i>Nursing</i>	LOCATION OF OCCURRENCE <i>outside back stairs hall 100</i>		
DATE AND TIME OF ACCIDENT <i>3/11/11 6:45 AM</i>	DATE REPORTED BY PARTNER <i>3/11/11</i>	DATE AND TIME OF INVESTIGATION <i>3/11/11 8:22 AM</i>	
NAME OF WITNESSES (N/A if None) 1. <i>Barbara Davis and Amy</i> 2. <i>Amy Collins</i> 3.			
TYPE OF OCCURRENCE: (Mark Those Applicable) FIRST AID ☐ MEDICAL ☒ LOSS TIME ☐ NEAR MISS (NO INJURY) ☐			
SECTION 2: ANALYSIS OF FACTS AND ROOT CAUSE DETERMINATION			
WORK BEING PERFORMED AT TIME OF OCCURRENCE (EQUIPMENT / MOVEMENT INVOLVED AT TIME OF OCCURRENCE, AS APPLICABLE): <i>Walking from the parking lot - stepped upon the wooden platform before getting to the steps and my foot slipped from under me causing me to hit my right arm above my wrist on the wall beside the stairs</i>			
ROOT CAUSE: DESCRIBE UNSAFE ACTS AND/OR PHYSICAL HAZARDS AT TIME OF OCCURRENCE: <i>Broken stair wooden, wet and slippery</i>			
SECTION 3: CORRECTIVE ACTION			
INJURED PARTNER RECOMMENDATIONS: <i>Wood old needs to be replaced or cleaned and treated</i>			
SUPERVISOR RECOMMENDATIONS: <i>I walked out to the area - small pool of water on the platform in question - slightly slippery - Staff has work signs on the stairs</i>			
WHAT IMMEDIATE ACTION HAVE YOU TAKEN TO PREVENT A RECURRENCE OF THIS TYPE OF OCCURRENCE? <i>Reported to the appropriate person.</i>			
DATE COMPLETED: <i>3/11/11</i>		SUPERVISOR SIGNATURE: <i>[Signature]</i>	
SECTION 4: FOLLOW-UP ACTIVITY			
ACTION ITEM	RESPONSIBILITY	TARGET DATE	DATE COMPLETED
1. <i>Sent to Doctor Care</i>			
2.			
3.			
4.			
ACTION: SATISFACTORY ☐ UNSATISFACTORY - IF UNSATISFACTORY, WHY? ☐			
SECTION 5: PARTNER INFORMATION (HR)			
SOCIAL SECURITY #/AGE: <i>401-98-7482</i>	EMPLOYMENT DATE:	LOSS TIME ☐	MINOR ☐ OSHA 300 RECORDABLE? ☐
NAME OF DOCTOR		NATURE OF INJURY <i>RT upper arm above wrist</i>	
PREPARED BY/DATE: SUPERVISOR <i>[Signature] 3/11/11</i>	REVIEWED BY/DATE: SAFETY COMMITTEE	OCC. INJURY MANAGER	ADMINISTRATOR

Acknowledgement of Transitional/Modified DutiesDate: 3/11/11I Mayla Ramsey, understand my employer

located at: 713 Tanglewood St, City: Ridgeway, State: SC, Zip: 29130; can provide me with transitional duty. I further understand that I may receive a reduction in pay while on transitional duty restrictions and can request disability benefits from our Workers' Compensation Insurance company.

I understand that I will be offered the following tasks while on transitional duty:

- Office Clerical: file paper work, answer phones, make copies, and other duties within my limitations.
- Laundry Tech: Folding of towels, face clothes, pillowcases, hanging of clothes, folding of clothe: and other duties within my limitations.
- Dietary Aide: roll silver wear, dessert trays, push food carts, serve meal trays, and other duties within my limitations.
- Janitorial: sweep, mop, take out trash, and other duties within my limitations.
- Nursing: One on One care with residents and patients, taking vital signs, etc.

In the event I have to attend a Doctor appointment, can not come in to work because of my injury, or have to leave early I understand I must contact my Supervisor, and I will not be compensated by my employer for any time lost. In addition, I understand that whenever possible, all appointments must be made around my work schedule.

I further; understand I must keep my Workers' Compensation Coordinator and manger informed of all Doctor and/or Physical Therapy appointments I have scheduled and that failure to do so may result in disciplinary actions.

Mayla Ramsey
Partner's Signature

3/11/11
Date

Jacqueline Smith
Witness Signature

3/11/11
Date

Disability Benefits Waiver

I, Gayla Ramey, elect to use my
Personal/Sick leave in lieu of Workers' Compensation disability benefits for the
following reasons:

☒ During the Workers' Compensation waiting period.

☐ During my scheduled absence

When the Personal/Sick leave is exhausted, I understand that I must notify my
manager so that the Workers' Compensation Disability Benefits can be initiated.

I also understand that any and all absences I incur in connection with my
Workers' Compensation case will concurrently be considered as Family and
Medical Leave Act (FMLA) leave by the Company, and accordingly will be
counted against the total amount of FMLA leave available to me annually.

Gayla Ramey
Partner Signature

3/11/11
Date:

[Signature]
Witness Signature

3/11/11
Date:

I Gayla Romey understand that I have the right to refuse medical coverage for my Workers Comp Injury on 3/1/11. I have been given the opportunity to ask any question pertaining to medical coverage for Workers Comp.

Partner's Signature and Date Hayla Ramon 5/11/21

Witness Signature and Date

GENERAL LIABILITY CLAIM NOTICE

Facility: <i>Univ Health Acute Care Tangewood</i>	Date of Incident: <i>3/11/11</i>
Address: <i>213 Tangewood Court Ridgeway SC 29830</i>	Policy Number:
Contact:	Date Reported: <i>3/11/11</i>
Phone: <i>803 337 3212</i>	
Claimant:	SSI: [REDACTED]
Address:	Age: <i>50</i> Sex: <i>Female</i>
Phone:	Cell:
Medical Attention Necessary: ☒ Yes ☐ NO	Medical Center Taken to:
Ambulance: ☐ Self-Transported: ☐	
Alleged Incident: (be specific)	Time of Alleged Incident:
<i>"When I stepped up on the wet wooden platform before getting to the steps my feet slipped forward me causing me to hit my right arm causing injury. I attempted to open door to come in the building I caused pain to transfer from the site of injury above my wrist down through the tip of that thumb. Unable to use that hand to write at present."</i>	
Witnesses: (include Job title)	Phone/Cell:
<i>Barbara Davis CNA</i>	<i>803-337 3212 Hall 2nd</i>
<i>Emily Collins CNA</i>	<i>803-337 3212 Hall 4th</i>
Risk Management Notes:	
Person Completing Report:	Date:
<i>Jasmine E. Smith</i>	<i>3/11/11</i>

AUTHORIZATION FOR MEDICAL RELEASE OF INFORMATION

Partner's Name:
(please print)

Gayla Ramsey

Address:

[REDACTED]

Phone Number:

[REDACTED]

SSN:

[REDACTED]

Description of

Accident:

When I stepped upon the wet wooden platform before getting to the steps my feet slipped from under me causing me to hit my stomach and my wrist in the rail beside the stairs

I Gayla Ramsey hereby authorize:
UPRC / TONGUEWOOD, or its management representatives to be furnished any information and facts regarding this injury, including reports and records, results of diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment. This information is to be used for the purposes of evaluating and handling my claim for injury as a result of an incident occurring on or about _____ and for no other purpose, now or in the future.

Partner's Signature

Gayla Ramsey

Date

3/14/11

Witness: Signature

Joceline G. Smith

Date:

3/11/11

TRANSITIONAL DUTY EMPLOYMENT PLAN

To be completed upon the injured Partners return to work following an on-the-job injury

Name Gayla Ramey		Department Nursing
Title RN		Supervisor: [REDACTED]
Physical Capacities/Restrictions No lifting more than 10 lbs Ground level work only No Repetitive bending, stooping, squatting Limited use of back		
Restrictions Begin: 3/14/11		Next Physician Visit: 3/18/11 Next Review Date: 3/18/11
Plan Specifics		
Describe the Job/Specific Task: Abacus interviews Chart audits System check list and other duties that fall within the above job duties restrictions listed above.		
Describe Hours/day and days/week, including progression schedule: M-F 8^{am} 4:30p 3/14/11 - to come in at 3p - 11p to work reception today.		
Consideration: Will Always report to manager immediately, anything that causes an alteration in this plan.		
Transitional Employment Plan has been reviewed and discussed with me to clarify any questions that I may have. I have been provided with a copy of this plan and I understand my supervisor will retain a copy. I understand the purpose of these restrictions is to enable me to recover from my injury and that I am required to stay within the restrictions noted above. Should I experience any difficulties while performing transitional duty work, I will immediately contact my supervisor.		
Employee Signature: Gayla Ramey		Date: 3/14/11
I have reviewed and discussed this Transitional Employment Plan with the employee. In addition, I have provided a copy of this plan to the employee.		
Supervisor or Reviewing Manager Signature: [REDACTED]		Date: 3/14/11
Manager in Attendance: Shonda Burr HR Generalist		Date: 3/14/11

180

**TANGLEWOOD
HEALTH CARE CENTER**

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

Name of Employee Gayla RameyAddress [REDACTED]Telephone Number [REDACTED]Social Security Number [REDACTED]

After 90 days of employment, you are eligible for health insurance and other insurance benefits if you work full time. When your employment terminates, then you become eligible for Cobra coverage if you were covered while employed at Tanglewood Health Care Center. Your employer pays for health insurance benefits for SINGLE coverage. Family/Dependent coverage is \$96.46 per pay period. Your insurance becomes effective the 1st of the month following 90 days of full time employment.

**HEALTH INSURANCE AND OTHER INSURANCE BENEFITS ARE AVAILABLE
TO FULL TIME EMPLOYEES ONLY.**

Other Insurance Benefits are listed below--Explanation of benefits for each plan is attached.

Dental
Eye Care (Vision)
Voluntary Life Insurance

**After 90 days of full time employment, employees may enroll in the 401k Plan
Please see Human Resources for additional information.

The above benefits have been discussed with me.

Gayla Ramey 7/24/02
Signature of Employee Date Dept

JURY DUTY

Employees who have completed their 90 day period and are regular full-time or regular part-time employees are eligible for jury duty compensation. Upon submitting verification of jury duty the employer pays the difference between jury compensation and regular salary. Employee must return to work if dismissed from jury duty during work hours.

VACATION TIME:

Upon satisfactory completion of the appraisal period (90) days, all regular full-time employees who work twenty or more hours weekly shall earn a vacation pay as follows:

Full-Time Employees

1 Years - 5 days

2-4 years- 10 days

5 years & up-15 days

All regular part-time employees who work twenty to thirty hours weekly shall earn vacation pay as follows:

Part-Time Employees

1 year-2.5 days

2-4 years-5 days

5 years & up-7.5 days

A vacation day shall equal the length of the day customarily worked. There will be no time carried from one year to year. The year being your Anniversary date to the next.

HOLIDAYS

Upon satisfactory of the appraisal period (90 days) the following six days will be recognized as

Holidays:

New Years Day

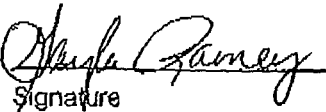
Independence Day (4th of July)

Labor Day

Thanksgiving Day

Your Birthday

Christmas Day


Signature

7/24/02
Date

RELIANCE STANDARD

Life Insurance Company

a DEUPAT company

Instructions: Use this form only for cases that offer the employee the ability to purchase voluntary disability coverage. Type or print with ballpoint pen. The employee and the policyholder must each receive a copy of the completed Group Disability Enrollment Form.

Group Disability Enrollment Form

All sections must be completed to ensure accurate processing.	(1) Policyholder/Employer UHS-Pruitt Corporation		(2) RSL Policy No. VPS: 325226	
	(3) Location/BIH Group 027		(4) Full-Time Employment Date 7/24/2002	
	(5) Class GEN			
	(6) Hours Per Week 40	(7) Job Title LPN HCC	(8) Base Salary \$47,132.80	
			☐ Hourly ☐ Monthly ☐ Weekly ☐ Yearly ☐ Bi-Weekly	
Choose Only One (14) or (15)	(9) Employee's Full Name Last Ramey First Gayla MI		(10) Payroll Cycle I receive my paycheck: ☐ Weekly ☐ Monthly ☒ Bi-Weekly ☐ Other: _____ ☐ Semi-Monthly	
	(11) Employee's Peoplesoft ID 12984	(12) Gender F	(13) Employee's Birth Date 1/2/1961	
	(14) Request for Group Insurance Coverage			
	☐ I request to purchase a weekly STD benefit. Please check below the amount of benefit you wish to purchase: (Premium based upon salary listed above. Disability premium will change as salary changes.)			
	☐ 40% Coverage - Weekly Benefit Amount of: <u>\$362.56</u> Bi-Weekly Premium is: <u>\$14.06</u> ☐ 50% Coverage - Weekly Benefit Amount of: <u>\$453.20</u> Bi-Weekly Premium is: <u>\$17.57</u> ☒ 60% Coverage - Weekly Benefit Amount of: <u>\$543.84</u> Bi-Weekly Premium is: <u>\$21.08</u> Please see Premium Calculation Worksheet for Rates and Premiums.			
I authorize my employer to deduct from my salary or wages the necessary premium for the coverage requested above. The signature below also verifies the accuracy of the information contained on this form.				
(15) Declination of Group Insurance Coverage				
☐ I have been offered and have declined to purchase the Group Disability Insurance Coverage. I understand that in the event I desire such insurance at a later date: (1) I will be required to furnish evidence of insurability at my own expense; and (2) Reliance Standard Life Insurance Company (RSL) will have the right to refuse my request.				

I understand that any coverage will not become effective until and unless approved by RSL, and upon approval, any benefits payable are subject to the terms, conditions and limitations of the Group Disability Policy. I also understand that the amount of any payroll deduction may be adjusted based on underwriting changes or age changes that affect the rates charged.


Employee Signature

10 123 108
Date

Please sign, date and return enrollment form to your Plan Administrator upon completion.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

412

Message Confirmation Report

NOV-19-2008 12:08 PM WED

Fax Number :
Name :

Name/Number : 17708066804
Page : 9
Start Time : NOV-19-2008 12:03PM WED
Elapsed Time : 05'46"
Mode : STD G3
Results : [O.K.]

STATEMENT OF CONFIDENTIALITY: The documents
transmitted by this facility contain information from Helgen
Health and Rehabilitation Center, and may be confidential and
pertained to Helgen. This information is released for the use of
the addressee named on this transmission only. If you are not the
addressee, any disclosure, photocopying, distribution or use of the
contents is prohibited. If you have received this facility in error,
please get immediately so that we may arrange to return the
original documents. If you have any questions regarding this fax or
if there are any problems with the transmission, please
call (803) 337-1211.

9 # OF PAGES (including cover sheet)

MESSAGE: 2008
FOR
BONNIE STEIGER
Amy Collins

FROM: Lynda C. Burk

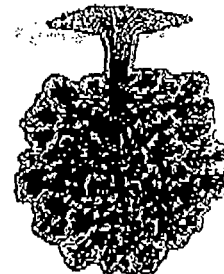
TO: Alice Kennedy

DATE: 11/19/08

FAX #: 770-806-6804

HEALTHCARE HEALTH CARE
OF ALLEGANY
20 BOX 68
113 QUAYLENWOOD CT
QUAYLENWOOD, SC 29130
(803) 337-1211
FAX (803) 337-1124

Skilled Nursing Care
Secured Unit/Intensive Care
Keynote Occupational &
Speech Therapy
Wound Care Management
Respite
Therapeutic Recreation
Social Services
Care for the Terminally Ill
Family Service
In Home Support
Specialized Dietary Services
Medication & Medical Certified
Private Rooms
Nursery/Daycare Shop
Life Contract
Private Insurance



Lynda Burr

From: Claire Kaniewski
Sent: Tuesday, July 24, 2007 3:47 PM
To: Mal Keller
Cc: Lynda Burr
Subject: Gayla Ramey - Work Study Approval

Mal,
Please inform Gayla Ramey that her recent Work Study Application under the ~~Stunning Scholarship Program~~ has been approved by the ELT.

Thanks!
Claire

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

Issue Date: September
Revised:

Page 1 of 1

APPENDIX C
EDUCATION REIMBURSEMENT SUPPLEMENTAL APPLICATION
FOR FISCAL YEAR JULY 1, 2008 TO JUNE 30, 2009

Name: <u>Gayla R. Ramey</u> Contact No: <u>[REDACTED]</u> Email: <u>[REDACTED]</u>		Hire Date: <u>7-2-02</u> Job Title: <u>LPN</u> Location: <u>Ridgeway SC 29130</u>	
Degree/Certification: _____ Major/Course of Study: <u>LPN to ADN transition</u> School/Institution <u>Central Carolina Technical College</u> Acceptance date: <u>7/01/08</u> Anticipated date of graduation is: <u>Summer 2009</u> Educational assistance is available to me through scholarship/grant: _____			
Tuition Fees per Fiscal Yr	Book/Lab Fees per Fiscal Yr	Amount of Educational Assistance/Scholarship per Fiscal Year	Total Fees per Fiscal Yr
2805	1350		4155 Approx.
Supervisory Review and Approval			
Supervisor's Signature: <u>Shirley B. Parker</u>		Date: <u>7/29/08</u>	
Administrator's Signature: <u>Pamela Duncan</u>		Date: <u>8-4-08</u>	
Employee Agreement			
This supplemental application demonstrates my continued need for education reimbursement through the this fiscal year. I understand that I must maintain a grade of A, B, or C in each course in order to be eligible for a percentage of a refund for tuition, books, lab, and miscellaneous fees. I understand that there will not be any reimbursement if I fail the course. I will submit the necessary authorized grade reports, receipts and expense sheet within <u>8 weeks</u> of completion of each course to the Pruitt Corporation Human Resources Department, 1626 Jeurgens Court, Norcross, GA 30093. Educational assistance is available to me through other scholarship resources. Therefore, my participation in the Education Reimbursement Program is only to the extent of tuition and fees not covered. I am acquainted with the requirements, policies and procedures for the Education Reimbursement Program and agree to comply with them. This application is complete. My Supervisor and/or Administrator have reviewed and signed as approved. Employee Signature: <u>Gayla Ramey</u> Date: <u>7/22/08</u>			

DESIGNATION OF BENEFICIARY

To the Trustees of Pruitt & Association, Inc Employee Profit Sharing (plan)

Pursuant of the provisions of the plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my Account under the plan payable by reason of my death.

Primary Beneficiary

NAME: James W. Ramey RELATIONSHIP: Spouse
ADDRESS: 2646 Watson St Elgin SC 29045

Secondary Beneficiary

NAME: Loretta K. Todd RELATIONSHIP: Mother
ADDRESS: 1037 Rocky Branch Ln Elgin SC 29045

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION, I HEREBY REVOKE ALL PRIOR DESIGNATION (IF ANY) OF BENEFICIARIES AND SECONDARY BENEFICIARIES.

The trustees shall pay all sums payable under the plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then the trustees shall pay all amounts in accordance with section 8.02 of the plan.

NOTE: Unless the participant provides otherwise in completing this designation, the trustee shall pay all sums payable to more than one beneficiary equally to the living beneficiaries, subject however, to the requirements, if any of the qualified joint and survivor annuity provisions or of the qualified preretirement survivor annuity provisions of ERSIA. The advisory committee will not accept the designation of beneficiary of married participant designating a primary beneficiary other than the participant's Accrued benefit is payable in the form of a qualified joint and survivor annuity or qualified preretirement survivor annuity. Spouse consent is not required if the participant's spouse is the sole primary beneficiary.

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

August 09, 2010

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

RE: GAYLA R RAMEY

Case No.: 08-05867-dd

Dear Sir or Madam:

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

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

Sincerely,



Michelle Wilson
Case Administrator

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

MSG Confirm

Date & Time : AUG-10-2010 03:43PM TUE
Fax Number : 803 337 8124
Fax Name :
Model Name : Dell 2335dn MFP

No	Name/Number	StartTime	Time	Mode	Page	Result
129	17708066881	08-10 03:42PM	00'10	ECM	001/001	O.K

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

August 09, 2010

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

RE: GAYLA R RAMEY

Case No.: 08-05667-d4

Dear Sir or Madam:

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

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

Sincerely,


Michelle Wilson
Case Administrator

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

RELIANCE STANDARD

Life Insurance Company

a DELTA company

Instructions: Use this form only for cases that offer the employee the ability to purchase voluntary disability coverage. Type or print with ballpoint pen. The employee and the policyholder must each receive a copy of the completed Group Disability Enrollment Form.

Group Disability Enrollment Form

All sections must be completed to ensure accurate processing.	(1) Policyholder/Employer UHS-Pruitt Corporation		(2) RSL Policy No. VPS: 325226	
	(3) Location/Bill Group 027		(4) Full-Time Employment Date 7/24/2002	
	(5) Class GEN			
	(6) Hours Per Week 40	(7) Job Title LPN HCC	(8) Base Salary \$47,132.80	
	(9) Employee's Full Name Last Ramey First Gayla MI		(10) Payroll Cycle I receive my paycheck: ☒ Weekly ☐ Monthly ☒ Bi-Weekly ☐ Other: _____ ☐ Semi-Monthly	
(11) Employee's Peoplesoft ID 12984		(12) Gender F		(13) Employee's Birth Date 1/2/1961
Choose Only One (14) or (15)	(14) Request for Group Insurance Coverage			
	☐ I request to purchase a weekly STD benefit. Please check below the amount of benefit you wish to purchase: (Premium based upon salary listed above. Disability premium will change as salary changes.) ☐ 40% Coverage - Weekly Benefit Amount of <u>\$362.50</u> Bi-Weekly Premium is: <u>\$14.06</u> ☒ 50% Coverage - Weekly Benefit Amount of: <u>\$453.20</u> Bi-Weekly Premium is: <u>\$17.67</u> ☐ 60% Coverage - Weekly Benefit Amount of: <u>\$543.84</u> Bi-Weekly Premium is: <u>\$21.08</u> Please see Premium Calculation Worksheet for Rates and Premiums. I authorize my employer to deduct from my salary or wages the necessary premium for the coverage requested above. The signature below also verifies the accuracy of the information contained on this form.			
	(15) Declination of Group Insurance Coverage			
☐ I have been offered and have declined to purchase the Group Disability Insurance Coverage. I understand that in the event I desire such insurance at a later date: (1) I will be required to furnish evidence of insurability at my own expense; and (2) Reliance Standard Life Insurance Company (RSL) will have the right to refuse my request.				

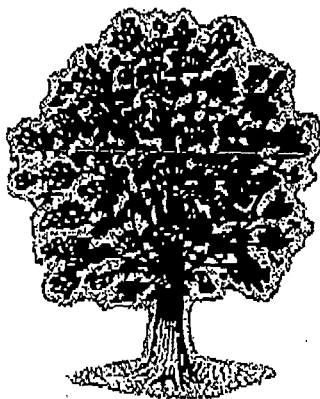
I understand that any coverage will not become effective until and unless approved by RSL, and upon approval, any benefits payable are subject to the terms, conditions and limitations of the Group Disability Policy. I also understand that the amount of any payroll deduction may be adjusted based on underwriting changes or age changes that affect the rates charged.


Employee Signature

10.23.08
Date

Please sign, date and return enrollment form to your Plan Administrator upon completion.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.



Skilled Nursing Care

Secured Entrance/Exit

Physical, Occupational & Speech Therapies

Wound Care Management

Respite

Therapeutic Recreation

Social Services

Care for the Terminally Ill

Laundry Service

In House Podiatry

Specialized Dietary Services

Medicare & Medicaid Certified

Private Rooms

Beauty/Barber Shop

VA Contract

Private Insurance

HERITAGE HEALTH CARE OF RIDGEWAY

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

FAX # 770-806-6804

DATE 11/4/08

TO Alrie Kenney

FROM Lynda Burr

MESSAGE: Just got this one

1 # OF PAGES (including cover sheet)

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

Gayla Renee Ramey
Lugoff, SC 29078

License number: 207097
License type: RN
Original Issue Date: 09/16/2009
Expiration: 04/30/2012
Status: Active

Privilege To Practice: Multi-State

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

April 19, 2010

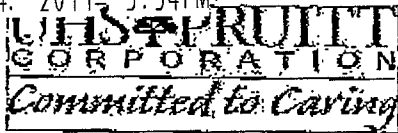
As a recipient of the nursing scholarship, with a commitment to work for UHS-Pruitt, I am currently requesting a transfer to the Assistant Director of Nursing position. I feel that because the company offered the opportunity to me to pursue my degree, that they would support my request for advancement. I have supervised CNA's for the last 8 years at UPAC-Tanglewood, and have held other management positions in various places. I would like the opportunity to utilize my nursing skills while advancing with your company.

Thank you for your consideration,

Gayla Ramey

Gayla Ramey, RN

Apr. 14: 2011 3:34PM



No. 0077 P. 14

**BLUE PARTNER MASTER FILE - CHANGE DATA**

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

PPE 8/22/09

APPROVAL SIGNATURE: <i>Ramona Duncan</i>			EMPLOYEE ID: <i>12984</i>		EFFECTIVE DATE: <i>8/9/09</i>	
EMPLOYEE FIRST NAME: <i>Gayla</i>			EMPLOYEE MIDDLE NAME:		EMPLOYEE LAST NAME: <i>Ramey</i>	
HOME ADDRESS STREET:						
APT #		P.O. BOX				
CITY:		ZIP:		BENEFITS SERVICE DATE:		
STATE:						
COUNTY:		PHONE NUMBERS: HOME		WORK		
		CELL		PAGER		
EMAIL ADDRESS:		DEPARTMENT #:		JOB CODE: (SEE LIST)		
PAY TYPE: (CIRCLE) HOURLY SALARIED		STATUS CHANGE TO: FULL TIME PART-TIME PRN		PAY RATE: HRLY <i>24.04</i> ANNUAL		
FEDERAL TAX WITHHOLDING: W4 FORM ATTACHED		STATE TAX WITHHOLDING: STATE FORM ATTACHED (IF REQUIRED)		TRANSFER: FROM CO # TO CO#		
GENERAL DEDUCTIONS			TERMINATION			
TYPE	AMOUNT	GOAL	PTO PAYOUT: (CIRCLE) NO YES		REASON: (CIRCLE)	
HEALTH PAC			# OF HOURS		ATTENDANCE	
HOSPICE FOUNDATION					DEATH	
PRUITT GARES					DID NOT START	
LIFE INSURANCE					EMPLOYER END OF PROBATION TIME	
UNIFORMS					FAILURE TO RETURN FROM LEAVE	
UNITED WAY					NOT ELIGIBLE FOR REHIRE	
SAVINGS					POSITION REDUCTION	
					RESIGNATION	
					RESIGNATION WITHOUT NOTICE	
					SERIOUS VIOLATION NOF RULES	
					UNSATISFACTORY PERFORMANCE	
					VIOLATION OF RULES	
DIRECT DEPOSIT: ATTACH SIGNED DOCUMENTATION			ADDITIONAL INFORMATION: <i>merit / retro amount owed \$84.00</i>			

DOH: 7/24/02

Date: _____ Supervisor Signature: _____

Date: *8/22/09* Director of HR: *Ramona C. Burren*PPE 8/22/09
JB

UHS-PRUITT CORPORATION JOB DESCRIPTION

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

Issued: 09/08
Revised:

Name: Gayla Ramey **Date of Hire:** 7/24/02
Center/Agency: Heritage Healthcare of Ridgeway **Department:** Nursing
Shift Assignment: _____ **Duty Hours:** _____

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

Accountability--Reports to: Administrator

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

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

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

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

UHS-PRUITT CORPORATION

JOB DESCRIPTION

JOB CODE: 0169

Issued: 09/08

JOB TITLE: UNIT SUPERVISOR

Revised:

DIVISION: HEALTHCARE CENTER DIVISION

Job Description:

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

Essential Skill/Knowledge Functions:

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

UHS-PRUITT CORPORATION JOB DESCRIPTION

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

Issued: 09/08
 Revised:

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

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

Partner Initials: _____; Supervisor Initials: RS

Essential Administrative Functions:

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

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

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

Partner Initials: _____; Supervisor Initials: RS

27/45

UHS-PRUITT CORPORATION JOB DESCRIPTION

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

Issued: 09/08
Revised:

Essential General Functions:

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

12/20

OVERALL EVALUATION SCORE: 195 Divided by 325 = .60 % ~~5~~ %

Actual points scored Total points possible*

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

Supervisor's Comments Regarding Overall Job Performance:

Current % of Midpoint _____ % Increase 3% New % of Midpoint _____

Performance Evaluation Acknowledgment:

Date 7/23/09

Date 7/17/09

Paula Spence, RN
Signature — Partner

Patricia Stone, RN
Signature — Departmental Supervisor

Current \$ 23.34
+ .70 raise
24.04

August 18, 2009

Gayla talked with DHS and Pat. She decided to do a mixture of shifts. She prefers night shift but there is no availability at this time. I will consider her for a full time night shift as soon as it becomes available.

Gayla is aware that she may not have a full schedule due to her inability to take the only full time slot which on second shift.

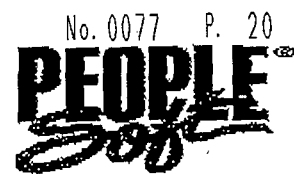
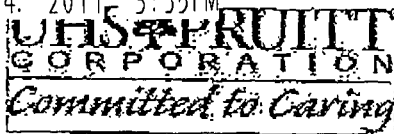
Shirley Goodwin, RN



Signatures and dates

Gayla Gamey 8/18/09

Apr. 14. 2011 3:35PM

**BLUE PARTNER MASTER FILE - CHANGE DATA**

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

DO# 2002

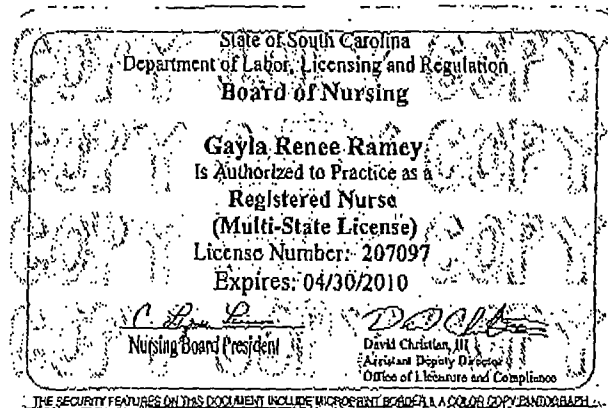
APPROVAL SIGNATURE:		EMPLOYEE ID:	EFFECTIVE DATE: 9/20/09
		COMPANY #:	
EMPLOYEE FIRST NAME: Gayla		EMPLOYEE MIDDLE NAME:	EMPLOYEE LAST NAME: Ramey
HOME ADDRESS STREET:			
APT #		P.O. BOX	
CITY:		ZIP:	BENEFITS SERVICE DATE:
STATE:			
COUNTY:		PHONE NUMBERS: HOME	WORK
		CELL	PAGER
EMAIL ADDRESS:		DEPARTMENT #:	JOB CODE: (SEE LIST) (RN)
PAY TYPE: (CIRCLE) HOURLY SALARIED		STATUS CHANGE TO: FULL TIME PART-TIME PRN	PAY RATE: HRLY 25.04 ANNUAL
FEDERAL TAX WITHHOLDING: W4 FORM ATTACHED		STATE TAX WITHHOLDING: STATE FORM ATTACHED (IF REQUIRED)	TRANSFER: FROM CO # TO CO#
GENERAL DEDUCTIONS		TERMINATION	
TYPE	AMOUNT	GOAL	PTO PAYOUT: (CIRCLE) NO YES # OF HOURS
HEALTH PAC			REASON: (CIRCLE) ATTENDANCE DEATH DID NOT START EMPLOYER END OF PROBATION TIME FAILURE TO RETURN FROM LEAVE NOT ELIGIBLE FOR REHIRE POSITION REDUCTION RESIGNATION RESIGNATION WITHOUT NOTICE SERIOUS VIOLATION NOF RULES UNSATISFACTORY PERFORMANCE VIOLATION OF RULES
HOSPICE FOUNDATION			
PRUITT CARES			
LIFE INSURANCE			
UNIFORMS			
UNITED WAY			
SAVINGS			
DIRECT DEPOSIT: ATTACH SIGNED DOCUMENTATION			ADDITIONAL INFORMATION: Passed State boards to become RN.

Date: _____ Supervisor Signature: _____

Date: 9/29/09 Director of HR:

Linda Burr

(Current rate)
\$24.04PPE 10/3/09
JB





UNITED
HOSPICE
FOUNDATION INC

12984
PPE 12/12/09
JB



pruittcares

DEAR PARTNER:

The United Hospice Foundation / Pruitt Cares is a non-profit organization whose purpose is:

- to provide ministry and support within our communities,
- to assist with individual and organizational involvement in the communities where we live,
- provide end of life education (including Camp Cocoon),
- and work to make a difference by modeling our core values of *Committed to Caring*.

The PruittCares portion of this program will be used entirely for assistance. The foundation's administrative costs will not be funded by any of your charitable contributions.

You are invited to participate through voluntary, tax-deductible contributions. If you would like to help, please fill out the payroll deduction authorization below and *submit to payroll for completion*.

United Hospice Foundation / Pruitt Cares
PAYROLL DEDUCTION AUTHORIZATION
Please Print Clearly

Date: 11/18/09 Facility Name/Company #: _____

Name: Aayla Ramsey

Beginning _____ (start date) please deduct \$ _____ from my payroll check each pay period (26 pay periods per year). I understand I may change this deduction amount twice a year, in January and July. I also understand I may stop this deduction at any time during the year.

I would like my contribution each pay period to be used for:

PruittCares	\$ <u>1.00</u>	(per pay period) and/or
United Hospice Foundation	\$ _____	(per pay period) for a
Total	\$ _____	(per pay period)

Name: Aayla Ramsey Date: 11/18/09

Partner's Signature: Aayla Ramsey



EFFECTIVE JULY 9, 2010

TO: GAYLA RAMEY
FROM: ADMINISTRATION
RE: NURSE CALL

A handwritten signature in cursive, appearing to be "John", written over the word "NURSE CALL".

It is the expectation that all licensed nurses take their turn at Call. The nursing director or her designee will make rotating assignments for Call that begin at 5:00 PM on Fridays and end at 7:00 AM the following Monday.

Responsibilities include:

1. Pick up the pager in the nursing office prior to 5:00 PM on Friday (You are responsible for the pager and must return promptly on Monday.)
2. Receive/obtain a current copy of the nursing department staff with phone numbers.
3. Call List is to be posted at each nursing unit by the staffing coordinator.
4. When notified of a call-out by the facility, you are to either report to the facility to make calls for replacement or use your personal phone (at no reimbursement).
5. You are to keep a record of all calls made per shift per day and record staff name, number, reason for denial/refusal. (Turn in to Administrator on Monday).
6. If you are unable to secure staffing for the call-out, you are to verify with the DHS the plan for replacement.

NOTES FOR CLARIFICATION:

1. You do not take Call on your weekend to work, in case you have to provide the replacement.
2. You may swap Call with permission from the DHS and the staffing coordinator.
3. Anytime you report to the facility for Call related duties, you must clock in and clock out.

Committed to Caring

HR 19,104.00a

Page 1 of 1

Appendix A

Business Unit Name: _____
Employee Name: Colt Roney
First Last

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

DEPT OF THE ARMY

QTY	UNIT PRICE	TOTAL COST

7273	JG	XS S M L XL 2X 3X 4X			
7502	DLG LG B T W	XS S M L XL 2X 3X 4X 5X	1.00	14.50	29.00
8218	DLG LG B T W	XS S M L XL 2X 3X 4X 5X			
SP60LT	TAN SOLID	XS S M L XL 2X 3X			
SP08WB	BLACK & WHITE CHECK	XS S M L XL 2X 3X 4X			
22073	DG	13 TO 18.5 Indicate size:			

QTY	UNIT PRICE	TOTAL COST

7602	DG LG* B T W BK	XS S M L XL 2X 3X 4X 5X			
7602	Pelle: XS S M L XL 2X 3X	Tail: XS S M L XL 2X	2.	17.00	24.00
8322	DG T W BK	XS S M L XL 2X 3X			
8322	Pelle: XS S M L XL 2X				
8320	DG LG* T W BK	XS S M L XL 2X 3X 4X 5X			
8520	Pelle: XS S M L XL 2X	Tail: XS S M L XL 2X 3X			
PT20K	TAN	Waist: Length:			
PT20SG	GREEN	Waist: Length:			
5380	BLACK & WHITE CHECK	XS S M L XL 2X 3X			

QTY	UNIT PRICE	TOTAL COST

7473	JG			XS S M L XL 2X 3X 4X .					
7625	DG LG B			XS S M L XL 2X 3X 4X 6X					
7551	DG B			XS S M L XL 2X 3X 4X 5X					

QTY	UNIT PRICE	TOTAL COST

ITEM NO.	ITEM NAME	SIZE	QTY	UNIT PRICE	TOTAL COST
3230	Jacket	6 8 10 12 14 16 18 20			
3200	Jacket	32 34 36 38 40 42 44 46 48 50 52			
8058	Jacket	XS S M L XL 2X 3X 4X 5X			
1140	Jacket	32 34 36 38 40 42 44 46 48 50 52 54 56			
3165	Coat	4 6 8 10 12 14 16 18 20			
3132	Coat	32 34 36 38 40 42 44 46 48 50 52			
8520244	Chef Coat	32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64			

QTY	UNIT PRICE	TOTAL COST

		QTY	UNIT PRICE	TOTAL COST
Employee Signature: (To be signed when order is placed)		SUBTOTAL:		53.00
By signing, I agree to payroll deductions for my purchases:		TAX:		3.91
<i>Patrick Palmer</i>		TOTAL COST		56.91

SUBTOTAL;

TAX:

TOTAL COST

By signing I acknowledge receipt and correctness of my order and acceptance of the return policy.

Employee Signature and Date: Shirley R. Brown RN
(to be signed and dated when order is received and verified.)

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

12984

PPS 9/43/20 KB

3/18.90

Apr. 14. 2011 3:36PM

No. 0077 P. 25



IRS Department of the Treasury
Internal Revenue Service

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



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

000117

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

March 12, 2009

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

RE: GAYLA R. RAMEY

Case No.: 08-05867-dd

Dear Sir or Madam:

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

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

Thank you.

Sincerely,

Joy S. Goodwin
Chapter 13 Trustee

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

March 12, 2009

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ATTN PAYROLL
RIDGEWAY, SC 29130

RE: GAYLA R RAMEY

Case No.: 08-05867-dd

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

Thank you.

Sincerely,

Joy S. Goodwin
Chapter 13 Trustee

Case 08-05867-dd Doc 21 Filed 02/20/09 Entered 02/20/09 16:00:02 Desc Main

document Page 2 of 4
UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN THE MATTER OF:
GAYLA R RAMEY

[REDACTED]
[REDACTED] 8

SS No.: [REDACTED]

ORDER TO PAY TRUSTEE

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

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

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

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

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

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

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

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

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

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

Case Number: 08-05867-dd

ORDER TO PAY TRUSTEE

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

FILED BY THE COURT
02/20/2009



Entered: 02/20/2009

US Bankruptcy Court Judge
District of South Carolina



HERITAGE HEALTH CARE OF RIDGEWAY

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

Skilled Nursing Care

Secured Entrance/Exit

*Physical, Occupational &
Speech Therapies*

Wound Care Management

Respite

Therapeutic Recreation

Social Services

Care for the Terminally Ill

Laundry Service

In House Podiatry

Specialized Dietary Services

Medicare & Medicaid Certified

Private Rooms

Beauty/Barber Shop

VA Contract

Private Insurance

FAX # 706-827-2047

DATE 2/25/09

TO Brittany Howard

FROM Lynda C Burr

MESSAGE: Garnishment

info on Gayla Ramsey

3 # OF PAGES (including cover sheet)

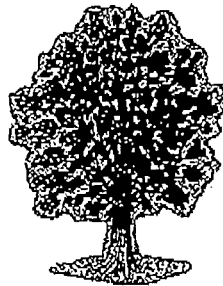
STATEMENT OF CONFIDENTIALITY: The document transmitted by this facsimile contains information from Ridgeway Health and Rehabilitation Center, and may be confidential and privileged information. This information is intended for the use of the addressee named on this transmittal sheet. If you are not the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

Message Confirmation Report

FEB-25-2009 04:01 PM WED

Fax Number :
Name :

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



Skilled Nursing Care
 Secured Entrance/Exit
 Physical, Occupational &
 Speech Therapies
 Wound Care Management
 Respira
 Therapeutic Recreation
 Social Services
 Care for the Terminally Ill
 Laundry Service
 In House Podiatry
 Specialized Dietary Services
 Medicare & Medicaid Certified
 Private Rooms
 Beauty/Barber Shop
 VA Contract
 Private Insurance

HERITAGE HEALTH CARE
OF RIDGEWAY

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

FAX # : 706-827-2047

DATE : 2/25/09

TO : Brittany Howard

FROM : Lynda C Burr

MESSAGE: Garnishment
 info on Gayla Ramsey

3 # OF PAGES (including cover sheet)

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

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

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

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

Thanks,
Lynda Burr
HR Ridgeway

Lynda Burr

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

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

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

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

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

Lynda,

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

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

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

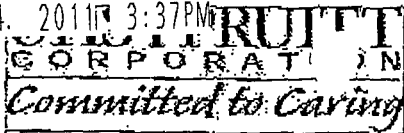
Margie B.

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

Good Morning Margie,

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

Apr. 14, 2011 3:37PM

**BLUE PARTNER MASTER FILE - CHANGE DATA**

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

APPROVAL SIGNATURE: <i>Pamela Durca</i>		EMPLOYEE ID: 12984 COMPANY #: 1014108 88	EFFECTIVE DATE: 7/24/08
EMPLOYEE FIRST NAME: Gayla		EMPLOYEE MIDDLE NAME:	EMPLOYEE LAST NAME: Ramey
HOME ADDRESS STREET:			
APT #		P.O. BOX	
CITY:		ZIP:	BENEFITS SERVICE DATE:
STATE:			
COUNTY:		PHONE NUMBERS: HOME	
		CELL	
EMAIL ADDRESS:		DEPARTMENT #:	JOB CODE: (SEE LIST)
PAY TYPE: (CIRCLE) HOURLY SALARIED		STATUS CHANGE TO: FULL TIME PART-TIME PRN	PAY RATE: HRLY 23.34 ANNUAL
FEDERAL TAX WITHHOLDING: W4 FORM ATTACHED		STATE TAX WITHHOLDING: STATE FORM ATTACHED (IF REQUIRED)	TRANSFER: FROM CO # TO CO #
GENERAL DEDUCTIONS		TERMINATION	
TYPE	AMOUNT	GOAL	PTO PAYOUT: (CIRCLE) NO YES
HEALTH PAC			REASON: (CIRCLE) ATTENDANCE DEATH DID NOT START EMPLOYER END OF PROBATION TIME FAILURE TO RETURN FROM LEAVE NOT ELIGIBLE FOR REHIRE POSITION REDUCTION RESIGNATION RESIGNATION WITHOUT NOTICE SERIOUS VIOLATION NOF RULES UNSATISFACTORY PERFORMANCE VIOLATION OF RULES
HOSPICE FOUNDATION			
PRUITT CARES			
LIFE INSURANCE			
UNIFORMS			
UNITED WAY			
SAVINGS			
DIRECT DEPOSIT: ATTACH SIGNED DOCUMENTATION			ADDITIONAL INFORMATION: Annual wage increase 3% (B)

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

Date: _____ Supervisor Signature: *Pamela Durca*

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

10/1/08
Retro Amt
\$ 234.84

BLUE PARTNER MASTER FILE - CHANGE DATA

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

All Changed Information Is Requested. Shaded Areas Are Required

Annual Wage Increase

(X)

Lynda Burr

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

Lynda,

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

Claire

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

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

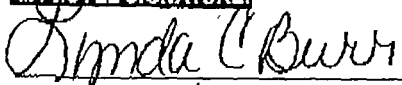
From: Lynda Burr
Sent: Tuesday, September 04, 2007 3:01 PM
To: Claire Kaniewski
Subject: 20 hour work study program

Hi Claire,

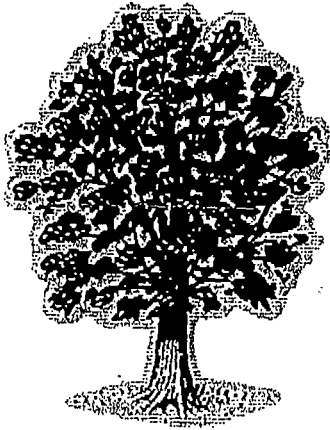
Just a quick question - If Gayla were to work more than her 20 hours a week would this affect her work study program? Or any part of her scholarship program?

Thanks
Lynda

BROWN PARTNER MASTER FILE - BENEFITS DATA

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

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



RIDGEWAY HEALTH AND REHABILITATION CENTER

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

Skilled Nursing Care

Secured Entrance/Exit

Physical, Occupational &
Speech Therapies

Wound Care Management

Respite

Therapeutic Recreation

Social Services

Care for the Terminally Ill

Laundry Service

In House Podiatry

Specialized Dietary Services

Medicare & Medicaid Certified

Private Rooms

Beauty/Barber Shop

VA Contract

Private Insurance

FAX # 706-827-2047

DATE 4/26/07

TO Sherry Partin

FROM Lynda C Burr

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

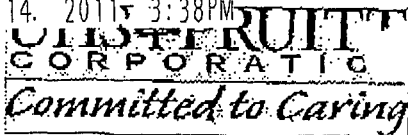
that were sent in for her account.

The last deposit that she sent was

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

Accepted
was the
Feb 22
Deposit.

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


BROWN PARTNER MASTER FILE - BENEFITS DATA

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

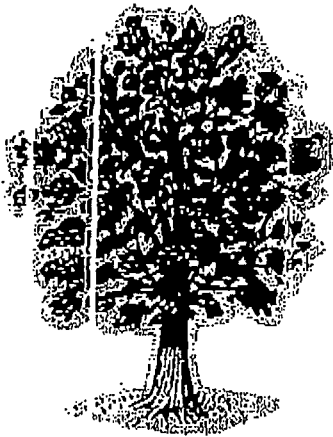
All Desired Enrollment Information Is Requested. All Shaded Areas Are Required.

Stop CREDIT Union Deduction

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO	2489
CONNECTION TEL	17068272047
SUBADDRESS	
CONNECTION ID	
ST. TIME	04/26 11:39
USAGE T	01'14
PGS. SENT	2
RESULT	OK



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Wound Care Management

Respite

Therapeutic Recreation

Social Services

Care for the Terminally Ill

Laundry Service

In House Podiatry

Specialized Dietary Services

FAX # 706-827-2047

DATE 4/26/07

TO Sherry Partin

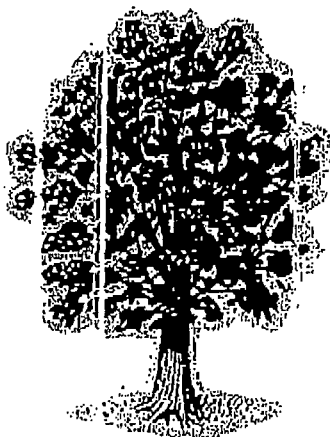
FROM Lynna C. Burr

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

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 2495
 CONNECTION TEL 17068272047
 SUBADDRESS
 CONNECTION ID
 ST. TIME 04/26 15:06
 USAGE T 01'14
 PGS. SENT 2
 RESULT OK



RIDGEWAY HEALTH AND REHABILITATION CENTER

40 BOX 68
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Repite

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Laundry Service

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Specialized Dietary Service

FAX # 706-827-2047

DATE 4/26/07

TO Sherry Partin

FROM Linda C. Burr

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

EMPLOYEE MASTER FILE

Supervisor Approval

Healthcare Center/Agency

Date

RIDGEWAY HEALTH & Rehab #027

11/10/07

Dept. No.: 166

Emp. No.: 277482

Last Name: Ramey

First Name: Gayla

Address:

City:

State:

Zip:

Phone: ()

S. S. N.:

Marital Status: (M/S)

Sex: (M/F)

Date of Birth: / /

Hire Date: / /

Status:

☒ Full Time☒ Part Time☐ Temporary☐ PRN - As Needed

Effective 11/1/07

Term Date: / /

Original

Hire Date: / /

(If transferring from another facility)

*** PAY OUT BENEFITS? YES NO

Healthcare Ctr/Agency name transferring from

PTO HOURS TO TRANSFER

Pay Method: S-Salaried / H-Hourly

H - Pay Rate: \$22.00

S - Annual Salary: \$

Car Allow-\$

Total Annual \$

Bi-Weekly \$

FEDERAL TAX INFORMATION

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

Filing Status:

Exemptions: Extra Dollar Amount: \$

Exemptions: Extra Dollar Amount: \$

Earned Income Credit: (M/S)

GA: H - Head of Household

SC: A - All

S - Single

MS - Married - Filing Separate

MJB - Married Joint - Both Working

MJI - Married Joint - One Working

NC: S - Single

M - Married

DEDUCTIONS

Deduction Codes	Amount each Pay Period	Total Goal Amt.

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

Health Insurances

Dept. # - Single Health part- paid by Employer

PPO - S - Employee only

F - Family Ins. (pre-tax)

SS- Employee + Spouse

FI - Family Ins. (after tax)

SC- Employee + Child

HMO - H - Employee only

FY- Family Ins. HMO (pre-tax)

HS- Employee + Spouse

FZ - Family Ins. HMO (after tax)

HC- Employee + Child

Vision Insurance

VE - Employee

VC - Employee + Child

VS - Employee + Spouse

VF - Employee + Family

Flex Spending Accounts

FM - Flex Medical Account

FC - Flex Child Care Account

Dental Insurance

HMO Plan

DE - Employee

D1 - Employee + 1

D2 - Family

Pro-Three Plan

PE - Employee

P1 - Employee + 1

P2 - Employee + 2

Pro-One Plan

OE - Employee

O1 - Employee + 1

O2 - Employee + 2

Employee #

Personal Action Request

Name:

Position

Dept./Floor

Last

First

Middle

☐ New Employee☒ Change of Status☐ Termination☐ Full time ☐ Part Time ☐ Temporary

FROM

TO

☐ Quit☐ Resignation☐ Other

Hours per week

Rate of pay

28

22.0

☐ Layoff☐ Dismissal☐ Replacement☐ Addition to Force

Dept.

Reason:

☐ Exempt☐ Non-exempt

Shift

First Day Worked

Position

PEN

PT

Rate of Pay

Per hr/yr

☐ Merit ☐ Promotion ☐ Transfer ☐ Other

Effective Date:

☐ Leave of Absence

Explanation

Rating at Termination

Excellent

Good

Fair

Poor

Quality of Work

Quantity of Work

Initiative

Dependability

Effective Date:

1/1/07

General Efficiency

Eligible for Rehire

☐ Yes☐ NoEligible for Accrued Vacation ☐ Yes ☐ No

Date

1/5/07

Department Head/Immediate Supervisor

Date

1/9/07

Linda C. Burr

Director of Personnel

Date

Administrator

APR 14 2011 3:38PM

No. 0077 P. 44

Supervisor Approval

Facility #027

Date

MacKeller

Ridgeway Health and Rehab

2/1/05Dept. No.: 1010Emp. No.: 3825Last Name: RameyFirst Name: Gayla

Address: _____

City: _____ State: _____

Zip: _____

Phone: () _____

S. S. N.: _____

Marital Status: (M/S) _____

Sex: (M/F) _____

Date of Birth: _____

Hire Date: ____/____/____

Status: _____ F - Full Time

_____ P - Part Time

_____ T - Temporary

_____ PRN - As Needed

Term Date: ____/____/____

Original

Hire Date: ____/____/____

(If transferring from another facility)

Facility name transferring from _____

Pay Method: S=Salaried / H=Hourly _____ H - Pay Rate: \$ _____ S - Annual Salary: \$ _____ Car Allow-\$ _____

Total Annual-\$ _____ Bi-Weekly -\$ _____

FEDERAL TAX INFORMATION

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

Exemptions: _____ Extra Dollar Amount \$ _____

Earned Income Credit: _____ (M/S)

STATE TAX INFORMATION

Filing Status: _____

Exemptions: _____ Extra Dollar Amount: \$ _____

GA: H - Head of Household

SC: A - All

S - Single

MS - Married - Filing Separate

MJB - Married Joint - Both Working

MJI - Married Joint - One Working

NC: S - Single

M - Married

DEDUCTIONS

Deduction

Codes Amount Ea. Pay Period

U \$50.00Start deductionN- Foreign Nurse O- Miscellaneous M- Meals K- 401K G- Garnishments
U- Credit Union V- Savings L- Life Insurance UW- United WayHealth Insurance

Dept. # - Single Health part- paid by Employer

PPO - S - Employee only

F - Family Ins. (pre-tax)

SS- Employee + Spouse

F1 - Family Ins. (after tax)

SC- Employee + Child

HMO - H - Employee only

FY- Family Ins. HMO (pre-tax)

HS- Employee + Spouse

FZ - Family Ins. HMO (after tax)

HC- Employee + Child

Vision Insurance

VE - Employee

Flex Spending Accounts

FM - Flex Medical Account

VC - Employee + Child

FC - Flex Child Care Account

VS - Employee + Spouse

VF - Employee + Family

Dental InsuranceHMO Plan

DE - Employee

D1 - Employee + 1

D2 - Family

Pro-Three Plan

PE - Employee

P1 - Employee + 1

P2 - Employee + 2

Pro-One Plan

OE - Employee

O1 - Employee + 1

O2 - Employee + 2



Request for Payroll Direct Deposit/Deduction

ABA/Routing Number: 2532-7840-1

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

X

(Employee's Signature)

Date:

1/20/05

EMPLOYEE MASTER FILE

ACCT 5,104.00

Supervisor Approval: Mark KellerFacility: Ridgeway Health & Rehab. Facility # 027Date: 9/2/04Dept. No.: 106Emp. No.: 3825Last Name: RameyFirst Name: Gayla

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ S. S. N.: _____

Marital Status: (M/S) _____ Sex: (M/F) _____ Date of Birth: ____/____/____

Hire Date: ____/____/____ Status: PRN - Full Time Term Date: ____/____/____

Original

Hire Date: ____/____/____

(If transferring to another facility)

☐ - Part Time
☐ - Temporary
☒ PRN - As Needed → 8/1/04
☐ - On Leave

Pay Method: S=Salaried / H=Hourly _____ H - Pay Rate: \$ _____ S - Annual Salary: \$ _____

Earned Income Credit: _____ (M/S)

FEDERAL TAX INFORMATION

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

Exemptions: _____ Extra Dollar Amount: \$ _____

STATE TAX INFORMATION

Filing Status: _____ GA: H - Head of Household SC: A - All
 S - Single
 MS - Married - Filing Separate NC: S - Single
 MJB - Married Joint - Both Working M - Married
 MJ1 - Married Joint - One Working

Exemptions: _____ Extra Dollar Amount: \$ _____

DEDUCTIONS

Deduction

Codes Amount Ea. Pay Period

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

Vision Insurance

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

Health Insurance

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

Dental Insurance

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

Pro-Three Plan

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

Pro-One Plan

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

Status Change

Employee # _____

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

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

Date _____ Department Head / Immediate Supervisor

Date _____ Director of Personnel

Date 4/12/04 Mal Keller
Date Administrator

Employee # 3825Personal Action RequestName: Ramey Gayla Position LPN Dept. / Floor 66
Last First Middle

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

DOH: 7/24/02

PRN

Date Department Head / Immediate Supervisor

6/22/04 Sandra C Burr

Date Director of Personnel

6/22/04 Mark Keller

Date Administrator

UNIFORM ORDER FORM - EMPLOYEE PURCHASES

HR 19.104.00a

Issued: July, 2006

Page 1 of 1

Revised:

Appendix A

UNIFORM ORDER FORM - EMPLOYEE PURCHASES

Date:

8/16/07

Business Unit Name:

P.O. #:

Employee Name:

First

Last

Payment Method: Cash \$ _____ or Payroll Deduction _____ (Maximum: 6 calendar weeks)

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

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

ITEM # COLOR SIZE

TUNICS AND WORK SHIRTS:

QTY UNIT PRICE TOTAL COST

7273 JG	XS S M L XL 2X 3X 4X			
7502 DG LG B T W	XS S M L XL 2X 3X 4X 5X	1	14.50	14.50
8219 DG LG B T W	XS S M L XL 2X 3X 4X 5X			
SP60LT TAN SOLID	XS S M L XL 2X 3X			
SP08WB BLACK & WHITE CHECK	XS S M L XL 2X 3X 4X			
22073 DG	13 TO 18.5 Indicate size:			

PANTS: * Not Available in Petite or Tall

** Not Available in Tall

QTY UNIT PRICE TOTAL COST

7602 DG LG* B T W BK	XS S M L XL 2X 3X 4X 5X			
7602 Petite: XS S M L XL 2X 3X	Tall: XS S M L XL 2X			
8322 DG T W BK	XS S M L XL 2X 3X			
8322 Petite: XS S M L XL 2X				
8320 DG LG** T W BK	XS S M L XL 2X 3X 4X 5X	2	13.75	27.50
8320 Petite: XS S M L XL 2X	Tall: XS S M L XL 2X 3X			
PT20K TAN	Waist: Length:			
PT20SG GREEN	Waist: Length:			
6360 BLACK & WHITE CHECK	XS S M L XL 2X 3X			

WARM UPS:

QTY UNIT PRICE TOTAL COST

7473 JG	XS S M L XL 2X 3X 4X			
7525 DG LG B	XS S M L XL 2X 3X 4X 5X			
7661 DG B	XS S M L XL 2X 3X 4X 5X			

LAB JACKETS, LAB COATS, AND CHEF COATS:

QTY UNIT PRICE TOTAL COST

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

MISC:

QTY UNIT PRICE TOTAL COST

Employee Signature: (To be signed when order is placed)	SUBTOTAL:	42.00
By signing, I agree to payroll deductions for my purchases:	TAX:	2.94
	TOTAL COST	44.94

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

By signing I acknowledge receipt and correctness of my order and acceptance of the return policy.

Employee Signature and Date

(To be signed and dated when order is received and verified.)

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

PRUITT CORPORATION

CREDIT UNION/BANK ACH AUTHORIZATION FORM

HEALTHCARE CENTER/AGENCY NAME

RIDGEWAY

CREDIT UNION/BANK NAME

SOUTH CAROLINA FEDERAL CU

CREDIT UNION/BANK ROUTING/TRANSIT NO.

253278401

EMPLOYEE NAME

Gayla Ramey

EMP. NO.

3825

CREDIT UNION/BANK ACCOUNT NO.

116519100

(Verified)

(PLEASE CHECK ONE)

SAVINGS ACCT



CHECKING ACCT

DEDUCTION AMOUNT PER PAY PERIOD \$

50⁰⁰

EMPLOYEE SIGNATURE

Gayla Ramey

DATE

5/25/06

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

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

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

FannieMae Request for Verification Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagee under the program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagee or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, U.S.C., Chapter 37 (if VA); by 12 U.S.C., Section 1701 et. seq. (if HUD/FHA); by 42 U.S.C., Section 1462b (if HUD/CPD); and Title 42 U.S.C., 1471 et. seq. or 7 U.S.C., 1921 et. seq. (if USDA/FMHA).

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

Part I - Request

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

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

3. Signature of Lender <i>Carmen Clemente</i>	4. Title Carmen Clemente LCA	5. Date 6/29/05	6. Lender's No. (Optional) 0126724740 - 7454

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

7. Name and Address of Applicant (include employee or badge number) Dayla Ramey 401-98-7482 18 Duke Drive Lugoff, SC 29078	8. Signature of Applicant <i>X</i>

Part II - Verification of Present Employment

9. Applicant's Date of Employment 7-24-02	10. Present Position LPN	11. Probability of Continued Employment Good
12A. Current Gross Base Pay (Enter Amount and Check Period) 28 ⁰⁰ ☐ Annual ☐ Weekly ☐ Other (Specify) ☐ Monthly ☒ Hourly		13. For Military Personnel Only Pay Grade Type Monthly Amount
12B. Gross Earnings		14. Overtime or Bonus is Applicable, is its Continuation Likely? Overtime ☐ Yes ☒ No ☐ Bonus ☐ Yes ☒ No
Type	Year To Date 2005 2004 2003	15. Date of applicant's next pay increase N/A
Base Pay	Year 10/23/05	16. Is paid hourly - average hours per week N/A
Overtime		17. Projected amount of next pay increase N/A
Commissions		18. Date of applicant's last pay increase N/A
Bonus		19. Amount of last pay increase N/A
Total	34594.00 57942.50 39434.50	

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

Part III - Verification of Previous Employment

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

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

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



**AMERIQUEST
MORTGAGE
COMPANY**

Corporate Offices
1100 Town & Country Road
Orange, CA 92668

Fax

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

Date: 6/29/05 # of Pages Including Cover: 2

Re: G. Ramey

☒ Urgent ☒ For Review ☒ Please Comment ☒ Please Reply

Comments: Please fill out and fax
check to 803-376-4964.

Thank You!

Carmen Clements

Loan Coordinator Assistant

Notes:

1. This fax contains information which is confidential and privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not use, copy or disclose to anyone the information contained in this fax or documents sent with this fax. If you have received the message in error, please advise the sender by phone and destroy all documents faxed.
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 *** TX REPORT ***

TRANSMISSION OK

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

JUN. 29. 2015 1:54PM

No. 4439 P. 2

FannieMae Request for Verification of Employment

Privacy Act Notice: The information to be used by the agency collecting it or its assignee in determining whether you qualify as a prospective mortgagee under the program, it will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagee or borrower may be delayed or denied. The information requested in this form is authorized by Title 38, USC, Chapter 57 (HVA); by 12 USC, Section 1701 et. seq. (HMD/FHA); by 42 USC, Section 1462b (HMD/CFR) and Title 42 USC, 1471 et. seq. or 7 USC, 1921 et. seq. (HMDA/FHA).

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

Part I - Request

1. To (Name and address of employer) **MSBurr**
 Ridgeway Health and Rehab
 P# 833-337-5211
 F# 833-337-8124

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

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

3. Signature of Lender

Carmen Clemente

4. Title Carmen Clemente

LCA

5. Date

6/29/05

6. Lender's No. (Optional)

0126724740 - 7454

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

7. Name and Address of Applicant (Include employer or badge number)

Gayla Ramey
 401-98-7482
 16 Duke Drive
 Lugoff, SC 2908

8. Signature of Applicant

X

Part II - Verification of Present Employment

9. Applicant's Date of Employment

7-24-08

10. Present Position

LPN

11. Probability of Continued Employment

Good

12A. Current Gross Base Pay (Enter Amount and Check Period)

28⁰⁰

☐ Annual
☐ Monthly
☒ Hourly

☐ Weekly
☐ Other (Specify)

13. For Military Personnel Only

Pay Grade

Type

Monthly Amount

Base Pay

Housing

Flight or Hazard

Clothing

Quarters

Pro Pay

Overseas or Combat

Variable Housing Allowance

14. If Overtime or Bonus is Applicable, Is the Continuation Likely?

Overtime

Bonus

☐ Yes ☒ No

☐ Yes ☒ No

15. If Held Monthly - average hours per week

16. Date of applicant's next pay increase

N/A

17. Projected amount of next pay increase

N/A

18. Date of applicant's last pay increase

N/A

19. Amount of last pay increase

N/A

12B. Gross Earnings

Type

Year to Date

Past Year

Past Year

Base Pay

Overtime

Commissions

Bonus

Total

34594.00 57942.50 39434.50

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

Part III - Verification of Previous Employment

21. Date Hired

22. Salary/Wage at Termination Pay (Year) (Month) (Week)

23. Date Terminated

Base

464

Overtime

Commissions

Bonita

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

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

From: Lynda C. Burr
Book Keeper

Reference: Gayla Ramey

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

TRANSACTION REPORT

AUG-28-03 03:20 PM

FOR:

SEND

DATE	START	RECEIVER	PAGES	TIME	NOTE
AUG-28	03:19 PM	18037358170	1	37"	OK

David per phone conversation
w/ Gayla on 8/28/03 -
LBurn

Fannie Mae

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it for the purpose of determining whether you qualify for a mortgage loan program. It will not be used for any other purpose. You do not have to provide this information, but if you do not, your application for approval as a prospective borrower may be delayed or denied. The information requested in this form is authorized by 38 USC, Chapter 37 (414) by 12 USC, Section 1701a, and 42 USC, Section 1432a (FHA) and 42 USC, Section 1432a (FHA) by 42 USC, Section 1432a (FHA) by 42 USC, Section 1432a (FHA).

Instructions: Lender - complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1. Employer - provide complete item 8 or item 9, as applicable. Complete item 10 and return directly to lender named in item 2. The form is to be completed directly to the lender and is not to be transmitted through the applicant(s) or any other party.

LENDER'S PHONE NUMBERS
Phone: (803) 338-8101
Fax: (803) 338-8170

Part I - Request

1. To (Name and Address of Employer)
RIDGEWAY HEALTH & REHAB
LYNDA C. BURR
P.O. BOX 68
RIDGEWAY, SC 29180

2. From (Name and Address of Lender)
THE MILLENNIUM GROUP VI
1700 ALTA VISTA DRIVE
SUITE 100
COLUMBIA, SC 29224

3. Signature of Lender
ANGELA HARDY

4. Title
Loan Processor

5. Date
08/28/2003

6. Lender's No. (Optional)
RAMEY GAYLA

7. Name and Address of Applicant (Include employee or badge number)
GAYLA RAMEY
238 SMITHFIELD CIRCLE
ELGIN, SC 29045

8. Signature of Applicant
See attached authorization

Part II - Verification of Present Employment

9. Applicant's Date of Employment
07-24-02

10. Dream Position
LPN

11. Probability of Continued Employment
Good

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

13. For Military Personnel Only
Pay Grade
Type
Monthly Amount

14. If Overtime or Bonus is Applicable, Is Its Continuation Likely?
Overtime ☐ Yes ☐ No ☐ Yes ☐ No
Bonus ☐ Yes ☐ No

15. If paid hourly - average hours per week
20-29

16. Date of applicant's next pay increase

17. Projected amount of next pay increase

18. Date of applicant's last pay increase

19. Amount of last pay increase

20. Remarks (If employee was not at work for any length of time, please indicate time period and reason)

Part III - Verification of Previous Employment

21. Date Hired

22. Date Terminated

23. Salary/Wage at Termination Per (Year) (Month) (Week)
Base Overtime Commissions Bonus

24. Reason for Leaving

25. Position Held

Part IV - Authorized Signature - Federal rules now provide severe penalties for any fraud, intentional misrepresentation, or criminal conduct or conspiracy purposed to influence the issuance of any guarantee or insurance by the VA Secretary, the USDA, Fannie Mae, or the FHLMC Assistant Secretary.

26. Signature of Employer
Lynda C. Burr

27. Title (Please print or type)
Bookkeeper

28. Date
8/28/03

29. Please print or type name signed in item 26
Lynda C. Burr

30. Phone Number
(803) 337-3211

Fannie Mae
Form 1005 Mar. 90

Buyer Information: 1-800-888-1000 (200)

502



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

THE MILLENNIUM GROUP VI

Phone: 803-735-8101
Fax: 803-735-8170
Email: tmg6@gateway.net

Date Mailed: 7/29/2003

AUTHORIZATION TO RELEASE

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

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

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

Gayla Ramsey
Client's Signature

Gayla Ramsey
Print Name

7/29/03
Date signed

Client's Signature

Print Name

Date signed

Apr. 14. 2011 3:41PM

803.735.8170

MILLENNIUM GROUP VI

No. 0077 FAX P. 61

1700 ALTA VISTA DR., STE 100
COLUMBIA, SC 29223
803.735.8101P
803.735.8170F

THE MILLENNIUM GROUP VI

FAX

To: Lynda C. Burr From: Steve Starnoff
Fax: 803 - 337 - 8124 Pages: 3
Phone: 803 - 337 - 3211 Date: 8/28/03
Re: Gary Ramey CC:

Mrs. Burr

Please fill out this verification
of employment form and fax.

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

• Comments:

Thanks!

Steve Starnoff

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Ridgeway Health and Rehabilitation Center

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

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

Fax # 803 735 8170

Date: _____

To Steve Stewart

From: Lynnda C Burr

Message: Re: Gayla Ramey

2 # of Pages (including cover sheet)

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

Apr. 14. 2011 3:41PM

No. 0077 P. 63

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*
*
*          TRANSACTION REPORT
*
*          FOR:
*
*          SEND
*
*          DATE   START   RECEIVER   PAGES   TIME   NOTE
*
*          AUG-28 04:17 PM 18037358170      2   1'22"  OK
*
*
*****
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Employee # 3825

Personal Action Request

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

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

DOH: 7/24/02 PT

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

Supervisor Approval

Facility

Date _____

7/28/03

Emp. No.: 3825

First Name: Gaula

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ S. S. N.: _____

Marital Status: (M / S) _____ Sex: (M / F) _____ Date of Birth: _____

Hire Date: ____/____/____ Status: ____ ☒ Full Time Term Date: ____/____/____

Original _____ T - Temporary
Hire Date: _____ / _____ / _____ PRN - As Needed
(If transferring to another facility) _____ L - On Leave

Pay Method: S=Salaried / H=Hourly. H H - Pay Rate: \$ _____ S - Annual Salary: \$ _____

Earned Income Credit: _____ (M / S)

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

Exemptions: _____ Extra Dollar Amount: \$ _____

Filing Status: _____

<u>GA:</u>	H – Head of Household	<u>SC:</u>	A – All
	S – Single		
	MS – Married – Filing Separate	<u>NC:</u>	S – Single
	MJB – Married Joint – Both Working		M – Married
	MJI – Married Joint – One Working		

Exemptions: _____ Extra Dollar Amount: \$ _____

Deduction

Codes	Amount Ea. Pay Period

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

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

Health Insurance

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

Dental Insurance

HMO Plan
DE – Employee
D1 – Employee + 1
D2 – Family 472

Pro-Three Plan

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

Pro-One Plan

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

Buck 8250

EMPLOYEE MASTER FILE

Supervisor Approval

Facility #027

Date

Dept. No.: 66

Ridgeway Health & Rehab.

7-24-02

Last Name: Ramey

First Name: Gayla

Address:

City:

State: SC

Zip: 29045

Phone: ()

S. S. N.:

Marital Status: (M/S) M

Sex: (M/F) F

Date of Birth: 1/2/61

Hire Date: 7/24/02

Status:

F

- Full Time

Term Date: 1/1/

P

- Part Time

T

- Temporary

PRN

- As Needed

L

- On Leave

Original

Hire Date: 1/1/

(If transferring to another facility)

Pay Method: S=Salaried / H=Hourly H

H - Pay Rate: \$ 28.00

S - Annual Salary: \$

Earned Income Credit:

(M/S)

FEDERAL TAX INFORMATION

Filing Status: M

H - Head of Household

M - Married

S - Single

Exemptions: 3

Extra Dollar Amount: \$

STATE TAX INFORMATION

Filing Status: M

GA: H - Head of Household

S - Single

MS - Married - Filing Separate

MJB - Married Joint - Both Working

MJ1 - Married Joint - One Working

SC: A - All

NC: S - Single

M - Married

Exemptions: 3

Extra Dollar Amount: \$

DEDUCTIONS

Deduction

Codes

Amount Ea. Pay Period

N - Foreign Nurses

O - Miscellaneous

M - Meals

K - 401K

G - Garnishments

U - Credit Union

V - Savings

L - Life Insurance

Vision Insurance

VE - Employee

VC - Employee + Child

VS - Employee + Spouse

VF - Employee + Family

Health Insurance

Dept. # - Single Health paid by Employer

S - Single Health coverage paid by Employee

F - Family Health coverage paid by Employee

Dental Insurance

HMO Plan

DE - Employee

D1 - Employee +1

D2 - Family

Pro-Three Plan

PE - Employee

P1 - Employee +1

P2 - Employee +2

Pro-One Plan

OE - Employee

O1 - Employee +1

O2 - Employee +2

Form W-4 (2002)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2002 expires February 16, 2003. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 979 to see how the dollar amount you are having withheld compares to your projected total tax for 2002. See Pub. 819, especially if you used the Two-Earner/Two-Job Worksheet on page 2 and your earnings exceed \$125,000 (Single) or \$175,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

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

B Enter "1" if: B

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

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

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D 2

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

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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

- If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 additional if you have three to five eligible children or 2 additional if you have six or more eligible children.
- If your total income will be between \$42,000 and \$80,000 (\$55,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children.

H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. H 3

For accuracy, complete all worksheets that apply.

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0040 2002
1 Type or print your first name and middle initial (last name)		2 Your social security number		
Gayla R. Barney		[Redacted]		
3 Home address (number and street or rural route)		4 ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate. Notes: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
[Redacted]		5 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. ☐		
City or town, state, and ZIP code		6 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>3</u>
[Redacted]		7 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
8 I claim exemption from withholding for 2002, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		9 ☐ ☒ ☐		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.		Employee's signature (Form is not valid unless you sign it.)		Date <u>7/24/02</u>
[Signature]		10 Employer's name and address (Employer completes lines 9 and 10 only if sending to the IRS.)		11 Office code (optional)
[Redacted]		12 Employer identification number		

CONFIDENTIALITY AGREEMENT & ACKNOWLEDGMENT**HIM P.111.00a**

Issued: April, 2003

Page 1 of 1

Revised:

CONFIDENTIALITY AGREEMENT & ACKNOWLEDGMENT

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

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

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

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

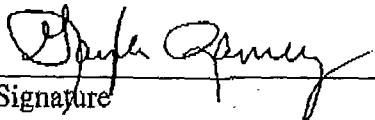
- Have, use, copy or read PHI which is outside the scope of my assigned duties.
- Give or allow access to any PHI which is not authorized or otherwise allowed by law.

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

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

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

I have read and understand the above statements.


Signature

5/29/09
Date

SMOKING POLICY

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

Paula Ramsey
EMPLOYEE SIGNATURE

7/24/02
DATE

J. S. Quirewell
WITNESS

7-24-02
DATE

NOTICE
CLIENT-PATIENT PROTECTION ACT

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

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

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

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

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

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

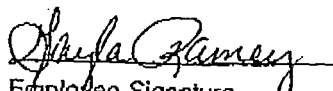
Any person required to report such cases of abuse or neglect under Client-Patient Protection Act who does not report case or cause a report to be filed shall be guilty of a misdemeanor and, upon conviction, shall be fined not less than \$100 nor more than \$1,000, or imprisonment for not more than six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

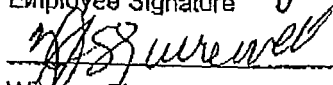
Any person convicted of abuse or neglect of a Client-Patient is guilty of a misdemeanor and, must be not less than 90 days nor more than 5 years.

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

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

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



Employee Signature


Witness Signature

7/24/02

Date

**TANGLEWOOD
HEALTH CARE CENTER**

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

RESIDENT'S RIGHTS

**RESPONSIBILITY OF EMPLOYEE TO CARRY OUT
RESIDENT'S RIGHTS.**

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

Employee's Signature

Angela Ramey

Date 7/24/02

Employer's Signature

J. S. Summerville

ABUSE POLICY

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

Shirley Ramsey
EMPLOYEE SIGNATURE

7/24/02
DATE

W. J. Curwell
WITNESS

7-24-02
DATE

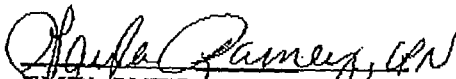
**TANGLEWOOD
HEALTH CARE CENTER**

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

ORIENTATION FOR NEW EMPLOYEES

I HAVE RECEIVED COPIES OF THE FOLLOWING:

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


EMPLOYEE SIGNATURE

7/24/02
DATE


PERSONNEL COORDINATOR

Ridgeway Health and Rehabilitation Center

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

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

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

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

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

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

Approved absences that are not considered an occurrence are:

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

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

I HAVE READ AND UNDERSTOOD THE ABOVE POLICY:


EMPLOYEE SIGNATURE

7/24/02
DATE

SICK LEAVE**NORTH CAROLINA AND SOUTH CAROLINA**

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

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

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

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

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

Effective Date: August 1, 1997

Paula Ramsey
EMPLOYEE SIGNATURE

7/24/02
DATE

M. S. Murrell
WITNESS SIGNATURE

WORKERS' COMPENSATION PRECEDURES

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

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

NAMES AND ADDRESS OF PANEL DOCTORS:

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

EMPLOYEE STATEMENT:

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

EMPLOYEE SIGNATURE: _____

WITNESS: _____

Shirley Ramsey 7-24-02
W. J. Gausewell

**TANGLEWOOD
HEALTH CARE CENTER**

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

TO: ALL EMPLOYEES

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

1. LUNCH BREAKS

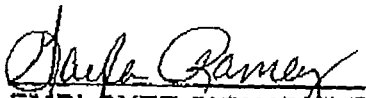
YOU DO NOT GET PAID TO EAT LUNCH. YOU NEED TO CLOCK OUT FOR LUNCH WHEN YOU LEAVE THE BUILDING. IF YOU DO NOT LEAVE THE BUILDING FOR LUNCH, 30 MINUTES WILL AUTOMATICALLY BE DEDUCTED FROM YOUR TIME. IF YOU WORK THROUGH YOUR LUNCH BREAK; YOU MUST HAVE YOUR SUPERVISOR NOTIFY PERSONNEL.

2. USE OF TELEPHONES AND TELEPHONE CALLS

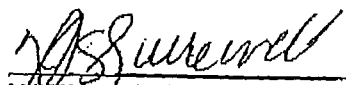
YOU ARE NOT ALLOWED TO HAVE PERSONAL PHONE CALLS, UNLESS IT IS AN EMERGENCY. YOU ARE ONLY ABLE TO MAKE EMERGENCY PHONE CALLS WITH THE APPROVAL OF YOUR SUPERVISOR.

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

THIS APPLIES TO ALL SHIFTS.


EMPLOYEE SIGNATURE

7/24/02
DATE


WITNESS SIGNATURE

**TANGLEWOOD
HEALTH CARE CENTER**

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

TO: EMPLOYEE

FROM: Mal Keller, Administrator

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

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

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

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

7/24/07
DATE

Gayla Ramey
Employee's Signature

7-24-07
DATE

J. S. Squirewell
Employer's Signature

July 13, 1999

DRUG AND SLED CHECK

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

Glenn Ramsey
EMPLOYEE SIGNATURE

7/24/02
DATE

J. J. Farrell
SUPERVISOR SIGNATURE

7-24-02
DATE

**TANGLEWOOD
HEALTH CARE CENTER**

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

CONFIDENTIALITY

Responsibility of Employees for maintaining confidentiality:

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

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

Employee's Signature *Debra Ramsey*

Date 7/24/02

Employer's Signature *J. S. [unclear]*

DRESS CODE

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

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

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

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

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

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

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

Department Heads- Professional dress at all times

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

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


Employee Signature

7/24/02
Date

CODE OF CONDUCT**COMP 2.100.00**Issue Date: January, 2002
Revised:

Page 10 of 10

CODE OF CONDUCT**ACKNOWLEDGMENT**

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

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

Gayla Ramsey (N)
Signature

LPN
Title

Gayla Ramsey
Printed Name

Social Security Number

2/16/05
Date

Company (Facility/Office)

Please return this form to:

Administrator or Director of the company

RHRC
Company (Facility/Office)

Attn: Acknowledgment

xc: Employee Personnel File

ACKNOWLEDGEMENT

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

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

7/24/02
Date

Debra Ramsey
Employee Signature

RECORD OF PARTNER COUNSELING FORM

HR 4.101.01b

Issued: December, 2003
Revised: 12/08

Page 1 of 2

RECORD OF PARTNER COUNSELING

☐ Verbal ☒ Written ☐ Final (Check applicable box)

Partner Name: Gayle Rymey Date: 11/30/10

Supervisor: Josephine O. Rymey

Company Director/Administrator/Executive Director/VP: _____

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

REASON FOR COUNSELING

☐ Rule Violation
☐ Attendance

☐ Serious Rule Violation
☒ Performance

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

NOT using your time efficiently and not doing your job as asked by the DTS. You were told DTS that you were told that the DTS were to be done out

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

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

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

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

Signature of Supervisor

Signature of Partner

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

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

RECORD OF PARTNER COUNSELING FORM

HR 4.101.01b

Issued: December, 2003
Revised: 12/08

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RECORD OF PARTNER COUNSELING

☒ Verbal ☐ Written ☐ Final (Check applicable box)

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

Supervisor: Josephine E. Smith

Company Director/Administrator/Executive Director/VP: Wanda Ford

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

REASON FOR COUNSELING

☐ Rule Violation
☐ Attendance

☐ Serious Rule Violation
☒ Performance

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

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

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

(2) Resident Hospitalized - you were asked to have staff take his clothing out of his room and send to laundry, to be washed - not done. (3) #2 problem - resident expired. Clothing still in closet

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Signature of Partner

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Continuation and/or Additional Comments:

Call-drones week after his death, #4 Medication not given timely (APT)

It is your responsibility as the charge nurse to check your residents every day - follow up on problems as they arise. You are to make rounds on your calls. When a resident goes to the hospital, room still needs to be cleaned, dirty clothing sent to the laundry. When a resident expires - that side of the room needs to be deep cleaned, after the clothing is removed. Failure to do so in the future will result in further disciplinary action up to termination.

Partner Comments:

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HR 4.101.01b

Issued: December, 2003
Revised: 12/08

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RECORD OF PARTNER COUNSELING

☐ Verbal ☐ Written ☒ Final (Check applicable box)

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

Supervisor: Patricia Shoen

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

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

REASON FOR COUNSELING

☐ Rule Violation
☐ Attendance

☐ Serious Rule Violation
☒ Performance

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

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

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

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

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

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Patricia Shoen
Signature of Supervisor

Signature of Partner

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RECORD OF PARTNER COUNSELING FORM

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Continuation and/or Additional Comments:

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

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

Partner Comments:

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

Sayfa Gemeny R

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 Revised: 12/08

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RECORD OF PARTNER COUNSELING

☐ Verbal ☐ Written ☒ Final (Check applicable box)

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

Supervisor: Patricia Smyth

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

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

REASON FOR COUNSELING

☐ Rule Violation ☐ Serious Rule Violation
☐ Attendance ☒ Performance

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

Failure to notify MD of significant change in his condition.

See comment below. AB

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

Provide care in all nursing aspects. Notify MD of any Δ in her condition. Call family members on two conditions. This occurrence

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Patricia Smyth
 Signature of Supervisor

Gayla Ramsey
 Signature of Partner

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MD notified of occurrence and order obtained for ABT
 R/T probable wound infection.

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Continuation and/or Additional Comments:

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

Partner Comments: