

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY
South Carolina Workers' Compensation Commission

R. Michael Campbell, II, Commissioner; Aisha G. Taylor, Commissioner; Susan S. Barden,
Commissioner

W.C.C. File No.: 1802954
APPELLATE CASE NO.: 2019-000869

Judy Johnson, Employee, Appellant,

v.

Agape Hospice, Employer; MagMutual Insurance Company, Carrier; Respondents.

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RECORD ON APPEAL

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ORDER
OF
THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1802954

Judy L. Johnson, Employee, Claimant,

vs.

Agape Hospice & Community Care, Employer, and

MagMutual Insurance Company, Carrier, Defendants.

Hearing:

Held in Calhoun County, South Carolina on
June 26, 2018.

Appearances:

Claimant represented by Elizabeth McMahon
Pentz, Esquire, of McWhirter, Bellinger, &
Associates, P.A.

Defendants represented by Stephen R.
Smoak, Esquire, of Savage Royall &
Sheheen, LLP

Purpose of Hearing:

To determine issues as set forth in Rule 67-
601 as well as the Forms 50 and 51 and any
other issues which may have timely come
before the Commissioner.

Decision and Order:

By Avery B. Wilkerson, Jr., Commissioner.

Filed:

August 22, 2018

STIPULATIONS

The parties stipulate to the following matters:

1. The Commission has jurisdiction to hear the matters presented;
2. Proper venue is Calhoun County. However, per Commissioner Wilkerson and the agreement of both parties, venue may be moved to Richland or Lexington County for the sake of convenience [HRG. TR.5:12-17];
3. The parties had notice of the hearing scheduled for June 26, 2018, and were represented by counsel;
4. The Defendants accepted this claim as compensable [HRG. TR. 8: 8-13];
5. The average weekly wage is \$1,912.09, and the compensation rate is \$838.21; and
6. The Commission's file and the Administrative Procedures Act submissions are a part of the record.

CLAIMANT'S APA SUBMISSIONS

TAB #	NAME OF PHYSICIAN/OTHER	DATE OF REPORT	NO. OF PAGES
1.	Tasha Boone, M.D. Medical Place Family Practice	2/2/18 – 2/12/18	1-5
2.	Palmetto Imaging	2/3/18	6
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DEFENDANT'S APA SUBMISSIONS

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D-1	Agape Hospice Employee Handbook		
D-2	Statement from Gregory Charlton		

STATEMENT OF THE CASE

Judy L. Johnson ("Claimant") suffered injuries by accident on January 26, 2018, to her right shoulder, neck, and fingers on right hand. Subsequently, on January 30, 2018, the Claimant notified her employer, Agape Hospice and Community Care, of her injury. The Claimant was placed on light duty but was terminated from her job on March 8, 2018. The Claimant filed a March 22, 2018 hearing Form 50 for temporary total disability benefits because of lost compensable time from work and wages for the period of March 8, 2018 and continuing. The Defendants filed an April 23, 2018, Form 51 denying that the Claimant sustained any injury to her right shoulder, neck, numbness and tingling in fingers on the right hand. However, during the start of the hearing, the Defendants confirmed this claim as accepted as to the right shoulder and neck. The sole issue at the June 26, 2018, was whether the Claimant was entitled to ttd benefits since she was fired while on light duty. The directives were sent to the parties on July 10, 2018.

EVIDENCE OF THE CASE

The court heard the testimony of several witnesses: Judy L. Johnson, for the Claimant, and Marilyn Elizabeth "Betsy" Spires and Gregory McCarrick Charlton for the Defense.

The Commissioner heard the Claimant's testimony, a sixty-three (63) year old female. She was last employed by Agape Management Services in 2012, left for a year in [2015], but returned to work for Agape in 2016 until March 8, 2018. [HRG. TR. 6:7-10]. She was an RN for thirty-seven (37) years. [HRG. TR. 11:20-22]. The Claimant had an on the job accident on January 26, 2018, which put her out of work for about a week until she was able to return on light duty. [HRG. TR. 11:25- 12:1; 6:10-13; 16:17-19]. The Claimant acknowledged the Agape Employee Handbook [Def. APA #1]. [HRG. TR. 12: 11-13:8]. She worked in a supervisory role over nurses, ancillary staff, and as a patient coordinator. [HRG. TR. 13: 9-18]. In this role, the Claimant counseled

employees for company violations. [HRG. TR. 13: 19-16:4]. She stated that there was a disciplinary action form that was used to evaluate infractions, and which implemented essentially a three-strikes policy before termination based on a 60-day and then 90-day probationary period (per offense). [HRG. TR. 15:24 – 16:4]. The Claimant testified that to her knowledge, she has never had any corrective actions or company violations. [HRG. TR. 16:9-13].

On March 6, 2018, the Claimant worked light duty doing audits at the Lexington Hospice House. [HRG. TR. 16:20-17:1]. She met and had a conversation with Mr. Greg Charlton, who was a new employee of Agape as Lead Marketer. [HRG. TR. 17:2-14]. The Claimant provided information about potential marketing, discussed changes at the Employer, and expressed concern about where she would be put. [HRG. TR. 17:15-18-19:18]. She states that she had a conversation with Mr. Charlton and Ms. Sarah Todd about other assisted living facilities where Agape could market and potentially get new patients. [HRG. TR. 17:12 – 18:18]. The Claimant mentioned that she was unhappy with herself because she was unable to work at her full capacity and mentioned that there had been a few changes for the nurses recently at Agape. [HRG. TR. 19:1-9]. Another marketer Sarah Todd was present but in and out. [HRG. TR. 18:2-5].

On March 8, 2018, the Claimant testified that she was at Hospice House on Stoneridge in the back room doing audits for the Hospice Houses which was part of her light duty. [HRG. TR. 19: 19-25]. The Claimant had a meeting called by Betsy Sippel without anyone else present. [HRG. TR. 20: 2-12]. Ms. Sippel present the Claimant with a separation agreement. [HRG. TR. 20: 15-16]. The Claimant stated she did not understand why she was being fired. [HRG. TR. 20:17]. Ms. Sippel responded that the employer heard that the Claimant was unhappy with Agape. [HRG. TR. 20:20-21]. The Claimant revoked the separation agreement. [HRG. TR. 22:4-16].

Following her termination, the Claimant went to the Center Street office on March 12, 2018, to turn in her company computer, charge cards and vehicle and revoked the separation agreement. [HRG. TR. 23: 6-24: 13]. The Claimant testified that she spoke with Amanda Whitehead, her advocate at Agape, and that it was the Claimant's understanding that she would not receive Workers' Compensation checks. [HRG. TR. 24:17-25: 3].

The Claimant was not aware that anyone alleged she spoke ill of the Employer prior to March 6, 2018. [HRG. TR. 25:20-23]. She left the Employer on good terms in 2015. [HRG. TR. 25: 24-26:1]. The Claimant stated she did not speak negatively after leaving on March 8, 2018. [HRG. TR. 26:2-8].

On cross examination, the Claimant did not present the disciplinary form and could not reference the form in the employee handbook [Def. APA #1]. [HRG. TR. 17-27:2; 28:1-10]. Further, the Claimant could not point to 60-day and then 90-day probation reference in the employee handbook, but stated they were on the disciplinary form. [HRG. TR. 28:11-29:11; 29:17-21]. The Claimant testified that if an employee called their boss stupid in front of other employees that they would be counseled, disciplined, but keep their job. [HRG. TR. 29:22-30:9].

On redirect the Claimant identified a separate policy that nurses followed on their laptops regarding infractions. [HRG. TR. 30:15- 31:8].

The Defense called witness Gregory McCarrick Charlton, the Director of Growth and Development at Agape for the past five (5) months. [HRG. TR. 33:4-8]. Mr. Charlton testified that on March 6, 2018, he had been working at Agape for two (2) weeks when he and Sarah Todd had a conversation when he met the Claimant. [HRG. TR. 33: 12-15; 34:5-13]. Mr. Charlton was dismayed by the conversation and subsequently made notes. [HRG. TR. 35:17-24; 42:19-24]. He reduced these notes to an email. [HRG. TR. 36: 1-37:2 Mr. Charlton informed Kelly Stone, Vice

President of Operations. [HRG. TR. 42:25-43:3]. He testified he informed Vice President Stone out of concern. [HRG. TR. 43:7-13]. Mr. Charlton confirmed that coworker Sarah Todd was also present during the conversation with the Claimant on March 6, 2018. [HRG. TR. 43:14-15]. He did not receive any reward or promotion for passing on the information. [HRG. TR. 43:19-22].

On cross examination, Mr. Charlton testified that Vice President Stone requested that he provide notes about the March 6, 2018, conversation with the Claimant. [HRG. TR. 44:6-9]. He was not aware if Sarah Todd wrote a similar statement. [HRG. TR. 44:10-12]. Mr. Charlton traveled to approximately three (3) facilities on March 6, 2018 and met several people. [HRG. TR. 44:15-25].

The Defense then called Marilyn Elizabeth "Betsy" Sippel, the Chief Human Capital Officer of Agape since 2012. [HRG. TR. 46: 18-25]. She was over anything employee related, human resources, workers' compensation benefits, wellness programs, anything to do with employees. [HRG. TR. 47:1-5]. Ms. Sippel stated she was familiar with the Claimant and the Claimant's accident on January 26, 2018. [HRG. TR. 47:6-13].

Ms. Sippel testified that Kelly Stone contacted her about alleged statements the Claimant made. [HRG. TR. 47: 14-22]. She acknowledged that Mr Charlton's testimony were the statements passed to her [HRG. TR. 23-48:3]. Ms. Sippel agreed that the Claimant was on light duty at the time the alleged statements were made. [HRG. TR. 48: 4-6]. Ms. Sippel testified that page eleven (11) of the Agape Employee Handbook states "it is not possible to list all forms of behavior that are considered unacceptable in the workplace." [HRG. TR. 48: 7 – 49:1]. Pages 11 and 12 of the handbook cite a list of conduct that could potentially result in discipline, unrelated to the disciplinary forms previously discussed by the Claimant. [HRG. TR. 49:5 – 50:1]. However, Ms. Sippel acknowledged the disciplinary form the Claimant earlier testified about as a

supervisor's tool. [HRG. TR. 49:10-25]. The employee handbook did not address probationary periods or levels of infractions. [HRG. TR. 50:2-14].

Ms. Sippel noted that she, Kelly Stone, and Dee Dee Henderson were the ones to determine that the Claimant should be terminated, [though neither Ms. Stone nor Ms. Henderson were available witnesses]. [HRG. TR. 50: 15-19]. Ms. Sippel testified that they looked at the statements made by the Claimant and felt that they were included by three (3) different categories in the handbook as reasons for termination: gossiping, insubordination, and failure to maintain proper working relationships. [HRG. TR. 50:20 – 51: 5]. Ms. Sippel testified that the alleged statements were harmful and spoiled the agency. [HRG. TR. 51:6-14]. Additionally, it was noted that the Claimant called the owner of Agape "so stupid" and that it is company policy that employees can be fired for one incident according to the handbook. [HRG. TR.51: 15 – 53:19]. Ms. Sippel stated she felt that "so stupid" and "stupid" were the same thing but did not know why the email cited "so stupid". [HRG. TR. 51:15-52:13]. The Employer was preparing to open a call center and looked to the Claimant to perform in one of those positions as part of her light duty. [HRG. TR. 52: 21-53:8]. Ms. Sippel testified that she previously fired persons for one violation and that the Claimant's violation rose to the level of termination. [HRG. TR. 53:12-21].

Ms. Sippel recognized Claimant's Exhibit #2 as an email exchange received from Ms. Stone regarding Mr. Charlton's conversation with the Claimant. [HRG. TR. 58:1-16]. She did not remember what date the termination decision was made. [HRG. TR. 58:17-19]. Ms. Sippel confirmed no one else was present when she met the Claimant on March 8, 2018. [HRG. TR. 58: 20-59:2]. However, she testified that there were no disciplinary or corrective actions involving the Claimant leading up to termination. [HRG. TR. 59:11-18].

Ms. Sippel testified that falsifying or misrepresenting timekeeping records or any other company or official documents are grounds for immediate termination based on the employee handbook page 12, number 2. [HRG. TR. 59:19 – 60:1]. She also noted, however, that the disciplinary forms could be used for the same offense to counsel employees, rather than terminating them. [HRG. TR. 60:2-17]. Ms. Sippel went on to highlight that numbers 4 and 5, working or engaging in company business while under the influence of drugs or alcohol or possession or distribution of drugs that would impair an employee's work would result in immediate termination. [HRG. TR. 60:18 – 61:13]. However, Ms. Sippel testified that violations numbers 12, 8, and 15 such as smoking in prohibited areas, gossiping, or failure to maintain proper working relationships really depended on the situation and could be handled through counseling, rather than termination. [HRG. TR. 61:14 – 62:13]. Ms. Sippel stated that the employee handbook violations list could call for different applications based upon the situation. [HRG. TR. 62:14-17].

Ms. Sippel acknowledged that supervisors could use disciplinary action forms when meeting with employees. [HRG. TR. 49:14 – 50:1]. Ms. Sippel admitted that she terminated a long-time employee based on a statement from Mr. Charlton, who worked at the company for less than two weeks, and that the other witness, Sarah Todd, was not present during her meeting with Mr. Charlton. [HRG. TR. 62:18 – 63:23]. Ms. Sippel stated that she did not speak with Sarah Todd. [HRG. TR. 62:18—21].

Ms. Sippel acknowledged that the separation agreement allowed the Claimant to file for unemployment benefits. [HRG. TR. 63: 5-13]. Ms. Sippel did not have Mr. Charlton's original notes, but only had the March 6, 2018, email. [HRG. TR. 63: 14-19]. Ms. Sippel had no documentation of any company violations the Claimant may have committed or counseling the

Claimant may have received. [HRG. TR. 63:20-64:21]. Prior to termination, Ms. Sippel did not ask the Claimant about the March 6, 2018, conversation. [HRG. TR. 64:22-25].

On redirect examination, Ms. Sippel testified she had no reason to disbelieve a new employee. [HRG. TR. 65:6-11]. She stated that the employee violations listed were not exhaustive and that the alleged comments made by the Claimant rose to the level of termination. [HRG. TR. 65:12-66:4]. On recross examination, Ms. Sippel acknowledged that the Claimant was an employee since 2016 [HRG. TR. 66:9-16].

FINDINGS OF FACT

Based on a review of the evidence presented, as well as a personal observation of the all witnesses and the entire record, there is a substantial and reliable probative evidence to support the following Findings of Fact:

1. I believe the Claimant, Judy L. Johnson, long term employee (2012 -2015; 2016-2018) over Gregory McCarrick Charlton less than two (2) weeks.
2. I find that the Claimant's alleged March 6, 2018, company violation did not rise to a proper termination March 8, 2018. The Claimant was on light duty when she was unjustifiably fired. I believe to a much greater extent statements made by the Claimant were not the smartest of words, nor were they ideal or clear. However, this does not excuse withholding payment of TTD under the S.C. Workers' Compensation Act. Payment of TTD should begin on March 8, 2018 and continue through the present. This was an unjustified firing.

CONCLUSIONS OF LAW

Accordingly, as is provided in Section 42-17-40 of the South Carolina Code of Laws, 1976 (as amended), it is the determination of this Commissioner the following:

1. S.C. Code Ann. §42-9-10. Amount of compensation for total disability; what constitutes total disability.

(A) When the incapacity for work resulting from an injury is total, the employer shall pay, or cause to be paid, as provided in this chapter, to the injured employee during the total disability a weekly compensation equal to sixty-six and two-thirds percent of his average weekly wage[s].

The Claimant is entitled to the agreed upon compensation rate per week from March 8, 2018, to present and on a continuing award until the Claimant returns to work or an additional Order of this Commission.

2. S.C. Code Ann. §42-9-190. No compensation to injured employee refusing suitable employment.

If an injured employee refuses employment procured for him suitable to his capacity and approved by the commission he shall not be entitled to any compensation at any time during the continuance of such refusal.

The Claimant accepted and performed suitable employment with the Employer until wrongfully terminated on March 8, 2018.

3. S.C. Code Ann. §42-9-200. Dates on which compensation commences.

No compensation shall be allowed for the first seven calendar days of disability resulting from an injury, except the benefits provided for in Section 42-15-60; but, if the injury results in disability of more than fourteen days, compensation shall be allowed from the date of the disability.

The Claimant satisfied the waiting period and is entitled to ttd March 8, 2018, to present and on a continuing award until the Claimant returns to work or an additional Order of this Commission.

4. S.C. Code Ann. § 42-9-260. Notice to commission when payments have begun; suspension or termination of payments.

(A) When an employee has been out of work due to a reported work-related injury or occupational disease for eight days, an employer may start temporary disability payments immediately and may continue these payments for up to one hundred fifty days from the date the injury or disease is reported without waiver of any grounds for good faith denial. Upon making the first payment, the employer immediately shall notify the commission, in accordance with a form prescribed by the commission, that payment of compensation has begun.

The Claimant was wrongfully terminated while on light duty and therefore, out of work as of March 8, 2018, due to a reported and accepted work-related accident which resulted in injuries. See Pollack v. Southern Wine & Spirits of America, 405 S.C. 9 (2013). Therefore, the Claimant is entitled to ttd March 8, 2018, to present and on a continuing award until the Claimant returns to work or an additional Order of this Commission.

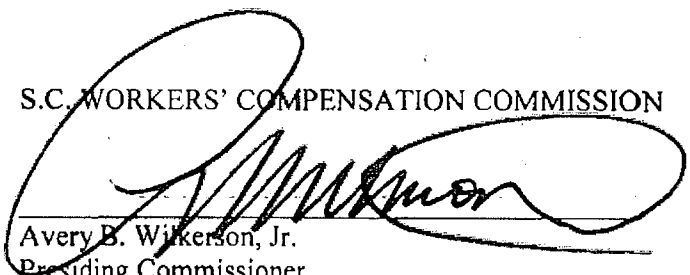
ORDER

IT IS THEREFORE ORDERED that the Employer, Agape Hospice & Community Care, and the Carrier, MagMutual Insurance Company, shall pay to the Claimant ttd benefits from March 8, 2018, to present and on a continuing award until the Claimant returns to work or an additional Order of this Commission.

No hearing costs are assessed in this instance.

AND IT IS SO ORDERED.

S.C. WORKERS' COMPENSATION COMMISSION


Avery B. Wilkerson, Jr.
Presiding Commissioner

Columbia, South Carolina

Date: 8-22-2018

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Deborah Hutto on August 22, 2018

**BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION**

Judy Johnson,	)	
	)	
Employee, Claimant/Respondent	)	
	)	W.C.C. FILE NO: 1802954
vs.	)	
	)	
Agape Hospice,	)	
	)	
Employer,	)	APPELLATE PANEL ORDER
	)	
and	)	
	)	
MagMutual Insurance Company,	)	
	)	
Carrier, Defendants/Appellants	)	

Appellate Panel Review held in Columbia, South Carolina on February 19, 2019 upon notices timely and properly served upon all parties of interest.

Appellate Panel Decision and Order filed April 23, 2019

Appearances:

Claimant/Respondent Represented by Elizabeth McMahon Pentz of McWhirter, Bellinger & Associates, P.A.

Defendants/Appellants Represented by Stephen R. Smoak and Vincent A. Sheheen of Savage, Royall & Sheheen, LLP

PROCEDURAL HISTORY

This claim arises from an admitted work accident of January 26, 2018, involving an injury to Claimant's shoulder. The subject of this appeal involves a dispute over Claimant's entitlement to temporary total disability benefits (TTD).

On June 26, 2018, a hearing was held before the Honorable Avery B. Wilkerson, Jr. (hereinafter "Single Commissioner") in St. Matthews, South Carolina to

resolve the issues raised by Claimant's request for a hearing via Form 50. Claimant's position is that she is entitled to TTD from March 8, 2018 and continuing.

Defendants contend that Claimant is not entitled to TTD for any period of time, as Claimant was given light duty work following the accident and thereafter terminated for cause on March 8, 2018 because of Claimant's insubordination and pursuant to Employer's policies. Accordingly, Defendants argue that Claimant's failure to earn wages is not due to or because of the work injury; therefore, Claimant is not entitled to TTD.

On August 22, 2018, the Single Commissioner issued a Decision and Order containing the following Findings of Fact and Conclusions of Law:

SINGLE COMMISSIONER'S FINDINGS OF FACT

1. I believe the Claimant, Judy L. Johnson, long term employee (2012-2015; 2016-2018) over Gregory McCarrick Charlton less than two (2) weeks.
2. I find that the Claimant's alleged March 6, 2018 company violation did not rise to a proper termination March 8, 2018. The Claimant was on light duty when she was unjustifiably fired. I believe to a much greater extent statements made by the Claimant were not the smartest of words, nor were they ideal or clear. However, this does not excuse withholding payment of TTD under the S.C. Workers' Compensation Act. Payment of TTD should begin on March 8, 2018 and continue through the present. This was an unjustified firing.

SINGLE COMMISSIONER'S CONCLUSIONS OF LAW

1. S.C. Code Ann. §42-9-10. Amount of compensation for total disability; what

constitutes total disability.

(A) When the incapacity for work resulting from an injury is total, the employer shall pay, or cause to be paid, as provided in this chapter, to the injured employee during the total disability a weekly compensation equal to sixty-six and two-third percent of his average weekly wage[s].

The claimant is entitled to the agreed upon compensation rate per week from March 8, 2018, to present and on a continuing award until the Claimant returns to work or an additional Order of this Commission.

2. S.C. Code Ann. §42-9-190. No compensation to injured employee refusing suitable employment.

If an injured employee refuses employment procured for him suitable to his capacity and approved by the commission he shall not be entitled to any compensation at any time during the continuance of such refusal.

The Claimant accepted and performed suitable employment with the Employer until wrongfully terminated on March 8, 2018.

3. S.C. Code Ann. §42-9-200. Dates on which compensation commences.

No compensation shall be allowed for the first seven calendar days of disability resulting from an injury, except the benefits provided for in Section 42-15-60; but, if the injury results in disability of more than fourteen days, compensation shall be allowed from the date of the disability.

The Claimant satisfied the waiting period and is entitled to TTD from March 8, 2018, to present and on a continuing award until the Claimant returns to work or an additional Order of this Commission.

4. S.C. Code Ann. §42-9-260. Notice to commission when payments have begun; suspension or termination of payments.

(A) When an employee has been out of work due to a reported work-related injury or occupational disease for eight days, an employer may start temporary disability payments immediately and may continue these payments for up to one hundred fifty days from the date the injury or disease is reported without waiver of any grounds for good faith denial. Upon making the first payment; the employer immediately shall notify the commission; in accordance with a form prescribed by the commission, that payment of compensation has begun.

The Claimant was wrongfully terminated while on light duty and therefore, out of work as of March 8, 2018, due to a reported and accepted work-related accident which resulted in injuries. See *Pollack v. Southern Wine and Spirits of America*, 405 S.C. 9, 747 S.E.2d 430 (2013). Therefore, the Claimant is entitled to TTD from March 8, 2018 to present

and on a continuing award until the Claimant returns to work or an additional Order of this Commission.

SINGLE COMMISSIONER'S DECISION AND ORDER

Claimant is awarded TTD benefits beginning March 8, 2018 and continuing as provided under the South Carolina Workers' Compensation Act. No hearing costs are assessed.

ISSUES ON APPEAL

Within the applicable time period, Defendants timely filed a Form 30 appeal for appellate judicial review asserting several exceptions to the Single Commissioner's Decision and Order.¹ In Defendants' Appellate brief to the full Commission panel, the exceptions were consolidated into three (3) issues presented on appeal, which can essentially be narrowed down to the following two issues:

1. Did the Single Commissioner err, in finding as fact and concluding as a matter of law, that Claimant was "unjustifiably fired" and not terminated for proper cause?
2. Did the Single Commissioner err, in finding as fact and concluding as a matter of law, that Claimant's workplace injury was the cause of her inability to work?

STANDARD OF REVIEW

¹ Claimant argued Defendants' Form 30 Request for Commission Review was not timely filed within the fourteen (14) days from receipt of service of the single commissioner's order pursuant to S.C. Code Ann. §42-17-50 and S.C. Reg. 67-701 (Supp.2010). In this instance, the order was sent electronically by the Commission on August 22, 2018. Pursuant to S.C. Reg. 67-213, service was effective five (5) days later on August 27, 2018. "Service made electronically is deemed complete five days after the date the electronic transmission is completed, unless the Commission's electronic server indicates that the transmission was unable to be completed." S.C. Reg. 67-213 (Supp.2010). Subsequently, Defendants filed a Form 30 on September 10, 2018, which is timely and within the fourteen (14) days from receipt of service of the order.

In an Appellate Review, the Appellate Panel shall review the award, weigh the evidence as presented at the hearing and, if good grounds be shown therefore, make its finding of facts and reach its own conclusions of law consistent or inconsistent with those of the Hearing Commissioner. *See Green v. Raybestos-Manhattan, Inc.* 250 S.C. 58, 156 S.E.2d 318 (1967); *see also Lowe v. An-Can Transport Services, Inc.* 283 S.C. 534, 324 S.E.2d 87 (Ct. App 1984).

DECISION/ANALYSIS

Following the admitted work accident of January 26, 2018, Claimant missed about one week of work and then returned to light duty. At the beginning of March 2018, Claimant was about to be transferred to Employer's new call center for a new light duty position. (Hr. Tr. pp. 52-53). Claimant, however, was terminated for cause from her employment on March 8, 2018 as a result of insubordinate and hostile comments she made to fellow employees on March 6, 2018. (Hr. Tr. pp. 50-51).

On March 6th, Greg Charlton, Employer's Director of Growth and Development, had been conducting an orientation with one of Employer's new employees. (Hr. Tr. p. 33). Charlton himself had only been working for Employer for a few weeks. (Id.). He had never met Claimant before March 6, 2018. (Id.). In Charlton's encounter with Claimant that day while touring one of Employer's hospice facilities, Claimant repeatedly disparaged Employer in great detail. (Hr. Tr. pp. 35-37). Claimant even called the company owner/CEO "stupid." (Hr. Tr. p. 36). Claimant stated in advance of her tirade, "I don't know who you are but I'm going to just say it as it is." (Hr. Tr. p. 34). Some of those statements were:

- Scott (owner/CEO of Employer) is so stupid.
- They should close this place down.
- Their inventory is so screwed up.
- People are walking out the door left and right.
- I'm surprised you didn't do more research before coming on board.
- This company is going to hell in a hand basket.
- Closing the assisted living facilities was the dumbest thing.

(Hr. Tr. pp. 36-37).

Charlton was so dismayed at what he heard that he wrote down what Claimant had said as soon as he got into his car. (Hr. Tr. p. 42). Charlton then informed his supervisor about the incident. (Hr. Tr. p. 43).

Betsy Sippel, Chief Human Capital Officer for Employer, called Claimant into her office two days later and terminated Claimant for cause for violating multiple company policies, which included calling the owner/CEO of Employer "stupid." (Hr. Tr. p. 51). Sippel believed Claimant's conduct was harmful to the Employer and fit squarely within forbidden employee conduct in the Employee Handbook. (Id.). Among the prohibited conduct outlined in the handbook is: 1) insubordination; and 2) failure to maintain proper working relationships. (Id.) (Def. APA pp. 4-5). Defendants presented the Employee Handbook which was signed and acknowledged by Claimant. (Hr. Tr. pp. 12-13) (Def. APA p.1).

Importantly, Claimant has never disputed making the hostile comments.

The Single Commissioner made a finding of fact that he believed "the Claimant, Judy L. Johnson, long term employee (2012-2015; 2016-2018) over Gregory McCarrick Charlton, less than two (2) weeks." This finding was incorrect since none of Charlton's testimony was ever disputed by Claimant. Charlton's credibility was never questioned at

the hearing. (Hr. Tr. pp. 44-45). Furthermore, Claimant had every opportunity at the hearing to deny that she made the disparaging comments. She never did so. Claimant simply did not agree with the consequences of her actions. When asked on cross-examination if she would expect an employee to keep their job after calling their boss stupid in front of other employees, the Claimant stated "yes, probably. Yeah." (Hr. Tr. pp. 29-30). This finding of fact was also in error because employment tenure is not a dispositive factor in assessing the credibility of witnesses.

FULL APPELLATE PANEL'S FINDINGS OF FACT

After a thorough review of the evidence, including the hearing testimony, exhibits, and other documentary evidence submitted by the respective parties pursuant to the Administrative Procedures Act, the Commission File in this matter, and oral arguments of counsel, WE, THE APPELLATE PANEL, REVERSE THE FINDINGS OF FACT OF THE SINGLE COMMISSIONER, IN FULL, AND FIND AS FOLLOWS:

1. The sole issue for determination at the June 26, 2018, Hearing, and therefore the sole issue before the Appellate Panel at this time, is whether Claimant is entitled to temporary total disability benefits from March 8, 2018, and continuing.
2. After Claimant's work related injury of January 26, 2018, Claimant began receiving authorized treatment and was assigned light duty work restrictions that were accommodated by Employer.
3. While working on light duty, Claimant was terminated for cause by Employer on March 8, 2018.
4. Based upon the greater weight of the evidence, the cause for Claimant's termination

includes insubordination and also failure to maintain proper working relationships. The aforementioned causes are in violation of the Employer's policies and common workplace expectations, and were justifiable cause for her termination.

5. Based upon the greater weight of the evidence, the Employer did not simply "look for" a reason to terminate the Claimant, but rather acted in accordance with its policies, which the Claimant did violate.

6. The greater weight of the evidence does not indicate any relationship or nexus between the Claimant's inability to earn wages and her workplace injury.

7. The holding in *Pollack v. Southern Wine and Spirits of America*, 405 S.C. 9, 747 S.E.2d 430 (2013) applies directly to the present case.

8. Based upon the greater weight of evidence, Claimant is not entitled to temporary total disability benefits for any period of time following the January 26, 2018 work accident.

FULL APPELLATE PANEL'S CONCLUSIONS OF LAW

With the above Findings of Fact, and as provided in the South Carolina Code of Laws and Regulations, with respect to the Single Commissioner's conclusions of law as they relate to the issue of entitlement to temporary total disability benefits, WE, THE APPELLATE PANEL, REVERSE THE CONCLUSIONS OF LAW OF THE SINGLE COMMISSIONER, IN FULL, CONCLUDING AS FOLLOWS:

1. Pursuant to S.C. Code §42-9-260 and the accompanying regulations, the entitlement of temporary total disability benefits is premised upon a nexus between the work-related injury and the inability to earn wages.
2. An injured employee will be entitled to temporary total disability benefits when his

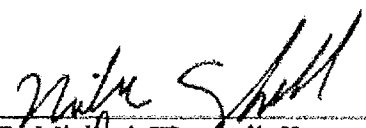
incapacity to earn wages is due to or because of injury, pursuant to *Pollack v. Southern Wine and Spirits of America*, 405 S.C. 9, 747 S.E.2d 430 (2013).

3. Pursuant to S.C. Code §42-9-260 and the accompanying regulations, and the South Carolina Supreme Court's holding in *Pollack*, Claimant has not shown that her inability to earn wages is due to her injury. Rather, based on the applicable law and a preponderance of the evidence presented, Claimant's alleged inability to earn wages from March 8, 2018 to the present and continuing, is due to the fact that she was properly terminated for cause.

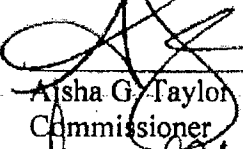
ORDER

IT IS THEREFORE ORDERED by the Full Panel that the Decision and Order of the Single Commissioner is hereby REVERSED in full, and Claimant is not entitled to temporary total disability benefits for any periods of time following the work injury of January 26, 2018, as requested by Claimant.

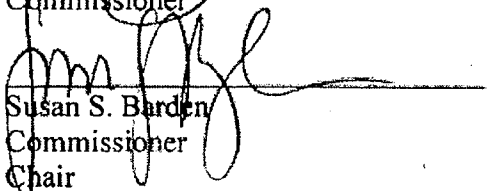
IT IS SO ORDERED.



R. Michael Campbell, II
Commissioner



Aisha G. Taylor
Commissioner



Susan S. Barden
Commissioner
Chair

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Valerie Deller on April 23, 2019

LAW OFFICES
McWHIRTER, BELLINGER & ASSOCIATES, P.A.

119 EAST MAIN STREET,
LEXINGTON, SOUTH CAROLINA 29072
(803) 359-5523
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RICHARD W. SIMMONS, II.
MELISSA G. MOSIER
JOHN P. MEADORS
AMANDA N. PITTMAN
CHRISTOPHER M. CUNNINGHAM
MADELYN E. DUKES
ASHLEIGH ANNE McKINNEY

June 11, 2018

Commissioner Avery B. Wilkerson
S. C. Workers' Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202-1715

Re: EMPLOYEE: Judy L. Johnson
EMPLOYER: Agape Hospice & Community Care
WCC FILE: 1802954

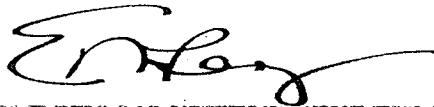
Dear Commissioner Wilkerson:

Enclosed please find our Pre-Hearing Brief along with the Notice of Submission of Written Expert Reports. Copies of reports will be submitted to you at the time of the hearing.

By copy of this letter, we have this day submitted to Stephen R. Smoak, attorney for Defendant our Pre-Hearing Brief and our APA package.

With kind regards, I am

Very truly yours,



Elizabeth McMahon Pentz

EMP/DLP
Enclosures

cc: Stephen R. Smoak
Savage Royall & Sheheen, LLP
P.O. Drawer 10
1111 Church Street, Camden, SC 29020
Camden, SC 29020



Claimant's Name: Judy L. Johnson Employer's Name: Agape Hospice & Community Care
Address: 140 Chadwood Circle Address: _____
City: Lexington State: SC Zip: 29073 City: _____ State: _____ Zip: _____
Home Phone: 803-413-0540 Work Phone: _____ Carrier: MagMutual Insurance Company
Preparer's Name: Elizabeth M. Pentz Preparer's Phone #: 803-359-5523

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$838.21 2. AWW: \$1,912.09 Date of Injury: 1/26/2018
3. Type of injury and body part(s): Right shoulder, neck, numbness & tingling in fingers on the right hand.
4. Facts in controversy: Whether Claimant's injuries arose out of and in the course and scope of their employment. Compensability of claim. Whether Claimant is entitled to further medical care. Whether Claimant is entitled to TTD benefits. Whether Claimant is entitled to payment of all pausally related medical bills, mileage, and rx.
5. Legal issues involved: §42-1-169; §42-9-10; §42-15-60
6. Unusual aspects: _____
7. Witnesses (designate if expert): * Claimant. Claimant also reserves the right to call any and all witnesses designated by the Defendants and all other witnesses as needed.
8. Exhibits: _____
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): Pursuant to the APA submission. On 6/7/18, Dr. Thomas Armsey opined "To a reasonable degree of medical certainty, did Judy Louise Johnson most probably injured her right shoulder and neck which affected her right arm and right hand when she pulled up a patient on January 26, 2018" His answer was yes.
10. Name, address, and specialty, if any, of the treating physician: Thomas Armsey, M.D., Midlands Ortho. & Neurosurgery, 1910 Blanding Street, Columbia, SC 29201.
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: _____

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

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

I certify that I have served this document pursuant to Reg. 67-211 by delivering a copy to Stephen R. Smoak, Savage Royall & Sheheen, LLP, P.O. Drawer 10, Camden, SC 29020 by ☒ first class postage ☐ certified mail ☐ personal service. on June 11, 2018

Signature: _____ Email: Liz@mcwhirterlaw.com

Date of hearing: June 26, 2018 Time needed for hearing: Less than an hour.

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form an 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.

STATE OF SOUTH CAROLINA
BEFORE THE SC WORKERS' COMPENSATION COMMISSION
WCC FILE NO. 1802954

Judy L. Johnson,)
)
 Claimant,)
)
 -vs-)
)
 Agape Hospice & Community Care,)
)
 Employer,)
)
)
 MagMutual Insurance Company,)
)
 Carrier,)
 Defendants.)
 _____)

NOTICE OF SUBMISSION
OF WRITTEN EXPERT REPORTS
AS DIRECT EVIDENCE ON
BEHALF OF THE CLAIMANT

TO: SC Workers' Compensation Commission and Stephen R. Smoak, Attorney for Defendants:

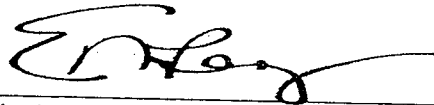
YOU ARE HEREBY NOTIFIED that Claimant, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330 (1976, as amended), herewith submits the following expert reports as direct evidence on behalf of Claimant, to wit:

APA #	MEDICAL PROVIDER	DATES	PAGES
1.	Tasha Boone, M.D. Medical Place Family Practice	2-2-18 – 2-12-18	1-5
2.	Palmetto Imaging	2-3-18	6
3.	Agape Senior	2-5-18 – 3-20-18	7-16
4.	LTC Therapy Solutions	2-13-18 – 4-2-18	17-73
5.	Thomas Armsey, M.D. Midlands Ortho & Neuro.	3-2-18 – 6-7-18	74-103

YOU ARE FURTHER NOTIFIED that you have the right of cross-examination and, should you desire to exercise said right, you are to forthwith schedule the deposition of any of the experts whose reports are submitted for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein or photocopies received from said experts are being herewith forwarded to the South Carolina Workers' Compensation Commission for insertion in the South Carolina Workers' Compensation Commission's file and inclusion into evidence on behalf of the employee-claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of Claimant: Claimant. Claimant reserves the right to call any and all witnesses designated by the Defendants.



Elizabeth McMahon Pentz
Attorney for Employee-Claimant

June 11, 2018



The
Medical Place Family Practice, P.A.
"Where Your Family's Healthcare Comes First"

Please excuse _____ From school/work

Date(s) 2/5/2018 through 2/9/2018 may return to

School/work on 2/12/2018 was seen in our office on 2/2/2018

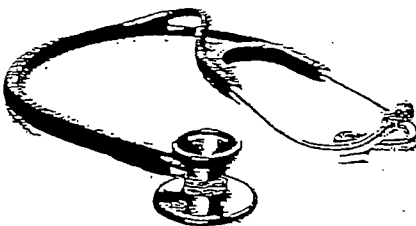
Comments _____

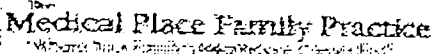
Tasha Bane _____

Doctor's signature

Staff signature

Date 2/2/2018





62 Y' old Female, DOB: 03/25/1955

Account Number: 1378

140 Chadwood Cir, Lexington, SC-29073

Home: 803-413-0540.

Guarantor: Johnson, Judy L Insurance: Cigna

Referring: Dr. Russell J Williams

Referring: Dr. Russell J Williams
Appointment Facility: The Medical Pl Family Practice PA

Progress Notes: Tasha Boone, M.D.

1. Shoulder pain
2. Hurt right arm lifting a pl.

General:

Current Medications

Taking

- Gabapentin 300 MG Capsule 2 capsules qhs Orally qhs
- Demadex 20 mg tablet 2 tablets qam 1 tablet qpm orally as directed
- Xanax 1 MG Tablet 1 tablet Orally Twice a day.
- Pristiq 50 MG Tablet Extended Release 24 Hour 1 tablet Orally Once a day, Notes: too expensive
- Augmentin 875-125 MG Tablet 1 tablet Orally every 12 hrs
- Hydromel 5-15 MG/5ML Syrup 5 ml as needed Orally every 6 hrs
- Ventolin HFA 108 (90 Base) MCG/ACT Aerosol Solution 2 puffs q 4 to 6 hrs Inhalation Once a day
- Tylenol PM 1 tab Oral , Notes: qhs

Discontinued

- Diffucan 150 MG Tablet 1 tablet Orally take 1 tablet on day one and then 3 days later take 2 tablet
- Medication List reviewed and reconciled with the patient

Past Medical History

pt has been taking Prednisone, Musinex, Robitussin, Duo-Neb

Surgical History

Silat Breast implants 1981

Right leg cord compression 2002

Oral Surgery 4 months ago

-Family History

No Family History documented.

Social History

Diet: Junk Foods: pt able to cook and prepare meals.

Miscellaneous: city water.

Sleep Habits: 3-4 hours due to work scheduled.

Alcohol: Stopped 4 years ago.

Exercise: Demanding work Up and Down stairs.

Home smoke detector use: yes.

Patient: Johnson, Judy L DOB: 03/25/1955 Progress Note: Tasha Boone, M.D. 02/02/2018
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Marital Status: Divorced.
Occupation: Regency Hospice.
Pets: Dog.
Sexually active: yes.
Smoking: yes Are you a: current smoker, how many cigarettes a day do you smoke 21-30.
Pt drives, bathes and dresses independantly.

Allergies

Morphine Sulfate
Cipro

Hospitalization/Major Diagnostic Procedure

pneumonia
Bronchitis
Asthma

Review of Systems

CONSTITUTIONAL:

See HPI for details.

Vital Signs

Wt 179 lb 2 oz, Ht 65, Temp 98.7, BMI 29.80, BP sitting 118/72, Pulse sitting 82, RR 20.

Examination

General Examination:

GENERAL APPEARANCE: Pt is in tears secondary to shoulder pain however able to answer questions appropriately. HEART: no murmurs, regular rate and rhythm. LUNGS: clear to auscultation bilaterally, no wheezes, rhonchi, rales. ABDOMEN: soft, bowel sounds present. EXTREMITIES: normal range of motion of left arm. Right arm unable to full flexion at the shoulder joint; unable to do a full pronation movement; extreme pain noted upon palpation noted along shoulder joint as well as muscle region; unable to lift arm above head.

Assessments

1. Pain in right shoulder - M25.511 (Primary)
2. Generalized anxiety disorder - F41.1

Treatment

1. Pain in right shoulder

Start Norco Tablet, 5-325 MG, 1 tablet as needed, Orally, every 8 hrs, 10 days, 30 Tablet, Refills 0
Notes: secondary to pain, will send for an MRI of left shoulder as well as do supportive care.

2. Generalized anxiety disorder

Continue Pristiq Tablet Extended Release 24 Hour, 100 MG, 1 tablet, Orally, Once a day, 30 days, 30 Tablet, Refills 6,
Notes: too expensive
Notes: Increased secondary to worse depression symptoms.

Follow Up

per Previous APP

Electronically signed by Tasha Boone, MD on 06/01/2018 at 12:56 PM EDT

Sign off status: Pending



SOUTH CAROLINA DIAGNOSTIC IMAGING

Palmetto Imaging West Columbia
2997 Sunset Boulevard, W. Columbia, SC 29169
t: (803) 936-0223 f: (803) 936-0229

PATIENT: JOHNSON, JUDY
DOB: 03/25/1955
MRN: 551240
PHONE: 803-413-0340 (Home)
PHYSICIAN: TASHA BOONE, MD
EXAM DATE: 02/03/2018

EXAM: MR Right Shoulder Without Contrast

REASON FOR EXAM: Pain in right shoulder

ADDITIONAL HISTORY: Right shoulder pain.

TECHNIQUE: Multiplanar, multisequence images were performed through the right shoulder without contrast.

FINDINGS: AC joint arthropathy produces mild medial arch stenosis. Subacromial bursitis is present. The acromion has a gentle curve.

The supraspinatus is mildly tendinopathic but the four components of the rotator cuff are otherwise intact.

No high-grade or displaced labral tears are present. LHBT is intact. There are no findings of fracture, infection, neoplasia, osteonecrosis or macroinstability. The subcoracoid triangle demonstrate subtle signal change on sagittal T1 images 12 and 13 which are equivocal for frozen shoulder. There are no other findings.

CONCLUSION:

1. AC joint arthropathy.
2. Equivocal changes of frozen shoulder.

Zachary Kilpatrick, MD

ZK/llh

DD: 02/05/2018 10:32 A

DT: 02/05/2018 10:36 A

Accession#: 08-2772650 VS#: 121543529 CS#: 2571074

cc:

Electronically Signed and Reviewed by Zachary Kilpatrick, MD 02/05/2018 11:09 A



Paid Time Off (PTO) Request Form

Date: 2-5-18

Name: Judy Johnson

I request the following date(s) off: 2/5/18 - 2/9/18

I want to use 40 PTO hours.

I will return to work on: 2

Reason for PTO:

☐ Vacation

☐ Sick

☐ Other: injury

I plan to take the upcoming holiday off:

☐ New Year's Day

☐ Independence Day

☐ Labor Day

☐ Thanksgiving

☐ Christmas

Employee's Signature

Judy Johnson

Date

2/5/18

Supervisor's Signature

Date

Work Status Report

Employee: Judy Johnson SSN: 248-13-8221 DOB: 3-25-55

Employer: Agape Hospice Date of Injury: 1-26-2018

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I hereby authorize Agape Senior Primary Care, Inc and all physicians or medical providers to release and disclose to Agape Senior and/or employer all requested information, records, and copies (including but not limited to a completed Work Status Report) regarding my condition, diagnosis, treatment, prognosis, and evaluation for the above specified accident/injury/illness, and any impairment or disability resulting there from. I further authorize the disclosure of such information and medical/surgical records to, and discussion of my condition, diagnosis, treatment, prognosis, evaluation, and any resulting impairment or disability with Agape Senior Primary Care, Inc or my employer. Such information, records, and copies may be disclosed and released by mail, personal deliver, facsimile transmission, verbally or by such other means as requested. Photocopies of this authorization shall be effective as the original.

Employee Signature: Judy Johnson Date: _____

Diagnosis/ Condition: Adhesive Capsulitis of Right Shoulder

Recommended Treatment Plan: NSAIDs, Steroids, PT

Work Status and Follow-Up Treatment

- ☐ Return to Regular/Full Duty Work (No Limitations or Restrictions) Date: _____
- ☐ Reached Maximum Medical Improvement Date: _____
- ☐ Follow-Up or Referral Appointment With: _____ Date: _____
- ☒ Return to Work in Restricted/Modified Duty Assignment with the Following Restrictions
Date: 9 Feb in 2 wks

RESTRICTIONS (Please Check/Complete All Appropriate Boxes)

- ☐ Lifting Abilities: may lift up to: 5-10 20 25 30 35 40 50 or _____ pounds _____ time/hrs _____ hours/shift
- ☐ Sitting Abilities: may sit _____ 0 10 20 30 40 50 or _____ minutes/hours _____ hours/shift
- ☐ Standing/Walking Abilities: _____ hours/shift _____ minutes/hours
- ☐ Endurance Abilities: _____ hours/shift _____ days/week

☒ Other: Very limited use of Right arm

Physician Signature: Jerri Woodruff M.D. Date: 2/12/18

JOHNSON, JUDY (id #69703, dob: 03/25/1955)

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 02/21/2018

Patient

Name JOHNSON, JUDY (62yo, F) ID# 69703 Appt. Date/Time 02/21/2018 02:15PM
DOB 03/25/1955 Service Dept. APC-Main St Columbia
Provider FREDRIC WORLAX, MD

Insurance

Med Primary: CIGNA

Insurance #: 990080306

Med Contracts: AGAPE WORKERS COMPENSATION

Insurance #: 9999999

Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Workers comp

Patient's Pharmacies

LTC HEALTH SOLUTIONS - AGAPE (ERX): 3685-A LEAPHART RD, COLUMBIA SC 29201, Ph (803) 454-0194, Fax (803) 451-7129

Vitals

Ht: 5 ft 4 in 02/21/2018
01:53 pm

Wt: 181 lbs 02/21/2018
01:53 pm

BMI: 31.1 02/21/2018 01:53
pm

BP: 132/76 sitting L arm
02/21/2018 01:53 pm

Pulse: 104 bpm 02/21/2018
01:53 pm

O2Sat: 98% Room Air at
Rest 02/21/2018 01:53
pm

T: 98.7 F° temporal
artery 02/21/2018
01:54 pm

Pain Scale: 9 02/21/2018 01:54 pm

Measurements

None recorded.

Allergies

Reviewed Allergies

CIPRO: Other (Mild to moderate) - can't take in IV

MORPHINE: Hives (Moderate)

Medications

Reviewed Medications

gabapentin 300 mg capsule

Take 1 capsule(s) every day by oral route at bedtime.

02/12/18 entered

naproxen 500 mg tablet

Take 1 tablet(s) twice a day by oral route for 30 days.

02/12/18 prescribed

Norco 5 mg-325 mg tablet

Take 1 tablet(s) every 4-6 hours by oral route as needed.

02/21/18 prescribed

Pristiq 100 mg tablet, extended release

Take 1 tablet(s) every day by oral route as directed.

02/12/18 entered

Robaxin-750 750 mg tablet

Take 1 tablet(s) 3 times a day by oral route as needed.

02/21/18 prescribed

torsemide 20 mg tablet

TAKE 2 TABLET (20 MG) BY MOUTH IN THE MORNING AND 20 MG IN THE EVENING

02/12/18 entered

Tylenol PM Extra Strength

35

02/12/18 entered

JOHNSON, JUDY (id #69703, dob: 03/25/1955)

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 02/21/2018

Patient

Name JOHNSON, JUDY (62yo, F) ID# 69703 Appt. Date/Time 02/21/2018 02:15PM
DOB 03/25/1955 Service Dept. APC-Main St Columbia
Provider FREDRIC WORIAK, MD
Insurance Med Primary: CIGNA
Insurance #: 990080306
Med Contracts: AGAPE WORKERS COMPENSATION
Insurance #: 9999999
Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Workers comp

Patient's Pharmacies

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02/21/2018 01:53 pm

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01:53 pm

O2Sat: 98% Room Air at
Rest 02/21/2018 01:53
pm

T: 98.7 F° temporal
artery 02/21/2018
01:54 pm

Pain Scale: 9 02/21/2018 01:54 pm

Measurements

None recorded.

Allergies

Reviewed Allergies

CIPRO: Other (Mild to moderate) - can't take in IV

MORPHINE: Hives (Moderate)

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Reviewed Medications

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02/12/18 entered

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02/12/18 prescribed

Norco 5 mg-325 mg tablet

Take 1 tablet(s) every 4-6 hours by oral route as needed.

02/21/18 prescribed

Pristiq 100 mg tablet, extended release

Take 1 tablet(s) every day by oral route as directed.

02/12/18 entered

Robaxin-750 750 mg tablet

Take 1 tablet(s) 3 times a day by oral route as needed.

02/21/18 prescribed

torsemide 20 mg tablet

TAKE 2 TABLET (20 MG) BY MOUTH IN THE MORNING AND 20 MG IN THE EVENING

02/12/18 entered

Tylenol PM Extra Strength

02/12/18 entered

JOHNSON, JUDY (id #69703, dob: 03/25/1955)
TAKE 2 TABLETS AT BEDTIME AS DIRECTED

Xanax 1 mg tablet

Take 1 tablet(s) 3 times a day by oral route as directed.

02/12/18 entered

Problems

Reviewed Problems

- Severe adrenal insufficiency - Onset: 02/12/2018
- Anxiety disorder - Onset: 02/12/2018
- Depressive disorder - Onset: 02/12/2018
- Adhesive capsulitis of shoulder - Onset: 02/20/2018

Family History

Reviewed Family History

Social History

Reviewed Social History

Marital status: Divorced

Alcohol intake: None

Illicit drugs: NONE

Smoking Status: Current every day smoker

Is the patient ambulatory?: Yes: walks without restrictions

Sexual orientation: Heterosexual

Exercise level: None

Diet: Regular

General stress level: High

Caffeine intake: Heavy

Chewing tobacco: none

Seat belts used routinely: Y

Smoke alarm in home: Y

Performs monthly self-breast exam: Y

Legally blind in one or both eyes?: N

Hard of hearing or deaf in one or both ears?: N

Currently Pregnant: N

Surgical History

Reviewed Surgical History

GYN History

Reviewed GYN History

Obstetric History

Reviewed Obstetric History

Past Medical History

Reviewed Past Medical History

Anxiety Disorder: Y

Depression: Y

Screening

None recorded.

HPI

Pt is 62 year old female that is in the clinic for f/u worker's comp. Pt c/o of injury to right shoulder on 1/26/18 from lifting patient. Pt was referred to physical therapy and has continued pain of right shoulder post/during sessions. Pt has difficulty lifting arm for rom and holding objects. Pt has requested to have ortho referral.

ROS

Patient reports muscle weakness (RUE pain and swelling) and arthralgias/joint pain (Generalized aches and pains) She reports weakness (right arm) and numbness (right arm starting 5 days ago) but reports no loss of consciousness, no seizures, no dizziness, no headaches, and no slurred speech. She reports sleep disturbances (sleeps on right side). She reports no significant weight gain and no significant weight loss. She reports no dry eyes, no vision change, and no irritation. She reports no ear pain. She reports no sinus problems. She reports no chest pain, no shortness of breath when walking, and no shortness of breath when lying down. She reports no cough, no wheezing, and no shortness of breath. She reports no abdominal pain, no vomiting, no diarrhea, no dysphagia, no nausea, and no constipation. She reports no incontinence, no difficulty urinating, and no hematuria. She reports no rashes. She reports no fatigue. She reports no swollen glands and no bruising. She reports no runny nose, no sinus pressure, no itching, and no hives.

Physical Exam

Patient is a 62-year-old female.

JOHNSON, JUDY (id #69703, dob: 03/25/1955)

Constitutional: General Appearance: healthy-appearing, well-nourished, well-developed, and pleasant. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: to time, place, and person.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: non-injected and no discharge. EOM: EOMI. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear. Nose: no lesions on external nose. Lips, Teeth, and Gums: no mouth or lip ulcers.

Neck: Neck: trachea midline and no masses. Lymph Nodes: no lymphadenopathy.

Lungs: Respiratory effort: no dyspnea.

Abdomen: Inspection and Palpation: non-distended.

Musculoskeletal: Motor Strength and Tone: normal. Joints, Bones, and Muscles: limited ROM (R shoulder. Some swelling extending finger tips.). Extremities: no cyanosis and edema (RUE).

Neurologic: Gait and Station: normal gait. Cranial Nerves: grossly intact. Coordination and Cerebellum: no tremor.

Skin: Inspection and palpation: no rash. Nails: normal.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

1. **Adhesive capsulitis of right shoulder**- Pain terrible. She is working with PT but unfortunately she is guarded from pain and that makes it rough to perform thorough PT. Will try Norco short-term and Robaxin and see what Ortho has to say. MRI reviewed and showed signs of adhesion.

M75.01: Adhesive capsulitis of right shoulder

• ORTHOPEDIC SURGERY REFERRAL - Schedule Within: provider's discretion

Reason for Referral: adhesive capsulitis, persistent frozen shoulder. Please eval/manage.

• Norco 5 mg-325 mg tablet - Take 1 tablet(s) every 4-6 hours by oral route as needed. Qty: 45 tablet(s) Refills: 0
Pharmacy: LTC HEALTH SOLUTIONS - AGAPE

• Robaxin-750 750 mg tablet - Take 1 tablet(s) 3 times a day by oral route as needed. Qty: 60 tablet(s) Refills: 3
Pharmacy: LTC HEALTH SOLUTIONS - AGAPE

Return to Office

• Fredric Worlax, MD for Follow up 20 at APC-Main St Columbia on 03/22/2018 at 01:50 PM

Encounter Sign-Off

Encounter signed-off by Fredric Worlax, MD, 02/26/2018.

Encounter performed and documented by Fredric Worlax, MD

Encounter reviewed & signed by Fredric Worlax, MD on 02/26/2018 at 9:04am

Encounter Date: 02/12/2018 (Last amended by Terri Woodruff, APRN on 02/20/2018 at 4:51pm)

Patient

Name	JOHNSON, JUDY (62yo, F) ID# 69703	Appt. Date/Time	02/12/2018 09:20AM
DOB	03/25/1955	Service Dept.	APC-Main St Columbia
Provider	TERRI WOODRUFF, APRN		
Insurance	Med Primary: CIGNA Insurance #: 990080306 Med Contracts: AGAPE WORKERS COMPENSATION Insurance #: 9999999		

Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Cough, Sore Throat, Workers comp

Patient's Pharmacies

LTC HEALTH SOLUTIONS - AGAPE (ERX): 3685-A LEAPHART RD, COLUMBIA SC 29201, Ph (803) 454-0194, Fax (803) 451-7129

JOHNSON, JUDY (id #69703, dob: 03/25/1955)

Vitals

Ht: 5 ft 4 in 02/12/2018
10:42 am

Wt: 178.8 lbs 02/12/2018
10:43 am

BMI: 30.7 02/12/2018 10:43
am

BP: 114/72 sitting L arm
02/12/2018 10:43 am

Pulse: 84 bpm 02/12/2018
10:43 am

O2Sat: 96% Room Air at
Rest 02/12/2018 10:43
am

T: 99 F° temporal artery
02/12/2018 10:43 am

Pain Scale: 9 02/12/2018 10:43 am

Pain Scale Type: Numeric 02/12/2018
10:43 am

Measurements

None recorded.

Allergies

Reviewed Allergies

CIPRO: Other (Mild to moderate) - can't take in IV

MORPHINE: Hives (Moderate)

Medications

Reviewed Medications

gabapentin 300 mg capsule

Take 1 capsule(s) every day by oral route at bedtime.

02/12/18 entered

Medrol (Pak) 4 mg tablets in a dose pack

TAKE AS DIRECTED

02/12/18 prescribed

naproxen 500 mg tablet

Take 1 tablet(s) twice a day by oral route for 30 days.

02/12/18 prescribed

Pristiq 100 mg tablet, extended release

Take 1 tablet(s) every day by oral route as directed.

02/12/18 entered

Tamiflu 75 mg capsule

Take 1 capsule(s) every day by oral route for 10 days.

02/12/18 prescribed

torsemide 20 mg tablet

TAKE 2 TABLET (20 MG) BY MOUTH IN THE MORNING AND 20 MG IN THE EVENING

02/12/18 entered

Tylenol PM Extra Strength

TAKE 2 TABLETS AT BEDTIME AS DIRECTED

02/12/18 entered

Xanax 1 mg tablet

Take 1 tablet(s) 3 times a day by oral route as directed.

02/12/18 entered

Problems

Reviewed Problems

- Severe adrenal insufficiency - Onset: 02/12/2018
- Depressive disorder - Onset: 02/12/2018
- Anxiety disorder - Onset: 02/12/2018

Family History

Reviewed Family History

Social History

Reviewed Social History

Marital status: Divorced

Alcohol intake: None

Illicit drugs: NONE

Smoking Status: Current every day smoker

Is the patient ambulatory?: Yes: walks without restrictions

Sexual orientation: Heterosexual

Exercise level: None

JOHNSON, JUDY (id #69703, dob: 03/25/1955)

Diet: Regular
General stress level: High
Caffeine intake: Heavy
Chewing tobacco: none
Seat belts used routinely: Y
Smoke alarm in home: Y
Performs monthly self-breast exam: Y
Legally blind in one or both eyes?: N
Hard of hearing or deaf in one or both ears?: N
Currently Pregnant: N

Surgical History

Reviewed Surgical History

GYN History

Reviewed GYN History

Obstetric History

Reviewed Obstetric History

Past Medical History

Reviewed Past Medical History
Anxiety Disorder: Y
Depression: Y

Screening

None recorded.

HPI

Pt is 62 year old female that is in the clinic for workers comp. Pt began having right arm pain with tingling and numbness x 2 weeks. Pt states right arm pain was sustained from lifting pt and from other work duties with driving 1,000 miles weekly. Pt pain level is a 8 and has difficulty with rom of arm throughout the day. Pt had mri performed and transferred to chart. Pt would like to discuss referral to orthopedic.

ROS

Patient reports fever (1 day) but reports no significant weight gain, no significant weight loss, and no excessive sleepiness during the day (daytime somnolence). She reports sore throat (painful to swallow and touch) She reports wheezing, shortness of breath, and sputum production (yellowish to white) but reports no cough. She reports muscle weakness (Generalized weakness) and arthralgias/joint pain (Generalized aches and pains). She reports muscle weakness (Generalized weakness (right arm) and numbness (right arm starting 5 days ago) but reports no loss of consciousness, no seizures, no dizziness, no headaches, and no slurred speech. She reports sleep disturbances (sleeps on right side). She reports no dry eyes, no vision change, and no irritation. She reports no ear pain. She reports no sinus problems. She reports no chest pain, no shortness of breath when walking, and no shortness of breath when lying down. She reports no abdominal pain, no vomiting, no diarrhea, no dysphagia, no nausea, and no constipation. She reports no incontinence, no difficulty urinating, and no hematuria. She reports no rashes. She reports no fatigue. She reports no swollen glands and no bruising. She reports no runny nose, no sinus pressure, no itching, and no hives.

Physical Exam

Patient is a 62-year-old female.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: to time, place, and person. Memory: recent memory normal and remote memory normal.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. EOM: EOMI. Lens: clear. Sclerae: non-icteric.

ENMT: Ears: no lesions on external ear, EACs clear, and TMs clear. Hearing: no hearing loss. Nose: no lesions on external nose, septal deviation, sinus tenderness, or nasal discharge and nares patent and nasal passages clear. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums. Oropharynx: no erythema or exudates and moist mucous membranes.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD or supraclavicular LAD. Thyroid: no enlargement or nodules and tender (to palpation primarily to right side).

Lungs: Respiratory effort: no dyspnea. Auscultation: no wheezing, rales/crackles, or rhonchi and good air movement and decreased breath sounds.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR.

JOHNSON, JUDY (id #69703, dob: 03/25/1955)

Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: no tenderness, guarding, masses, rebound tenderness, or CVA tenderness and soft and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly.

Musculoskeletal: Motor Strength and Tone: normal tone and motor strength. Joints, Bones, and Muscles: no contractures, malalignment, or bony abnormalities and limited ROM (very limited to right shoulder). Extremities: no cyanosis or edema. Right Shoulder: no erythema, warmth, or objective synovitis; decreased range of active flexion motion, flexion motion passive, active extension, passive extension, active internal rotation, passive internal rotation, active external rotation, passive external rotation, active circumduction motion, and passive circumduction motion; and pain on palpation and reduced ROM. Left Shoulder: no tenderness, erythema, warmth, or objective synovitis and good ROM.

Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact. Sensation: grossly intact. Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: no tremor.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor. Nails: normal.

Assessment / Plan

1. **Adhesive capsulitis of shoulder** - Was seen by her PCP after reporting of right shoulder pain d/t lifting a patient and heard a "pop". PCP ordered a MRI with results showing a right AC joint arthropathy and equivocal changes of a frozen shoulder. Will order Naproxen and a Medrol dose pack to reduce joint inflammation and refer to LTC therapy. Will have her RTC in 2 weeks to evaluate progress. Placed on work restriction of no lifting greater than 5-10 pounds.

M75.01: Adhesive capsulitis of right shoulder

• PHYSICAL THERAPY REFERRAL - Schedule Within: provider's discretion

Evaluate & Treat: right frozen shoulder via MRI

• naproxen 500 mg tablet - Take 1 tablet(s) twice a day by oral route for 30 days. Qty: 60 tablet(s) Refills: 3 Pharmacy: LTC HEALTH SOLUTIONS - AGAPE

• Medrol (Pak) 4 mg tablets in a dose pack - TAKE AS DIRECTED Qty: 1 dose-pack(s) of 21 Refills: 0 Pharmacy: LTC HEALTH SOLUTIONS - AGAPE

2. **Influenza-like symptoms** - Patient reporting flu like symptoms. Both rapid tests are negative. However, she is a RN and has had exposure to other patients that have tested positive for the flu and will treat prophylactically with Tamiflu

- R68.89: Other general symptoms and signs
- RAPID FLU (A+B)
- RAPID STREP GROUP A, THROAT

3. **Exposure to Influenzavirus**

Z20.828: Contact with and (suspected) exposure to other viral communicable diseases

• Tamiflu 75 mg capsule - Take 1 capsule(s) every day by oral route for 10 days. Qty: 10 capsule(s) Refills: 0 Pharmacy: LTC HEALTH SOLUTIONS - AGAPE

RAPID FLU (A+B)

- Results:
 - Flu Type A: negative
 - Flu Type B: negative

RAPID STREP GROUP A, THROAT

- Result:
 - Strep: negative

Return to Office

- Fredric Woriac, MD for Follow up 20 at APC-Main St Columbia on 02/21/2018 at 02:15 PM
- Terri Woodruff, APRN for Follow Up 30 at APC-Main St Columbia on 02/26/2018 at 09:40 AM

Amendment Sign-Off

Encounter signed-off by Terri Woodruff, APRN, 02/20/2018.

Encounter performed and documented by Terri Woodruff, APRN

Encounter reviewed & signed by Terri Woodruff, APRN on 02/20/2018 at 4:36pm

Amendment closed by Terri Woodruff, APRN on 02/20/2018 at 4:51pm

Clinical Documents

Work Status Report

Employee: Judy Johnson SSN: 248738231 DOB: 3-28-55

Employer: Agape Hospice Date of Injury: 1-26-18

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I hereby authorize Agape Senior Primary Care, Inc and all physicians or medical providers to release and disclose to Agape Senior and/or employer all requested information, records, and copies (including but not limited to a completed Work Status Report) regarding my condition, diagnosis, treatment, prognosis, and evaluation for the above specified accident/injury/illness, and any impairment or disability resulting there from. I further authorize the disclosure of such information and medical/surgical records to, and discussion of my condition, diagnosis, treatment, prognosis, evaluation, and any resulting impairment or disability with Agape Senior Primary Care, Inc or my employer. Such information, records, and copies may be disclosed and released by mail, personal deliver, facsimile transmission, verbally or by such other means as requested. Photocopies of this authorization shall be effective as the original.

Employee Signature: Judy Johnson Date: 2-21-18

Diagnosis/ Condition: Adhesive capsulitis

Recommended Treatment Plan: Ortho c/s, pain management, PT

Work Status and Follow-Up Treatment

- ☐ Return to Regular/Full Duty Work (No Limitations or Restrictions) Date: _____
- ☐ Reached Maximum Medical Improvement Date: _____
- ☒ Follow-Up or Referral Appointment With: 1 month Date: _____
- ☒ Return to Work in Restricted Modified Duty Assignment with the Following Restrictions
- Date: _____

RESTRICTIONS (Please Check/Complete All Appropriate Boxes)

- ☐ Lifting Abilities: may lift up to 0 10 20 25 30 35 40 50 or 0 pounds _____ time/hrs _____ hours/shift
- ☐ Sitting Abilities: may sit _____ 0 10 20 30 40 50 or _____ minutes/hours 8 hours/shift
- ☐ Standing/Walking Abilities: 4 hours hours/shift 4 hours minutes/hours
- ☐ Endurance Abilities: 1-2 hours - no RUE/shoulder use hours/shift _____ days/week
- ☒ Other: Very limited/light use of RUE/hand/shoulder.

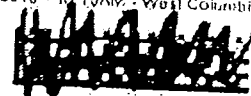
Physician Signature: [Signature] 02/21/18 Date: _____

JOHNSON, JUDY (id #69703, dob: 03/25/1955)

03/22/2018 THU 13:58 FAX --- A-T-H-E-N-A

006/007

JOHNSON, JUDY 03/25/55 #3220985
03/20/2018 - 10:10AM - West Columbia



5236335W5489 ClinDoc

Surgery Order

03/20/2018

From Provider	To Provider
TOM ARMSEY, MD Midlands Orthopaedics & Neurosurgery 1910 Blanding Street COLUMBIA, SC 29201-3520 Phone: (803) 258-4107 Fax: (803) 833-8100	
Orders Included: 1	
Adhesive capsulitis of shoulder - Right ICD-10: M75.01; Adhesive capsulitis of right shoulder • INJECTION, SHOULDER, FLUORO GUIDANCE (PROC)	
Note to Provider: Right Shoulder Injection under Fluoro 20810, 77002	
Patient	NAME: JOHNSON, JUDY L ** PATIENT ID: 3220985 ** PATIENT SSN: 248138231 Gender: F ** DOB: 03/25/1955 ** AGE: 62yo
Address	140 CHADWOOD CIR, LEXINGTON, SC 29073
Phone	H: (803) 413-0540 W: (803) 454-6113 M: (803) 413-0540
Primary Ins.	** ID: ** Policy Holder: ** Claim Case#: C9391825487 ** Case Injury Date: 01/26/2018 ** Case Worker's Name: JUDY BURROUGHS
Secondary Ins.	** ID: ** Policy Holder:

Electronically Signed by: TOM ARMSEY, MD

ON: 03/20/2018 10:39 AM

Scanned by CamScanner

LTC Therapy Solutions of West Columbia
3681 Leaphart Rd Ste A
West Columbia, SC 29169-3060
Phone: (803)454-6090
Fax: (803)451-6105

Physical Therapy
Initial
Examination
Addendum

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955

Referring Physician(s): Woodruff, Terri NP

Visit No.: 1

Date of Initial Examination: 02/13/2018

Injury/Onset/Change of Status Date: 02/13/2018 New Injury,
on job lifting

Diagnostics: ICD10: M75.01: Adhesive capsulitis of right
shoulder

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

History of Present Condition/Mechanism of Injury: on job incident reported... see eDDoc

Primary Concern/Chief Complaint: shoulder pain with frozen shoulder symptoms and report of numbness and tingling in that
hand and fingers

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Pain Location: right shoulder

Pain Scale: Worst: 10 Best: 5 Current: 5

Pain Description: Sharp

Pain Follow-up Plan: continue to monitor

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

General Health: Good

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDDoc)

Medical History Review: The patient has a history of present problem without any personal factors and/or comorbidities that
impact the plan of care.

Mental Status/Cognitive Function Appears Impaired? No

Current Medications: Prescription (see eDDoc)

see eDDoc

Patient Goals: "get better"

Objective

Inspection

Body Mass Index

Weight	178
Height	64
Units	lbs/in
Index	30.55
Followup Plan	continue to monitor

Outcome Measurement Tools

Spine

Neck Disability Index Questionnaire

Total Score:	23
Total %:	46%

Upper Extremity

Upper Extremity Quick DASH	77.27/100
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LTC Therapy Solutions of West Columbia
3681 Leaphart Rd Ste A
West Columbia, SC 29169-3068
Phone: (803)454-6090
Fax: (803)451-6105

Physical Therapy
Initial
Examination
Addendum

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 02/13/2018

Assessment

Assessment/Diagnosis: Good candidate to benefit from skilled PT to help normalize comfort safety and ease of performance of functional tasks in upright postures and positions

Patient Clinical Presentation: The clinical presentation is stable and/or uncomplicated.

Patient Education: advance as patient tolerates

Following the evaluation and extensive patient education regarding diagnosis, prognosis, and treatment goals, the patient (parent/guardian, power of attorney holder) actively participated in the creation of the current goals and agrees to the current treatment plan.

Rehab Potential: Good

Contraindications to Therapy: None

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | Patient I with basic HEP
- 2: (4 Weeks) | patient I with body mechanics program activities

Long Term Goals:

- 1: (8 Weeks) | patient able to lift and perform household items with regular chores
- 2: (8 Weeks) | Patient I with advanced HEP
- 3: (8 Weeks) | seldom c/o shoulder pain
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness
- 5: (8 Weeks) | patient able return to full duty status on the job

Plan

Frequency: 2-3 times a week

Duration: 8 weeks

Plan: Begin Plan as Outlined

Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Strength, Endurance, Stability), Therapeutic Activity (PRN), Gait Training (Even Surfaces, Uneven Surfaces, Stairs, Curbs, PRN), Neuromuscular Rehabilitation (Balance/Proprioception Training, Muscle Re-Education, Sequencing, Coordination, PNF), Manual Therapy (Soft Tissue Mobilization, Joint Mobilization, Manual Traction, Myofascial Release, Cranio-Sacral), Vestibular Rehabilitation (PRN), Patient Education (Home Exercise Program, Postural Training, Ergonomics, Lifting Mechanics, Activity Modification, Home Safety)

Original Note Completed On: February 13, 2018 5:19pm

Addendum Completed On: March 20, 2018 2:12pm

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (803)454-6090. Please sign and return: Fax#: (803)451-6105

James R. Ross, PT

James R. Ross, PT
License #630

Electronically Signed by James R. Ross, PT on March 20, 2018 at 2:12 pm

I certify the need for these services furnished under this plan of treatment and while under my care.

☐ I have no revisions to the plan of care.
☐ Revise the plan of care as follows: _____

Physician Signature _____

T. Woodruff, NP

Date: _____

Powered by WebPT

LTC Therapy Solutions of West Columbia
3681 Leaphant Rd Ste A
West Columbia, SC 29169-3068
Phone: (803)454-6090
Fax: (803)451-6105

Plan of Care Addendum

LTC Therapy
Solutions

Patient Name: Johnson, Judy

Date of Birth: 03/25/1955

Referring Physician(s): Woodruff, Terri NP

Date of Original Eval: 02/13/2018

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder

Date of Plan of Care: 02/13/2018

Injury/Onset/Change of Status Date: 02/13/2018 New Injury, on job lifting

Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder

Visit No.: 1

Assessment

Assessment/Diagnosis: Good candidate to benefit from skilled PT to help normalize comfort safety and ease of performance of functional tasks in upright postures and positions

Patient Education: advance as patient tolerates

Following the evaluation and extensive patient education regarding diagnosis, prognosis, and treatment goals, the patient (parent/guardian, power of attorney holder) actively participated in the creation of the current goals and agrees to the current treatment plan.

Rehab Potential: Good

Contraindications to Therapy: None

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

1: (4 Weeks) | Patient I with basic HEP |

2: (4 Weeks) | patient I with body mechanics program activities |

Long Term Goals:

1: (8 Weeks) | patient able to lift and perform household items with regular chores |

2: (8 Weeks) | Patient I with advanced HEP |

3: (8 Weeks) | seldom c/o shoulder pain |

4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |

5: (8 Weeks) | patient able return to full duty status on the job |

Plan

Frequency: 2-3 times a week

Duration: 8 weeks

Plan: Begin Plan as Outlined

Treatment to be provided:

LTC Therapy Solutions of West Columbia
3681 Leaphart Rd Ste A
West Columbia, SC 29169-3068
Phone: (803)454-6090
Fax: (803)451-6105

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 02/13/2018

Plan of Care Addendum

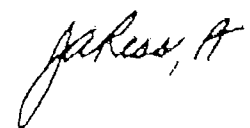
Procedures

Therapeutic Exercises (ROM, Strength, Endurance, Stability), Therapeutic Activity (PRN), Gait Training (Even Surfaces, Uneven Surfaces, Stairs, Curbs, PRN), Neuromuscular Rehabilitation (Balance/Proprioception Training, Muscle Re-Education, Sequencing, Coordination, PNF), Manual Therapy (Soft Tissue Mobilization, Joint Mobilization, Manual Traction, Myofascial Release, Cranio-Sacral), Vestibular Rehabilitation (PRN), Patient Education (Home Exercise Program, Postural Training, Ergonomics, Lifting Mechanics, Activity Modification, Home Safety)

Original Note Completed On: February 13, 2018 5:19pm
Addendum Completed On: March 20, 2018 2:14pm

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (803)454-6090. Please sign and return: Fax#: (803)451-6105



James R. Res, PT
License #630

Electronically Signed by James R. Res, PT on March 20, 2018 at 2:14 pm

I certify the need for these services furnished under this plan of treatment and while under my care.

☐ I have no revisions to the plan of care.
☐ Revise the plan of care as follows _____

Physician Signature _____

T. Woodruff, NP

Date: _____

LTC Therapy Solutions of West Columbia
3681 Leaphart Rd Ste A
West Columbia, SC 29169-3068
Phone: (803)454-6090
Fax: (803)451-6105

Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 02/14/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder
Visit No.: 1
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

Current Complaints / Gains: Pt stated "my pain in my arm, and the numbness and tingling in my hand and fingers are so bad today". Pt also had swelling R hand today. Pt with increase negative muscle guarding. Pt girmance with any movement with R UE

Before the Injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects; Hand & Arm Use; Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects; Hand & Arm Use; Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code	Direct Timed Codes	Units
97140	Manual Therapy MIR: Psoas release, occipital release, suboccipital release, scalene release, scapula release gentle arm pull	3

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Assessment

Assessment/Diagnosis: Pt tolerated tx well, but pain was still present post tx. Pt stated "the pain definitely isn't as bad as when I came in."

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | Patient I with basic HEP |
- 2: (4 Weeks) | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | Patient I with advanced HEP |
- 3: (8 Weeks) | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | patient able return to full duty status on the job |

LTC Therapy Solutions of West Columbia
3681 Loaphart Rd Ste A
West Columbia, SC 29169-3068
Phone: (803)451-6090
Fax: (803)451-6105

Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 02/14/2018

Plan:

Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1360

Initiated by Mary Stewart, PTA on February 14, 2018 at 5:34 pm

Ashley Fann, DPT

Ashley Fann, DPT
License #7483

Electronically Co-Signed by Ashley Fann, DPT on February 15, 2018 at 12:04 pm

2 of 2

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Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 02/15/2018

Injury/Onset/Change of Status Date: 02/13/2018 New Injury

Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder

Visit No.: 2

Date of Original Eval: 02/13/2018

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder

Insurance Name: MagMutual Insurance Company

Subjective

Current Complaints / Gains: Pt c/o of pain tingling and some numbness in shld, arm, and hand. Pt with increase muscle guarding and hypertonic muscle activity.

Before the Injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code	Direct Timed Codes	Units
97110	Therapeutic Exercise pulleys (limited range due to pain, very slow movement) table slide with wash cloth (forward, backward, lateral) nu-step x 2min (pt was only able to tolerate short time due to pain) gentle AAROM within pt tolerance level	1
97140	Manual Therapy MFR: occipital release, suboccipital release, scalene release, SCM release, axillary releases gentle arm pull	2

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Assessment

Assessment/Diagnosis: Pt still having increase pain and muscle guarding in R shld. PTA recommend pt take her pain medication 45 min prior to tx to help decrease pain and muscle guarding.

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | Patient | with basic HEP |
- 2: (4 Weeks) | patient | with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | Patient | with advanced HEP |
- 3: (8 Weeks) | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | patient able return to full duty status on the job |

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Fax: (803)451-6105

Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 02/15/2018

Plan

Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560
Initiated by Mary Stewart, PTA on February 15, 2018 at 4:54 pm

Ashley Fann, DPT

Ashley Fann, DPT
License #7463
Electronically Co-Signed by Ashley Fann, DPT on February 16, 2018 at 7:47 pm

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Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 02/20/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder
Visit No.: 4
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder

Subjective

Current Complaints / Gains: Pt c/o of pain tingling and numbness in shld, arm, and hand

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
97035	Ultrasound/Phonophoresis US x 10 min shld for pain	1
97110	Therapeutic Exercise gentle AAROM within pt tolerance level pendulum therex and stretch wand therex wall slides manual stretching within pt tolerance level nu-step x 4 min with rest breaks (slow movement) Pullies MFR:scapula release, yoke tech	2

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Assessment

Assessment/Diagnosis: Pt able to tolerate tx better today. Pt gradually making progress toward LTG

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | Patient I with basic HEP |
- 2: (4 Weeks) | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | Patient I with advanced HEP |
- 3: (8 Weeks) | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | patient able return to full duty status on the job |

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Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 02/20/2018

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560

Initiated by Mary Stewart, PTA on February 20, 2018 at 6:27 pm

Ashley Fann, DPT

Ashley Fann, DPT
License #7463

Electronically Co-Signed by Ashley Fann, DPT on February 21, 2018 at 7:46 pm

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Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 02/19/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder
Visit No.: 3
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018
Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

Current Complaints / Gains: Pt c/o of pain tingling and numbness in shld, arm, and hand. Pt stated "my arm was hurting so bad on Friday night I cried. They had me clean out the medical supply closet at work on Friday, and that was too much. Then on Saturday I was trying to get something out of the cabinet and I heard something pop in my shoulder".

Before the Injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code	Direct Timed Codes	Units
97110	Therapeutic Exercise table slide with wash cloth (forward, backward, lateral) gentle AAROM within pt tolerance level pendulum therex and stretch wand therex gentle rebounding	1

97140	Manual Therapy MFR: scalene, SCM, bicep release, pectoral release, scapula release	2
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Assessment

Assessment/Diagnosis: Pt still with increase muscle guarding and pain. Increase ROM noted post MFR tx

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forward's head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | Patient I with basic HEP |
- 2: (4 Weeks) | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | Patient I with advanced HEP |
- 3: (8 Weeks) | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | patient able return to full duty status on the job |

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Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 02/19/2018

Plan
Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560
Initialed by Mary Stewart, PTA on February 19, 2018 at 5:03 pm

Ashley Fenn

Ashley Fenn, DPT
License #7483
Electronically Co-Signed by Ashley Fenn, DPT on February 20, 2018 at 8:57 am

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Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 02/20/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder
Visit No.: 4
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder

Subjective

Current Complaints / Gains: Pt c/o of pain tingling and numbness in shld, arm, and hand

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code	Direct Timed Codes	Units
97035	Ultrasound/Phonophoresis US x 10 min shld for pain	1
97110	Therapeutic Exercise gentle AAROM within pt tolerance level pendulum therex and stretch wand therex wall slides manual stretching within pt tolerance level nu-step x 4 min with rest breaks (slow movement) Pullies MFR:scapula release, yoke tech	2

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Assessment

Assessment/Diagnosis: Pt able to tolerate tx better today. Pt gradually making progress toward LTC

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | Patient I with basic HEP |
- 2: (4 Weeks) | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | Patient I with advanced HEP |
- 3: (8 Weeks) | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | patient able return to full duty status on the job |

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Fax: (803)451-6105

Daily Note / Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 02/20/2018

Plan
Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560
Initialed by Mary Stewart, PTA on February 20, 2018 at 6:27 pm

Ashley Fann, DPT

Ashley Fann, DPT
License #7483
Electronically Co-Signed by Ashley Fann, DPT on February 21, 2018 at 1:48 pm

2 of 2

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Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 02/21/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder
Visit No.: 4
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018
Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

Current Complaints / Gains: Pt stated "my arm hurt all night long".

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code	Direct Timed Codes	Units
97110	Therapeutic Exercise table slide with wash cloth (forward, backward, lateral) gentle AAROM within pt tolerance level wall slides wand therex gentle rebounding shld pulley therex	2
97140	Manual Therapy MFR: yoke technique, occipital release, wrist release	1

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Assessment

Assessment/Diagnosis: Pt encouraged to ice shld once she get home, to help with pain. Pt reported she has a dr appt today
to address shld pain. Pt reported the pain medication she on is not helping

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | Patient | with basic HEP |
- 2: (4 Weeks) | patient | with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | Patient | with advanced HEP |
- 3: (8 Weeks) | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | patient able return to full duty status on the job |

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Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 02/21/2018

Plan

Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560

Initialed by Mary Stewart, PTA on February 21, 2018 at 3:27 pm

Ashley Fann, DPT

Ashley Fann, DPT
License #7463

Electronically Co-Signed by Ashley Fann, DPT on February 21, 2018 at 7:46 pm

LTC Therapy Solutions of West Columbia
3681 Leaphart Rd Ste A
West Columbia, SC 29169-3058
Phone: (803)451-6090
Fax: (803)451-6105

Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 02/26/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder
Visit No.: 6
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018
Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

Current Complaints / Gains: PT stated "the doctor gave me a new medication and it's not helping. He's also sending me for an ortho consult"

Before the Injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT [®] Code	Direct Timed Codes	Units
97140	Manual Therapy MFR: yoke technique, occipital release, sternal release, pectoral release, scapula release, bicep release, scapula glides gentle rhythmic rocking to override negative bracing response CPT copyright 2017 American Medical Association. All rights reserved.	3

Assessment

Assessment/Diagnosis: PT tolerated tx well and continues to make progress toward LTG

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | Patient I with basic HEP |
- 2: (4 Weeks) | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | Patient I with advanced HEP |
- 3: (8 Weeks) | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | patient able return to full duty status on the job |

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Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1965
Document Date: 02/26/2018

Plan
Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560

Initiated by Mary Stewart, PTA on February 28, 2018 at 3:37 pm

Ashley Fann, DPT

Ashley Fann, DPT
License #7483

Electronically Co-Signed by Ashley Fann, DPT on February 28, 2018 at 7:38 pm

LTC Therapy Solutions of West Columbia
3681 Leaphart Rd Ste A
West Columbia, SC 29169-3068
Phone: (803)454-6090
Fax: (803)451-6105

Physical Therapy Progress Note

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Progress Note: 02/28/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder
Visit No.: 7

Date of Original Eval: 02/13/2018
Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder

Subjective

History of Present Condition/Mechanism of Injury: on job incident reported... see eDDoc

Current Complaints / Gains: Pt reports she is able to move her shoulder more but is still having pain and now she is feeling more pain in her neck and she is getting more numbness and tingling in her right hand. She reports she is dropping things more. Pt is not able to sleep at all and is unable to get comfortable. She is supposed to be on restrictive duty and is having to do more. Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

General Health: Good

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Medical History Review: The patient has a history of present problem without any personal factors and/or comorbidities that impact the plan of care.

Mental Status/Cognitive Function Appears Impaired? No

Current Medications: Prescription (see eDoc)
see eDoc

Objective

Inspection

Body Mass Index

Weight	178
Height	64
Units	lbs/in
Index	30.55
Followup Plan	continue to monitor

Outcome Measurement Tools

Spine

Neck Disability Index
Questionnaire

Total Score:	23	23
Total %:	46%	46%

Upper Extremity

Upper Extremity Quick DASH	77.27/100	77.27
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Assessment

LTC Therapy Solutions of West Columbia
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Physical Therapy Progress Note

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 02/28/2018

Assessment/Diagnosis: Pt with no change in outcomes measures and is having increased pain in her neck and shoulder. Pt is also having numbness in her right hand at greater intensity. She presents with increased tissue inflammation and warmth in UT and right upper shoulder girdle. Pt shows improved range of motion but has severe pain. Pt is getting second opinion consult from Ortho on Friday.

Patient Clinical Presentation: The clinical presentation is stable and/or uncomplicated.

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | 15% | Patient I with basic HEP |
- 2: (4 Weeks) | 25% | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | 10% | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | 0% | Patient I with advanced HEP |
- 3: (8 Weeks) | 0% | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | 0% | patient able return to full duty status on the job |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Plan

Frequency: 2-3 times a week

Duration: 8 weeks

Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Strength, Endurance, Stability), Therapeutic Activity (PRN), Gait Training (Even Surfaces, Uneven Surfaces, Stairs, Curbs, PRN), Neuromuscular Rehabilitation (Balance/Proprioception Training, Muscle Re-Education, Sequencing, Coordination, PNF), Manual Therapy (Soft Tissue Mobilization, Joint Mobilization, Manual Traction, Myofascial Release, Cranio-Sacral), Vestibular Rehabilitation (PRN), Patient Education (Home Exercise Program, Postural Training, Ergonomics, Lifting Mechanics, Activity Modification, Home Safety)

Mary Stewart PTA

Mary Stewart, PTA

License #1560

Initiated by Mary Stewart, PTA on February 28, 2018 at 11:43 am

Ashley Fann, DPT

Ashley Fann, DPT

License #7463

Electronically Co-Signed by Ashley Fann, DPT on February 28, 2018 at 4:32 pm

LTC Therapy Solutions of West Columbia
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 Fax: (803)451-6105

Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
 Date of Birth: 03/25/1955
 Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 02/28/2018
 Injury/Onset/Change of Status Date: 02/13/2018 New Injury
 Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
 shoulder
 Visit No.: 7
 Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018
 Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
 right shoulder

Subjective

Current Complaints / Gains: Pt reports she is able to move her shoulder more but is still having pain and now she is feeling more pain in her neck and she is getting more numbness and tingling in her right hand. She reports she is dropping things more. Pt is not able to sleep at all and is unable to get comfortable. She is supposed to be on restrictive duty and is having to do more. Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT [®] Code	Direct Timed Codes	Units
97140	Manual Therapy MFR: yoke technique, occipital release, sternal release, pectoral release, scapula release, bicep release, scapula glides, gentle rhythmic rocking to override negative bracing response	2
97530	Therapeutic Activity/Kinetic job simulation activities	1

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Assessment

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | 15% | Patient I with basic HEP |
- 2: (4 Weeks) | 25% | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | 10% | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | 0% | Patient I with advanced HEP |
- 3: (8 Weeks) | 0% | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | 0% | patient able return to full duty status on the job |

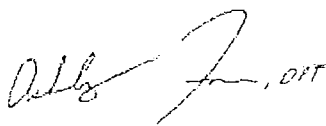
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Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 02/28/2018

Plan

Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

 Ashley Fann, DPT

Ashley Fann, DPT
License #7463

Electronically Signed by Ashley Fann, DPT on February 28, 2018 at 4:38 pm

Patient Outcomes

Report Date: 2/28/2018

Judy Johnson

77 OF 100

Patient ID: 2501779

Questionnaire Type: Follow Up

Case Key: 18305573

Area: Upper Extremity

Visit Date: 2/28/2018

Clinician: Fann, Ashley

Entry Date: 2/28/2018

Clinic: LTC Therapy Solutions of West Columbia

ICD Code: M7501 - Adhesive capsulitis of right shoulder

Referral Source: Woodruff, Terri

Gender: F

Payer Class: Workers Compensation

Date of Birth: 3/25/1955

Litigation: No Direct Access: No

Workers Compensation Information

Work Status: Full time, full duty no restrictions

Employer:

Claim Number:

Administrator:

#	Question	Answer	Value	Scale
1	Pain Level	6	6	(0 to 10)
1	Open a tight or new jar.	Severe Difficulty	4	(1 to 5)
2	Do heavy household chores (e.g., wash walls, floors).	Severe Difficulty	4	(1 to 5)
3	Carry a shopping bag or briefcase.	Severe Difficulty	4	(1 to 5)
4	Wash your back.	Unable	5	(1 to 5)
5	Use a knife to cut food.	Moderate Difficulty	3	(1 to 5)
6	Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	Severe Difficulty	4	(1 to 5)
7	During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	Moderately	3	(1 to 5)

Patient Outcomes

Report Date: 2/28/2018

#	Question	Answer	Value	Scale
8	During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	Very Limited	4	(1 to 5)
9	Arm, shoulder or hand pain.	Severe	4	(1 to 5)
10	Tingling (pins and needles) in your arm, shoulder or hand.	Extreme	5	(1 to 5)
11	During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	So Much Difficulty That I Cant Sleep	5	(1 to 5)

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Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 03/01/2018

Injury/Onset/Change of Status Date: 02/13/2018 New Injury

Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder

Visit No.: 8

Date of Original Eval: 02/13/2018

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder
Insurance Name: MagMutual Insurance Company

Subjective

Current Complaints / Gains: Nothing new to report

Before the Injury/Onset/Change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code	Direct Timed Codes	Units
97140	Manual Therapy MFR: occipital release, SCM release, scalene release, bicep head release, elbow release, fingers release	3

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Assessment

Assessment/Diagnosis: Pt stated post tx "my shld and hand feels so much better, I hope it last for me to get through these chart audits"

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | 15% | Patient I with basic HEP |
- 2: (4 Weeks) | 25% | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | 10% | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | 0% | Patient I with advanced HEP |
- 3: (8 Weeks) | 0% | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | 0% | patient able return to full duty status on the job |

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Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/01/2018

Daily Note /
Billing Sheet

Plan

Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560
Initiated by Mary Stewart, PTA on March 1, 2018 at 11:31 am

Ashley Fann, DPT

Ashley Fann, DPT
License #7463
Electronically Co-Signed by Ashley Fann, DPT on March 2, 2018 at 8:31 am

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Daily Note / Billing Sheet

LTC Therapy Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 03/05/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder
Visit No.: 9
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018
Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

Current Complaints / Gains: PI rated pain a 7/10

Before the Injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code
97140

Direct Timed Codes
Manual Therapy

MFR: occipital release, SCM release, scalene release, sternal release,
pectoral release, scapula release
gentle shld rebounding

Units
3

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Assessment

Assessment/Diagnosis: PI stated "It feels better". PI rated pain a 3-4/10 post tx.

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | 15% | Patient I with basic HEP |
- 2: (4 Weeks) | 25% | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | 10% | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | 0% | Patient I with advanced HEP |
- 3: (8 Weeks) | 0% | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | 0% | patient able return to full duty status on the job |

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Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/05/2018

Plan

Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560

Initialed by Mary Stewart, PTA on March 5, 2018 at 4:23 pm

Ashley Fann, DPT

Ashley Fann, DPT
License #7483

Electronically Co-Signed by Ashley Fann, DPT on March 5, 2018 at 5:53 pm

Patient Outcomes

Report Date: 3/6/2018

#	Question	Answer	Value	Scale
9	Arm, shoulder or hand pain.	Extreme	5	(1 to 5)
10	Tingling (pins and needles) in your arm, shoulder or hand.	Extreme	5	(1 to 5)
11	During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	So Much Difficulty That I Cant Sleep	5	(1 to 5)

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Daily Note /
Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 03/07/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder
Visit No.: 10
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

Current Complaints / Gains: nothing new to report

Before the Injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code	Direct Timed Codes	Units
97140	Manual Therapy MFR: scalene release, SCM release, pectoral release, pectoral release, scapula release, bicep release, shld decompression release, gentle cervical unwinding retro soft tissue mobilization	3

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Assessment

Assessment/Diagnosis: Pt reported post tx "my arm feels better"

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | 15% | Patient I with basic HEP |
- 2: (4 Weeks) | 25% | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | 10% | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | 0% | Patient I with advanced HEP |
- 3: (8 Weeks) | 0% | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | 0% | patient able return to full duty status on the job |

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Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/07/2018

Plan
Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560
Initiated by Mary Stewart, PTA on March 14, 2018 at 7:41 am

Ashley Fann, DPT

Ashley Fann, DPT
License #7463
Electronically Co-Signed by Ashley Fann, DPT on March 14, 2018 at 12:35 pm

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Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 03/08/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder
Visit No.: 10
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018
Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

Current Complaints / Gains: Pt stated "I felt good when I left, and I went to work. I had to do about 6 hr of typing, by the time I finish my hand went numb and tingling again". Pt reported her shoulder feel better. Pt rated pain this morning 5/10

Before the Injury/onset/Change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code	Direct Timed Codes	Units
97140	Manual Therapy MFR: scalene release, pectoral release, hand release, wrist release, fingers release, web space release gentle wrist pulls gentle arm pull gentle shld rebounding	3

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Assessment

Assessment/Diagnosis: Pt tolerated tx well and continue to make progress toward LTG. Pt rated pain 2/10 post tx.

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | 15% | Patient | with basic HEP |
- 2: (4 Weeks) | 25% | patient | with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | 10% | patient able to lift and perform household items with regular chores |
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- 3: (8 Weeks) | 0% | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | 0% | patient able return to full duty status on the job |

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Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/08/2018

Plan
Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560
Initiated by Mary Stewart, PTA on March 8, 2018 at 11:35 am

Ashley Fann, DPT

Ashley Fann, DPT
License #7483
Electronically Co-Signed by Ashley Fann, DPT on March 8, 2018 at 12:42 pm

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Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 03/12/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder
Visit No.: 11
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

Current Complaints / Gains: Pt stated "I tried exercising my arm over the weekend because I don't want it to freeze up again. I think I may have over did it, bc it's killing me today".

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code	Direct Timed Codes	Units
97140	Manual Therapy MFR: scalene release, SCM, axillary release, lateral thoracic release, pectoral release, hand release, scapula release gentle wrist pulls gentle arm pull gentle shld rebounding	3

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Assessment

Assessment/Diagnosis: Pt responding well to tx.

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | 15% | Patient I with basic HEP |
- 2: (4 Weeks) | 25% | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | 10% | patient able to lift and perform household items with regular chores |
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- 5: (8 Weeks) | 0% | patient able return to full duty status on the job |

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Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/12/2018

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560

Initiated by Mary Stewart, PTA on March 12, 2018 at 4:22 pm

Ashley Fann, DPT

Ashley Fann, DPT
License #7463

Electronically Co-Signed by Ashley Fann, DPT on March 13, 2018 at 9:03 pm

2 of 2

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Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 03/13/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder
Visit No.: 11
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

Current Complaints / Gains: nothing new to report

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code	Direct Timed Codes	Units
97140	Manual Therapy MFR: scalene release, pectoral release, yoke technique, shld decompression release, gentle cervical unwinding retro soft tissue mobilization kinesio taping shld gentle shld rebounding	3

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Assessment

Assessment/Diagnosis: Pt tolerated tx well. Pt reported, she is not having as much pain, but tingling and numbness persist.

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | 15% | Patient I with basic HEP |
- 2: (4 Weeks) | 25% | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | 10% | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | 0% | Patient I with advanced HEP |
- 3: (8 Weeks) | 0% | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | 0% | patient able return to full duty status on the job |

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Fax: (803)451-6105

Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/13/2018

Plan

Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560

Initiated by Mary Stewart, PTA on March 13, 2018 at 11:31 am

Ashley Fann, DPT

Ashley Fann, DPT
License #7463

Electronically Co-Signed by Ashley Fann, DPT on March 13, 2018 at 9:04 pm

2 of 2

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West Columbia, SC 29169-3068
Phone: (803)451-6090
Fax: (803)451-6105

Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 03/15/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder
Visit No.: 14
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018
Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

Current Complaints / Gains: nothing new to report

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT [®] Code	Direct Timed Codes	Units
97140	Manual Therapy MFR: paraspinal release, pectoral release, scapula release, scapula glide, Scaleno release, bicep release, wrist release, shld decompression release retro soft tissue mobilization gentle shld rebounding	3

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Assessment

Assessment/Diagnosis: PT tolerated tx well. PT still having some pain post tx, and muscle guarding noted

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | 15% | Patient | with basic HEP |
- 2: (4 Weeks) | 25% | patient | with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | 10% | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | 0% | Patient | with advanced HEP |
- 3: (8 Weeks) | 0% | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | 0% | patient able return to full duty status on the job |

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Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/15/2018

Daily Note / Billing Sheet

Plan

Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560
Initialed by Mary Stewart, PTA on March 15, 2018 at 11:47 am

Ashley Fann, DPT

Ashley Fann, DPT
License #7463
Electronically Co-Signed by Ashley Fann, DPT on March 17, 2018 at 9:25 am

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Physical Therapy Progress Note

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/26/1955
Referring Physician(s): Woodruff, Terri NP

Date of Progress Note: 03/19/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder
Visit No.: 15

Date of Original Eval: 02/13/2018
Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder

Subjective

History of Present Condition/Mechanism of Injury: on job incident reported... see eDDoc

Current Complaints / Gains: PT reports she will be seeing her doctor tomorrow to get her MRI result

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

General Health: Good

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDDoc)

Medical History Review: The patient has a history of present problem without any personal factors and/or comorbidities that impact the plan of care.

Mental Status/Cognitive Function Appears Impaired? No

Current Medications: Prescription (see eDDoc)

see eDDoc

Objective

Inspection

Body Mass Index

Weight	178
Height	64
Units	lbs/in
Index	30.55
Followup Plan	continue to monitor

Outcome Measurement Tools

Spine

Neck Disability Index
Questionnaire

Total Score:	23	23
Total %:	46%	46%

Upper Extremity

Upper Extremity Quick DASH	70.45/100	77.27
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Assessment

Assessment/Diagnosis: PT continue to have pain, numbness, and tingling in R arm, but reported is has gotten better with therapy. PTA will restart ROM and strengthening once pt get her MRI results(ROM and strengthening was put on hold per PT)

Patient Clinical Presentation: The clinical presentation is stable and/or uncomplicated.

Rehab Potential: Good

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Physical Therapy Progress Note

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/19/2018

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | 15% | Patient I with basic HEP |
- 2: (4 Weeks) | 25% | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | 10% | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | 15% | Patient I with advanced HEP |
- 3: (8 Weeks) | 15% | seldom c/o shoulder pain |
- 4: (8 Weeks) | 20% | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | 15% | patient able return to full duty status on the job |

Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Plan

Frequency: 2-3 times a week

Duration: 8 weeks

Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Strength, Endurance, Stability), Therapeutic Activity (PRN), Gait Training (Even Surfaces, Uneven Surfaces, Stairs, Curbs, PRN), Neuromuscular Rehabilitation (Balance/Proprioception Training, Muscle Re-Education, Sequencing, Coordination, PNF), Manual Therapy (Soft Tissue Mobilization, Joint Mobilization, Manual Traction, Myofascial Release, Cranio-Sacral), Vestibular Rehabilitation (PRN), Patient Education (Home Exercise Program, Postural Training, Ergonomics, Lifting Mechanics, Activity Modification, Home Safety)

Mary Stewart PTA

Mary Stewart, PTA

License #1560

Initiated by Mary Stewart, PTA on March 19, 2018 at 11:01 am

James R. R.

James R. R., PT

License #630

Electronically Co-Signed by James R. R., PT on March 20, 2018 at 9:42 am

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Patient Outcomes

Report Date: 3/20/2018

Judy Johnson

70 OF 100

Patient ID: 2501779

Questionnaire Type: Follow Up

Case Key: 18305573

Area: Upper Extremity

Visit Date: 3/19/2018

Clinician: Ress, James

Entry Date: 3/20/2018

Clinic: LTC Therapy Solutions of West Columbia

ICD Code: M7501 - Adhesive capsulitis of right shoulder

Referral Source: Woodruff, Terri

Gender: F

Payer Class: Workers Compensation

Date of Birth: 3/25/1955

Litigation: No

Direct Access: No

Workers Compensation Information

Work Status: Full time, full duty no restrictions

Employer:

Claim Number:

Administrator:

#	Question	Answer	Value	Scale
1	Pain Level	5	5	(0 to 10)
2	Satisfaction	Very Satisfied	1	(1 to 4)
3	Functional Improvement	Fair	3	(1 to 4)
4	Goals Met	Partially Met	3	(1 to 4)
1	Open a tight or new jar.	Severe Difficulty	4	(1 to 5)
2	Do heavy household chores (e.g., wash walls, floors).	Severe Difficulty	4	(1 to 5)
3	Carry a shopping bag or briefcase.	Severe Difficulty	4	(1 to 5)
4	Wash your back.	Unable	5	(1 to 5)
5	Use a knife to cut food.	Moderate Difficulty	3	(1 to 5)

Patient Outcomes

Report Date: 3/20/2018

#	Question	Answer	Value	Scale
6	Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	Severe Difficulty	4	(1 to 5)
7	During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	Quite A Bit	4	(1 to 5)
8	During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	Moderately Limited	3	(1 to 5)
9	Arm, shoulder or hand pain.	Moderate	3	(1 to 5)
10	Tingling (pins and needles) in your arm, shoulder or hand.	Severe	4	(1 to 5)
11	During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	Severe Difficulty	4	(1 to 5)

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Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 03/21/2018

Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder

Date of Original Eval: 02/13/2018

Visit No.: 15

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Insurance Name: MagMutual Insurance Company

Subjective

Current Complaints / Gains: Pt stated "the doctor didn't see anything on the MRI. He said you could resume ROM and strengthening activity, but don't lift over 5 lbs"

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code

Direct Timed Codes

97110

Therapeutic Exercise

pulley

table glide with washcloth: forward/backward; medial/lateral

wand therex in supine

manual gentle stretching

AAROM therex R shld/arm

Units

2

97140

Manual Therapy

MFR: pectoral release, scalene release, bicep head release

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Assessment

Assessment/Diagnosis: Pt tolerated tx well. PTA recommend pt ice shld to help decrease pain

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | Patient | with basic HEP |
- 2: (4 Weeks) | patient | with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | Patient | with advanced HEP |
- 3: (8 Weeks) | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | patient able return to full duty status on the job |

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Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/21/2018

Plan : *[Faint, illegible text]*
Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560
Initiated by Mary Stewart, PTA on March 21, 2018 at 5:37 pm

Ashley Fann, DPT
License #7463
Electronically Co-Signed by Ashley Fann, DPT on March 21, 2018 at 8:39 pm

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Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 03/22/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder
Visit No.: 18
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018
Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

Current Complaints / Gains: nothing new to report

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code

Direct Timed Codes

97110

Therapeutic Exercise

Units

3

pullies

nu-step x 15 min L 2 for strengthening and ROM

AAROM in supine with dial rod

gentle stretching within pt tolerance level

wall slides

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Assessment

Assessment/Diagnosis: Pt still having R shld pain. Pt encourage to ice shld at home

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

1: (4 Weeks) | Patient I with basic HEP |

2: (4 Weeks) | patient I with body mechanics program activities |

Long Term Goals:

1: (8 Weeks) | patient able to lift and perform household items with regular chores |

2: (8 Weeks) | Patient I with advanced HEP |

3: (8 Weeks) | seldom c/o shoulder pain |

4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |

5: (8 Weeks) | patient able return to full duty status on the job |

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**Daily Note /
Billing Sheet**

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/22/2018

Plan *PT*
Instructions: Progressing Patient Next Visit
advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560
Initiated by Mary Stewart, PTA on April 3, 2018 at 3:20 pm

Ashley Fann, DPT
License #7463
Electronically Co-Signed by Ashley Fann, DPT on April 3, 2018 at 8:05 pm

LTC Therapy Solutions of West Columbia
3681 Leaphart Rd Ste A
West Columbia, SC 29169-3068
Phone: (803)454-6090
Fax: (803)451-6105

Daily Note / Billing Sheet

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 03/26/2018

Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder

Visit No.: 18

Date of Original Eval: 02/13/2018

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Insurance Name: MagMutual Insurance Company

Subjective

Current Complaints / Gains: Pt stated "I'm moving it a little better now". The swelling in pt right hand has decrease as well
Before the Injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT[®] Code
97110

Direct Timed Codes
Therapeutic Exercise

pullies
pendulum
nu-steps x 15 min
wall slides
wand therex
manual gentle stretching
AROM R shld

Units
4

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Assessment

Assessment/Diagnosis: Pt activity tolerance level is improving

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | Patient I with basic HEP |
- 2: (4 Weeks) | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | Patient I with advanced HEP |
- 3: (8 Weeks) | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | patient able return to full duty status on the job |

Plan

Instructions: Progressing Patient Next Visit

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Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/26/2018

advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560

Initiated by Mary Stewart, PTA on March 26, 2018 at 4:04 pm

Ashley Fann, DPT
License #7463

Electronically Co-Signed by Ashley Fann, DPT on March 27, 2018 at 8:17 am

LTC Therapy Solutions of West Columbia
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Phone: (803)454-6090
Fax: (803)451-6105

Daily Note / Billing Sheet

LTC Therapy Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP.

Date of Daily Note: 03/27/2018

Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder

Visit No.: 18

Date of Original Eval: 02/13/2018

Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Insurance Name: MagMutual Insurance Company

Subjective

Current Complaints / Gains: Pt stated "I'm moving my arm better now, but it is sore today"
Before the Injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code
97110

Direct Timed Codes

Therapeutic Exercise

pullies

nu-step x 15 min L 2 for strengthening and ROM

postural assessment and training

Units

2

97140

Manual Therapy

MFR: pectoral release, scalene release, pect release

1

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Assessment

Assessment/Diagnosis: Pt with increase ROM noted

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | Patient I with basic HEP |
- 2: (4 Weeks) | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | Patient I with advanced HEP |
- 3: (8 Weeks) | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | patient able return to full duty status on the job |

Plan

Instructions: Progressing Patient Next Visit

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Daily Note /
Billing Sheet

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/27/2018

advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560

Initiated by Mary Stewart, PTA on March 27, 2018 at 6:15 pm

Ashley Fann, DPT
License #7463

Electronically Co-Signed by Ashley Fann, DPT on March 27, 2018 at 8:18 pm

2 of 2
94
37
104

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LTC Therapy Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Daily Note: 03/28/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right
shoulder
Visit No.: 20
Insurance Name: MagMutual Insurance Company

Date of Original Eval: 02/13/2018
Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of
right shoulder

Subjective

Current Complaints / Gains: Pt stated "It's not as pain as it was, but I do have some burning between my shld blades"
Before the injury/onset/change of status date, the patient was able to perform the following activities:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Current Functional Limitations:

Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or
Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing

Aggravating Factors: Walking; reaching and pulling very limited

Restrictions and Pain Alleviators:

Worse With: On the Move; any movement

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment (see eDoc), asthma

Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDoc)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT Code

97110

Direct Timed Codes

Therapeutic Exercise

pullies

nu-step x 15 min L 2 for strengthening and ROM

AAROM

Units

.2

97140

Manual Therapy

MFR: scapula release, yoke tech

1

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Assessment

Assessment/Diagnosis: Pt tolerated tx well and continue to make gradually progress toward LTG
Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | Patient I with basic HEP |
- 2: (4 Weeks) | patient I with body mechanics program activities |

Long Term Goals:

- 1: (8 Weeks) | patient able to lift and perform household items with regular chores |
- 2: (8 Weeks) | Patient I with advanced HEP |
- 3: (8 Weeks) | seldom c/o shoulder pain |
- 4: (8 Weeks) | seldom c/o right hand and fingers tingling and numbness |
- 5: (8 Weeks) | patient able return to full duty status on the job |

Plan

Instructions: Progressing Patient Next Visit

LTC Therapy Solutions of West Columbia
3681 Leaphart Rd Ste A
West Columbia, SC 29169-3068
Phone: (803)454-6090
Fax: (803)451-6105

**Daily Note /
Billing Sheet**

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 03/28/2018

advance PT program activities as patient tolerates

Mary Stewart PTA

Mary Stewart, PTA
License #1560

Initiated by Mary Stewart, PTA on March 29, 2018 at 8:41 am

Ashley Fann, DPT
License #7463

Electronically Co-Signed by Ashley Fann, DPT on March 29, 2018 at 9:49 am

9612

WebPT

LTC Therapy Solutions of West Columbia
3681 Leaphart Rd Ste A
West Columbia, SC 29169-3068
Phone: (803)454-6090
Fax: (803)451-6105

Physical Therapy Recertification Note

LTC Therapy
Solutions

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Referring Physician(s): Woodruff, Terri NP

Date of Recertification: 04/02/2018
Injury/Onset/Change of Status Date: 02/13/2018 New Injury
Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder
Visit No.: 21

Date of Original Eval: 02/13/2018
Treatment Diagnosis: ICD10: M75.01: Adhesive capsulitis of right shoulder

Subjective

History of Present Condition/Mechanism of Injury: on job incident reported... see eDDoc
Current Complaints / Gains: shoulder pain with frozen shoulder symptoms and report of numbness and tingling in that hand and fingers/ the doctor issued new orders to help guide the rehab process - see eDDoc
Before the injury/onset/change of status date, the patient was able to perform the following activities:
Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing
Current Functional Limitations:
Carrying, Moving & Handling Objects: Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching, Turning Hands or Arms, Twisting Hands or Arms, Throwing, Catching; Fine Hand Use: Picking Up, Grasping, Manipulating, Releasing
Aggravating Factors: Walking; reaching and pulling very limited
Restrictions and Pain Alleviators:
Worse With: On the Move; any movement

General Health: Good
Home Health Care: No
Medical History: No Known Significant PMH To Affect Treatment (see eDDoc), asthma
Complicating/Personal Factors: No Known Complicating Factors Affecting the Plan of Care (see eDDoc)
Medical History Review: The patient has a history of present problem without any personal factors and/or comorbidities that impact the plan of care.
Mental Status/Cognitive Function Appears Impaired? No
Current Medications: Prescription (see eDDoc)
see eDDoc

Objective

Inspection

Body Mass Index

Weight	178
Height	64
Units	lbs/in
Index	30.55
Followup Plan	continue to monitor

Outcome Measurement Tools

Spine

Neck Disability Index Questionnaire

Total Score:	23	23
Total %:	46%	46%
Upper Extremity		
Upper Extremity Quick DASH	70.45/100	70.45

Assessment

Assessment/Diagnosis: Good candidate to benefit from continued skilled PT to help normalize comfort levels and ease of performance of functional tasks in upright postures and positions

Patient Clinical Presentation: The clinical presentation is stable and/or uncomplicated.

LTC Therapy Solutions of West Columbia
3681 Leaphart Rd Ste A
West Columbia, SC 29169-3068
Phone: (803)454-6090
Fax: (803)451-6105

Physical Therapy Recertification Note

Patient Name: Johnson, Judy
Date of Birth: 03/25/1955
Document Date: 04/02/2018

Patient Education: continue to advance PT program activities as patient tolerates

Rehab Potential: Good

Patient Problems:

- c/o right shoulder pain
- c/o right hand and finger numbness and tingling
- decreased functional task performance ability of the right UE
- forwards head rounded shoulder syndrome

Short Term Goals:

- 1: (4 Weeks) | 50% | Patient I with basic HEP | gradual
- 2: (4 Weeks) | 75% | patient I with body mechanics program activities | gradual

Long Term Goals:

- 1: (8 Weeks) | 75% | patient able to lift and perform household items with regular chores | gradual
- 2: (8 Weeks) | 50% | Patient I with advanced HEP | gradual
- 3: (8 Weeks) | 50% | seldom c/o shoulder pain | gradual
- 4: (8 Weeks) | 85% | seldom c/o right hand and fingers tingling and numbness | gradual
- 5: (8 Weeks) | 50% | patient able return to full duty status on the job |

Summary/Recommendations: Continue to advance as patient tolerates further skilled PT program activities. Documentation has been reviewed and services provided by the PTA were administered under the direct supervision of a therapist.

Plan

Frequency: 2-3 times a week

Duration: 6 weeks

Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Strength, Endurance, Stability, PRN), Therapeutic Activity (PRN), Gait Training (Even Surfaces, Uneven Surfaces, Stairs, Curbs, PRN), Neuromuscular Rehabilitation (Balance/Proprioception Training, Muscle Re-Education, Sequencing, Coordination, PNF, PRN), Manual Therapy (Soft Tissue Mobilization, Joint Mobilization, Manual Traction, Myofascial Release, Cranio-Sacral, PRN), Vestibular Rehabilitation (PRN), Patient Education (Home Exercise Program, Postural Training, Ergonomics, Lifting Mechanics, Activity Modification, Home Safety, PRN)

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (803)454-6090. Please sign and return: Fax#: (803)451-6105

Mary Stewart PTA

Mary Stewart, PTA

License #1560

Initiated by Mary Stewart, PTA on April 2, 2018 at 5:50 pm

James R. R. A.

James R. R. A.

License #630

Electronically Co-Signed by James R. R. A. on April 3, 2018 at 5:13 pm

I certify the need for these services furnished under this plan of treatment and while under my care.

☐ I have no revisions to the plan of care.
☐ Revise the plan of care as follows _____

Physician Signature _____

T. Woodruff, NP

Date: _____

Patient Outcomes

Report Date: 4/3/2018

Judy Johnson

70 OF 100

Patient ID: 2501779

Questionnaire Type: Follow Up

Case Key: 18305573

Area: Upper Extremity

Visit Date: 4/2/2018

Clinician: Ress, James

Entry Date: 4/3/2018

Clinic: LTC Therapy Solutions of West Columbia

ICD Code: M7501 - Adhesive capsulitis of right shoulder

Referral Source: Woodruff, Terri

Gender: F

Payer Class: Workers Compensation

Date of Birth: 3/25/1955

Litigation: No Direct Access: No

Workers Compensation Information

Work Status: Full time, full duty no restrictions

Employer:

Claim Number:

Administrator:

#	Question	Answer	Value	Scale
1	Pain Level	5	5	(0 to 10)
2	Satisfaction	Very Satisfied	1	(1 to 4)
3	Functional Improvement	Fair	3	(1 to 4)
4	Goals Met	Partially Met	3	(1 to 4)
1	Open a tight or new jar.	Severe Difficulty	4	(1 to 5)
2	Do heavy household chores (e.g., wash walls, floors).	Severe Difficulty	4	(1 to 5)
3	Carry a shopping bag or briefcase.	Severe Difficulty	4	(1 to 5)
4	Wash your back.	Unable	5	(1 to 5)
5	Use a knife to cut food.	Moderate Difficulty	3	(1 to 5)

Patient Outcomes

Report Date: 4/3/2018

#	Question	Answer	Value	Scale
6	Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	Severe Difficulty	4	(1 to 5)
7	During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	Quite A Bit	4	(1 to 5)
8	During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	Moderately Limited	3	(1 to 5)
9	Arm, shoulder or hand pain.	Moderate	3	(1 to 5)
10	Tingling (pins and needles) in your arm, shoulder or hand.	Severe	4	(1 to 5)
11	During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	Severe Difficulty	4	(1 to 5)

JOHNSON, JUDY (id #3220985, DOB: 03/25/1955)

MIDLANDS
orthopaedics
& **NEUROSURGERY**

Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Judy Johnson

DATE OF BIRTH: 03/25/1955

PROVIDER'S NAME: TOM ARMSEY, MD

CARRIER: MCMC-Meadowbrook Insurance

WC CLAIM#: C9391825487

DX CODE(S) & DESCRIPTION:

ACCOUNT: 3220985

EMPLOYER: Agape

DOS: 03/02/2018

DOA:

WORK STATUS:

- ☐ Regular duty as of _____ with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
- ☐ Medium physical demands as of * _____ with restrictions.
- ☒ Light physical demands as of 03/02/18 _____ with restrictions.
- ☐ Remain out of work until * _____
- ☐ Part-time (whether regular duty or light duty)
- ☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

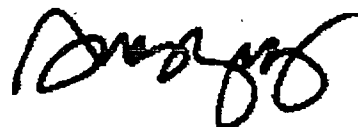
- | | |
|--|--|
| ☐ None | ☐ No kneeling, squatting, crawling |
| ☐ No walking | ☒ Pushing or pulling limit _5_ (lbs) |
| ☐ No climbing | ☒ Lifting and carrying limit _5_ (lbs) |
| ☐ No standing | ☐ Sedentary duties only |
| ☐ No prolonged standing | ☒ No overhead work |
| ☐ No twisting | ☐ No stretching |
| ☐ No work at heights | ☐ Specific restrictions per FCE date: _____ |

Other: Light duty, with Right upper extremities

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions, or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

- Tom Armsey, MD for ROV 5 at West Columbia on 03/20/2018 at 10:10 AM



Electronically Signed by: TOM ARMSEY, MD
TOM ARMSEY, MD

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 03/20/2018

Patient

Name	JOHNSON, JUDY (62yo, F) ID# 3220985	Appt. Date/Time	03/20/2018 10:10AM
DOB	03/25/1955	Service Dept.	West Columbia
Provider	TOM ARMSEY, MD		
Insurance	Med Worker's Comp: MCMC - MEADOWBROOK INSURANCE Employer Name : AGAPE HEALTH SERVICES LLC Case # : C9391825487 Case Injury Date : 01/26/2018 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

Right Shoulder

Followup: Adhesive capsulitis of shoulder

DOI 1/26/18-lifting a patient

Patient's Care Team

Insurance Adjuster (Worker's Comp): JUDY BURROUGHS: Ph (678) 447-0200EX305, Fax (678) 447-0031

Patient's Pharmacies

LTC HEALTH SOLUTIONS - AGAPE (ERX): 3685-A LEAPHART RD, COLUMBIA SC 29201, Ph (803) 454-0194, Fax (803) 451-7129

Vitals

03/20/2018 09:56 am

BP: 132/88 sitting

BMI: 30

Ht: 5 ft 4 in (162.56 cm)

Pain Scale: 5

Pulse: 108 bpm

Wt: 175 lbs (79.38 kg)

Allergies

Reviewed Allergies

CIPRO: Other (Mild to moderate)

MORPHINE: Hives (Moderate)

Medications

Reviewed Medications

gabapentin 300 mg capsule

1 capsule(s) every 24 hours.

03/02/18 entered

naproxen-500 mg tablet

twice a day.

03/02/18 entered

Norco 5 mg-325 mg tablet

5 times a day.

03/02/18 entered

Pristiq 100 mg tablet,extended release

every 24 hours.

03/02/18 entered

Robaxin-750 750 mg tablet

3 times a day.

03/02/18 entered

torsemide 20 mg tablet

TAKE 2 TABLET (20 MG) BY MOUTH IN THE MORNING AND 20 MG IN THE EVENING

03/02/18 entered

Xanax 1 mg tablet

3 times a day.

03/02/18 entered

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

Problems

Reviewed Problems

- Severe adrenal insufficiency - Onset: 02/12/2018
- Anxiety disorder - Onset: 02/12/2018
- Depressive disorder - Onset: 02/12/2018
- Adhesive capsulitis of shoulder - Onset: 02/20/2018

Family History

Reviewed Family History

Mother

- Rheumatoid arthritis

- Heart disease

Father

- Heart disease

Sister

- Hypertensive disorder

Brother

- Hypertensive disorder

Unspecified Relation

- Diabetes mellitus

Social History

Reviewed Social History

Smoking Status: Current every day smoker

Smoker (1 1/2 PPD)

Chewing tobacco: none

Alcohol intake: None

Number of children: 2

Marital status: Divorced

Diet: Regular

Are you currently employed?: N

Occupation: rn

Employer: Agape

Hand Dominance: Right

Surgical History

Reviewed Surgical History

Orthopedic Surgery - right femur

GYN History

(not configured)

Past Medical History

Reviewed Past Medical History

Anxiety: Y

Asthma: Y

Depression: Y

High Cholesterol: Y

Screening

None recorded.

HPI

Follow Up

Reported by patient.

Are you working? not at all

Athletics: no participation

How are you feeling? improving

Previous PT: helped temporarily

Previous Injections: helped temporarily

Medications: helping a lot

Change in symptoms: no

Notes: continued to complain of right shoulder pain, limited motion, intermittent numbness, weakness. He has been performing some therapy and a home exercise program but has not made any significant improvement in her symptoms. Tried oral steroids with no improvement. Recent subacromial injection in the office did improve her pain for 5-7 days, but no improvement in her range of motion.

ROS

Patient reports wears glasses/contact lenses. She reports muscle weakness and arthralgias/joint pain. She reports depression and sleep disturbances. She reports fatigue.

ROS as noted in the HPI

103

Physical Exam

Patient is a 62-year-old female

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

in general is a pleasant cooperative 62-year-old female sitting in obvious discomfort. She is unwilling to normal and move her right upper extremity.

Right shoulder: On inspection there is no erythema or ecchymosis. She has limited active and passive range of motion-70° abduction, 80° forward flexion, 45° external rotation.. Rotator cuff strength is full with isometric testing. Hawkins and Neer's are positive. O'Brien's negative. Biceps and triceps nontender. There is some right-sided trapezius spasm. Subjective numbness in the thumb index and long fingers.

Assessment / Plan

1. Adhesive capsulitis of shoulder- Right

M75.01: Adhesive capsulitis of right shoulder

- INJECTION, SHOULDER, FLUORO GUIDANCE (PROC) -

Note to Provider:

Right Shoulder Injection under Fluoro

20610, 77002

Discussion Notes

Ms. Johnson is complaining of right shoulder pain, weakness, limited motion, numbness in the right upper extremity that began back in January when she was injured at work assisting the patient. Since her acute injury she is really not made any significant improvements in her range of motion may have actually worsened. I have reviewed her MRI of the right shoulder again from 3/2/18 and continue to feel that this is right shoulder adhesive capsulitis. There may be a component of cervical radiculopathy causing her numbness in the right upper extremity. I discussed the long oral taper dose of corticosteroids versus an intra-articular glenohumeral joint injection under fluoroscopic guidance. She and her case manager are in agreement to proceed with a glenohumeral joint injection. Followup in 4-6 weeks or sooner if worsens. Continue therapy in her home exercise program.

Return to Office

- Tom Armsey, MD for ROV 5 at West Columbia on 04/24/2018 at 08:50 AM

Encounter Sign-Off

Encounter signed-off by Tom Armsey, MD, 03/20/2018.

Encounter performed and documented by Tom Armsey, MD

Encounter reviewed & signed by Tom Armsey, MD on 03/20/2018 at 1:33pm

Encounter Date: 03/02/2018 (Last amended by Tom Armsey, MD on 03/20/2018 at 10:32am)

Patient

Name	JOHNSON, JUDY (62yo, F) ID# 3220985	Appt. Date/Time	03/02/2018 10:25AM
DOB	03/25/1955	Service Dept.	Gregg
Provider	TOM ARMSEY, MD		
Insurance	Med Worker's Comp: MCMC - MEADOWBROOK INSURANCE Employer Name : AGAPE HEALTH SERVICES LLC Case # : C9391825487 Case Injury Date : 01/26/2018 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

Right Shoulder

DOI 1/26/18-lifting a patient

Patient's Care Team

Insurance Adjuster (Worker's Comp): JUDY BURROUGHS: Ph (678) 447-0200EX305, Fax (678) 447-0031

Patient's Pharmacies

LTC HEALTH SOLUTIONS - AGAPE (ERX): 3685-A LEAPHART RD, COLUMBIA SC 29201, Ph (803) 454-0194, Fax (803) 451-7129

Vitals

BP: 132/85 sitting
03/02/2018 10:14 am

BMI: 30.7 03/02/2018 10:09
am

Ht: 5 ft 4 in (162.56 cm)
03/02/2018 10:08 am

Pain Scale: 8 03/02/2018 10:14 am

Pulse: 100 bpm 03/02/2018
104 am

Wt: 179 lbs (81.19 kg)
03/02/2018 10:09 am

Allergies

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

Reviewed Allergies

CIPRO: Other (Mild to moderate)

MORPHINE: Hives (Moderate)

Medications

Reviewed Medications

gabapentin 300 mg capsule
1 capsule(s) every 24 hours.

03/02/18 entered

lidocaine (PF) 10 mg/mL (1 %) injection solution
right shoulder

03/02/18 administered

methyIPREDNISolone acetate 40 mg/mL suspension for injection
right shoulder

03/02/18 administered

naproxen 500 mg tablet
twice a day.

03/02/18 entered

Norco 5 mg-325 mg tablet
5 times a day.

03/02/18 entered

Pristiq 100 mg tablet,extended release
every 24 hours.

03/02/18 entered

Robaxin-750 750 mg tablet
3 times a day.

03/02/18 entered

torsemide 20 mg tablet
TAKE 2 TABLET (20 MG) BY MOUTH IN THE MORNING AND 20 MG IN THE EVENING

03/02/18 entered

Xanax 1 mg tablet
3 times a day.

03/02/18 entered

Problems

Reviewed Problems

- Severe adrenal insufficiency - Onset: 02/12/2018
- Anxiety disorder - Onset: 02/12/2018
- Depressive disorder - Onset: 02/12/2018
- Adhesive capsulitis of shoulder - Onset: 02/20/2018

Family History

Reviewed Family History

Mother

Father

Sister

Brother

Unspecified Relation

- Rheumatoid arthritis
- Heart disease
- Heart disease
- Hypertensive disorder
- Hypertensive disorder
- Diabetes mellitus

Social History

Reviewed Social History

Smoking Status: Current every day smoker

Smoker (1 1/2 PPD)

Chewing tobacco: none

Alcohol intake: None

Number of children: 2

Marital status: Divorced

Diet: Regular

Are you currently employed?: N

Occupation: RN

Employer: Agape

Hand Dominance: Right

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

Surgical History

Reviewed Surgical History
Orthopedic Surgery - right femur

GYN History

(not configured)

Past Medical History

Reviewed Past Medical History
Anxiety: Y
Asthma: Y
Depression: Y
High Cholesterol: Y

Screening

None recorded.

HPI

Shoulder

Reported by patient.

Hand Dominance: right

Location: right

Severity: moderate; pain level 8/10

Duration: 1/26/18

Timing: acute

Context: lifting; work injury

Alleviating Factors: position change; heat; narcotics; NSAIDs

Aggravating Factors: pushing/pulling; changing clothes

Associated Symptoms: numbness; tingling; popping/clicking

Previous Surgery: none

Prior Imaging: MRI

Previous Injections: none

Previous PT: none

Work Related: yes

Working: modified duty

Notes: injured her right shoulder lifting a patient on 1/26/18. States her pain is 8/10 in intensity and see injury. She has been performing therapy, use oral steroids, anti-inflammatories, analgesics. Recently had an MRI of her right shoulder which is available for review

ROS

Patient reports weight gain (___lbs). She reports dry eyes. She reports dry mouth. She reports neck pain. She reports numbness. She reports depression and anxiety.

ROS as noted in the HPI

Physical Exam

Patient is a 62-year-old female.

in general is a pleasant cooperative 62-year-old female sitting in obvious discomfort. She is unwilling to normal and move her right upper extremity.

Right shoulder: On inspection there is no erythema or ecchymosis. She has limited active and passive range of motion-70° abduction, 80° forward flexion, 45° external rotation. Rotator cuff strength is full with isometric testing. Hawkins and Neer's are positive. O'Brien's negative. Biceps and triceps nontender. There is some right-sided trapezius spasm. Subjective numbness in the thumb index and long fingers.

Procedure Documentation

TDA injection subacromial:

Subacromial Injection Right Shoulder:

After verbal consent was obtained to the risk benefits and alternative treatment plans the patient was prepped and a normal sterile fashion at the posterior shoulder. A 22 gauge 1.5 inch needle was used to infiltrate 4 cc of Lidocaine and Depo-Medrol 40 mg into the subacromial space through a posterior approach. The procedure is tolerated very well without any complications. Patient noted immediate improvement in pain in that shoulder. Post procedural care instructions were discussed and patient verbalized understanding.

Assessment / Plan

1. Shoulder joint pain

M25.511: Pain in right shoulder

- XR, SHOULDER

Possibility of Pregnancy?: N

Side:

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

RIGHT

Views (X-RAY, SHOULDER): AP,
Outlet

2. Adhesive capsulitis of right shoulder

M75.01: Adhesive capsulitis of right shoulder

- methylprednisolone acetate 40 mg/mL suspension for injection - right shoulder Administered Lot #: 31323284B Route: Injection Exp Date: 02/28/2019 Administer Qty: 1 mL
- lidocaine (PF) 10 mg/mL (1 %) injection solution - right shoulder Administered Lot #: 80-122-DK Route: Injection Exp Date: 08/31/2019 Administer Qty: 4 mL

XR, SHOULDER

- Possibility of Pregnancy?: N, Side: RIGHT, Views (X-RAY, SHOULDER): AP, Outlet
- Mild acromioclavicular joint osteoarthritis, glenohumeral joint appears intact

MRI, SHOULDER, W/O CONTRAST

MRI of the right shoulder: Changes consistent with adhesive capsulitis, mild acromioclavicular joint arthropathy

Discussion Notes

Ms. Johnson was injured on 1/26/18 when she was lifting a patient at work. She has been treated conservatively with nonsteroidals, steroids, therapy, analgesics but continues to have some significant limitations and pain. Today she'll undergo subacromial injection, recommend that she continue therapy and improving the range of motion of the right shoulder. I do feel that there is a component of cervical radiculopathy with her numbness in the right upper extremity and right sided neck pain but this has not been approved through Worker's Comp. Follow-up in 3-4 weeks or sooner if anything worsens. Light-duty as documented.

Return to Office

- Tom Armsey, MD for ROV 5 at West Columbia on 03/20/2018 at 10:10 AM

Amendment Sign-Off

Encounter signed-off by Tom Armsey, MD, 03/20/2018.

Encounter performed and documented by Tom Armsey, MD

Encounter reviewed & signed by Tom Armsey, MD on 03/02/2018 at 10:44am

Amendment closed by Tom Armsey, MD on 03/20/2018 at 10:32am

Letters

Midlands Orthopaedics and Neurosurgery • 109 Park Place Court, LEXINGTON SC 29072-6690

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

MIDLANDS
orthopaedics
& NEUROSURGERY

Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Judy Johnson

DATE OF BIRTH: 03/25/1955

PROVIDER'S NAME: TOM ARMSEY, MD

CARRIER: MCMC

WC CLAIM#: C9391825487

DX CODE(S) & DESCRIPTION: M7501 ADHESIVE CAPSULITIS

ACCOUNT: 3220985

EMPLOYER:

DOS: 03/20/2018

DOA: 1/26/18

WORK STATUS:

☐ Regular duty as of with no restrictions.

(Availability of light duty is determined by the employer 107 the physician).

☐ Medium physical demands as of with restrictions.

☒ Light physical demands as of 3/20/18 with restrictions.

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

- ☐ Remain out of work until *
- ☐ Part-time (whether regular duty or light duty)
- ☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

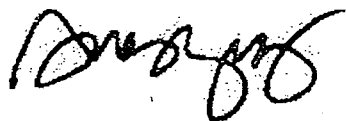
- | | |
|--|---|
| ☐ None | ☐ No kneeling, squatting, crawling |
| ☐ No walking | ☒ Pushing or pulling limit 5 (lbs) with right upper extremity |
| ☐ No climbing | ☒ Lifting and carrying limit 5 (lbs) with right upper extremity |
| ☐ No standing | ☐ Sedentary duties only |
| ☐ No prolonged standing | ☒ No overhead work |
| ☐ No twisting | ☐ No stretching |
| ☐ No work at heights | ☐ Specific restrictions per FCE date: _____ |

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

Tuesday, April 24, 2018 08:50 AM



Electronically Signed by: TOM ARMSEY, MD
TOM ARMSEY, MD
03/16/2018

Referral Order

03/20/2018

To Provider	From Provider
Phone: Fax:	TOM ARMSEY, MD Midlands Orthopaedics & Neurosurgery 2989 Sunset Blvd WEST COLUMBIA, SC 29169-3497 Phone: (803) 256-4107 Fax: (803) 933-6100

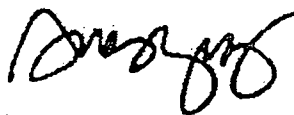
Referral Order Information

Diagnosis	Adhesive capsulitis of shoulder ICD-10: M75.01: Adhesive capsulitis of right shoulder
Order Name	PHYSICAL AND OCCUPATIONAL THERAPY REFERRAL
Notes	Physical Therapy or Occupational Therapy CONTINUE CURRENT RIGHT SHOULDER THERAPY 3 X A WEEK X 4-6 WEEKS

Patient Information

Patient Name	JOHNSON, JUDY L
Sex - DOB - Age	F 03/25/1955 62yo
Address	140 CHADWOOD CIR LEXINGTON, SC 29073
Phone	H: (803) 413-0540 W: (803) 454-6113 M: (803) 413-0540
Primary Insurance	None recorded.
Secondary Insurance	None recorded.

Electronically Signed by: TOM ARMSEY, MD



TOM ARMSEY, MD

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)



Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Judy Johnson
DATE OF BIRTH: 03/25/1955
PROVIDER'S NAME: TOM ARMSEY, MD
CARRIER: MCMC
WC CLAIM#: C9391825487
DX CODE(S) & DESCRIPTION: M7501 ADHESIVE CAPSULITIS

ACCOUNT: 3220985
EMPLOYER:
DOS: 03/20/2018
DOA: 1/26/18

WORK STATUS:

- ☐ Regular duty as of _____ with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
☐ Medium physical demands as of _____ with restrictions.
☒ Light physical demands as of 3/20/18 with restrictions.
☐ Remain out of work until _____.
☐ Part-time (whether regular duty or light duty)
☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- | | |
|--|---|
| ☐ None | ☐ No kneeling, squatting, crawling |
| ☐ No walking | ☒ Pushing or pulling limit 5 (lbs) with right upper extremity |
| ☐ No climbing | ☒ Lifting and carrying limit 5 (lbs) with right upper extremity |
| ☐ No standing | ☐ Sedentary duties only |
| ☐ No prolonged standing | ☒ No overhead work |
| ☐ No twisting | ☐ No stretching |
| ☐ No work at heights | ☐ Specific restrictions per FCE date: _____ |

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

Tuesday, April 24, 2018 08:50 AM

A handwritten signature in black ink, appearing to read "Tom Armsey".

Electronically Signed by: TOM ARMSEY, MD
TOM ARMSEY, MD

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 04/24/2018

Patient

Name JOHNSON, JUDY (63yo, F) ID# 3220985 Appt. Date/Time 04/24/2018 08:50AM
DOB 03/25/1955 Service Dept. West Columbia
Provider TOM ARMSEY, MD
Insurance Med Worker's Comp: MCMC - MEADOWBROOK INSURANCE
Employer Name : AGAPE HEALTH SERVICES LLC
Case # : C9391825487
Case Injury Date : 01/26/2018
Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

Right Shoulder
Followup: Adhesive capsulitis of shoulder

DOI 1/26/18-lifting a patient

Patient's Care Team

Insurance Adjuster (Worker's Comp): JUDY BURROUGHS: Ph (678) 447-0200EX305, Fax (678) 447-0031

Patient's Pharmacies

LTC HEALTH SOLUTIONS - AGAPE (ERX): 3685-A LEAPHART RD, COLUMBIA SC 29201, Ph (803) 454-0194, Fax (803) 451-7129

Vitals

BP: 153/88 sitting 04/24/2018 08:40 am BMI: 30 04/24/2018 08:37 am Ht: 5 ft 4 in (162.56 cm) 04/24/2018 08:37 am
Pulse: 111 bpm 04/24/2018 08:40 am Wt: 175 lbs (79.38 kg) 04/24/2018 08:37 am

Allergies

Reviewed Allergies
CIPRO: Other (Mild to moderate)
MORPHINE: Hives (Moderate)

Medications

Reviewed Medications

gabapentin 300 mg capsule
1 capsule(s) every 24 hours. 03/02/18 entered

naproxen 500 mg tablet
twice a day. 03/02/18 entered

Pristiq 100 mg tablet, extended release
every 24 hours. 03/02/18 entered

torsemide 20 mg tablet
TAKE 2 TABLET (20 MG) BY MOUTH IN THE MORNING AND 20 MG IN THE EVENING 03/02/18 entered

Xanax 1 mg tablet
3 times a day. 03/02/18 entered

Problems

Reviewed Problems

- Severe adrenal insufficiency - Onset: 02/12/2018
- Anxiety disorder - Onset: 02/12/2018
- Depressive disorder - Onset: 02/12/2018
- Adhesive capsulitis of shoulder - Onset: 02/20/2018

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

Family History

Reviewed Family History

Mother

- Rheumatoid arthritis

Father

- Heart disease

Sister

- Heart disease

Brother

- Hypertensive disorder

Unspecified Relation

- Hypertensive disorder

- Diabetes mellitus

Social History

Reviewed Social History

Smoking Status: Current every day smoker

Smoker (1 1/2 PPD)

Chewing tobacco: none

Alcohol intake: None

Number of children: 2

Marital status: Divorced

Diet: Regular

Are you currently employed?: N

Occupation: rn

Employer: Agape

Hand Dominance: Right

Surgical History

Reviewed Surgical History

Orthopedic Surgery - right femur

GYN History

(not configured)

Past Medical History

Reviewed Past Medical History

Anxiety: Y

Asthma: Y

Depression: Y

High Cholesterol: Y

Screening

None recorded.

HPI

Follow Up

Reported by patient.

Are you working? not at all

Athletics: no participation

How are you feeling? improving

Previous PT: helped significantly

Previous Injections: helped a little

Medications: Not taking medication(s) for orthopedic problem

Change in symptoms: no

Notes: Following up on her right Shoulder adhesive capsulitis. States her range of motion and discomfort is improving after a recent intra-articular shoulder injection on 4/4/18. Continues to have limitations at work, no lifting or pushing more than 10 pounds, no overhead work. Using occasional ibuprofen.

ROS

Patient reports muscle weakness and arthralgias/joint pain. She reports depression and sleep disturbances. She reports fatigue.

ROS as noted in the HPI

Physical Exam

Patient is a 63-year-old female.

in general is a pleasant cooperative 63-year-old female sitting in no discomfort.

Right shoulder: On inspection there is no erythema or ecchymosis. Much improved active and passive range of motion-100° abduction, 120° forward flexion, 60° external rotation.. Rotator cuff strength is full with isometric testing. Hawkins and Neer's are negative. O'Brien's negative. Biceps and triceps nontender. 1 1 2 o right-sided trapezius spasm. No numbness in the hand

Assessment / Plan

1. Adhesive capsulitis of shoulder

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

M75.01: Adhesive capsulitis of right shoulder

- FROZEN SHOULDER: CARE INSTRUCTIONS
- FROZEN SHOULDER: EXERCISES

Discussion Notes

Ms. Johnson responded well to her right intra-articular shoulder injection. She has been working diligently on her range of motion and does show objective evidence of improvement. I recommended that she continue her current treatment plan and follow-up in 4-6 weeks or sooner if worsens. Her case manager was available to discuss his treatment with today in the office.

Return to Office

- Tom Armsey, MD for ROV 5 at West Columbia on 05/22/2018 at 08:40 AM

Encounter Sign-Off

Encounter signed-off by Tom Armsey, MD, 04/26/2018.

Encounter performed and documented by Tom Armsey, MD

Encounter reviewed & signed by Tom Armsey, MD on 04/26/2018 at 9:07am

Encounter Date: 04/04/2018

Patient

Name	JOHNSON, JUDY (63yo, F) ID# 3220985	Appt. Date/Time	04/04/2018 12:40PM
DOB	03/25/1955	Service Dept.	Gregg
Provider	TOM ARMSEY, MD		
Insurance	Med Worker's Comp: MCMC - MEADOWBROOK INSURANCE Employer Name : AGAPE HEALTH SERVICES LLC Case # : C9391825487 Case Injury Date : 01/26/2018 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

None recorded.

Patient's Care Team

Insurance Adjuster (Worker's Comp): JUDY BURROUGHS: Ph (678) 447-0200EX305, Fax (678) 447-0031

Patient's Pharmacies

LTC HEALTH SOLUTIONS - AGAPE (ERX): 3685-A LEAPHART RD, COLUMBIA SC 29201, Ph (803) 454-0194, Fax (803) 451-7129

Vitals

None recorded.

Allergies

Allergies not reviewed (last reviewed 03/20/2018)

CIPRO: Other (Mild to moderate)

MORPHINE: Hives (Moderate)

Medications

Medications not reviewed (last reviewed 03/20/2018)

gabapentin 300 mg capsule
1 capsule(s) every 24 hours.

03/02/18 entered

naproxen 500 mg tablet
twice a day.

03/02/18 entered

Norco 5 mg-325 mg tablet
5 times a day.

03/02/18 entered

Pristiq 100 mg tablet, extended release
every 24 hours.

03/02/18 entered

Robaxin-750 750 mg tablet
3 times a day.

03/02/18 entered

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

torsemide 20 mg tablet

TAKE 2 TABLET (20 MG) BY MOUTH IN THE MORNING AND 20 MG IN THE EVENING

03/02/18 entered

Xanax 1 mg tablet

3 times a day.

03/02/18 entered

Problems

Reviewed Problems

- Severe adrenal insufficiency - Onset: 02/12/2018
- Anxiety disorder - Onset: 02/12/2018
- Depressive disorder - Onset: 02/12/2018
- Adhesive capsulitis of shoulder - Onset: 02/20/2018

Family History

Family History not reviewed (last reviewed 03/20/2018)

Mother

- Rheumatoid arthritis

- Heart disease

Father

- Heart disease

Sister

- Hypertensive disorder

Brother

- Hypertensive disorder

Unspecified Relation

- Diabetes mellitus

Social History

Social History not reviewed (last reviewed 03/20/2018)

Smoking Status: Current every day smoker

Smoker (1 1/2 PPD)

Chewing tobacco: none

Alcohol intake: None

Number of children: 2

Marital status: Divorced

Diet: Regular

Are you currently employed?: N

Occupation: rn

Employer: Agape

Hand Dominance: Right

Surgical History

Surgical History not reviewed (last reviewed 03/20/2018)

Orthopedic Surgery - right femur

GYN History

(not configured)

Past Medical History

Past Medical History not reviewed (last reviewed 03/20/2018)

Anxiety: Y

Asthma: Y

Depression: Y

High Cholesterol: Y

Screening

None recorded.

ROS

None recorded.

Physical Exam

None recorded.

Procedure Documentation

TDA Shoulder Injection:

Type of Procedure: Right Shoulder Injection

Physician: Thomas D. Armsey, MD

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

Diagnosis: right shoulder pain

Procedure: After verbal and written consent, the patient was positioned in the procedure room supine. A sterile prep of the right shoulder was performed with Betadine. Initial analgesia with 5 cc of 1% lidocaine without epinephrine. Then under direct visualization with fluoroscopy, a 22 gauge 3.5 inch needle was inserted into the glenohumeral joint. 3 cc of Omnipaque was injected to confirm proper placement. Then the shoulder was injected with Methylprednisolone 80 mg and 3 cc of 1% lidocaine. The patient tolerated the procedure well and was transferred to the recovery area and observed 10-20 minutes without complications.

3ml of contrast used with 47 ml wasted.

Post procedural care instructions were provided.

Assessment / Plan

None recorded.

Return to Office

- Tom Armsey, MD for ROV 5 at West Columbia on 04/24/2018 at 08:50 AM

Encounter Sign-Off

Encounter signed-off by Tom Armsey, MD, 04/04/2018.

Encounter performed and documented by Tom Armsey, MD

Encounter reviewed & signed by Tom Armsey, MD on 04/04/2018 at 12:21pm

Letters

Midlands Orthopaedics and Neurosurgery • 109 Park Place Court, LEXINGTON SC 29072-6690

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)



Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Judy Johnson

DATE OF BIRTH: 03/25/1955

PROVIDER'S NAME: TOM ARMSEY, MD

CARRIER: MCMC

WC CLAIM#: C9391825487

DX CODE(S) & DESCRIPTION: M25511

ACCOUNT: 3220985

EMPLOYER:

DOS: 04/24/2018

DOA: 1/26/18

WORK STATUS:

- ☐ Regular duty as of _____ with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
- ☐ Medium physical demands as of _____ with restrictions.
- ☒ Light physical demands as of 04/24/18 with restrictions.
- ☐ Remain out of work until *
- ☐ Part-time (whether regular duty or light duty)
- ☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- | | |
|--|---|
| ☐ None | ☐ No kneeling, squatting, crawling |
| ☐ No walking | ☒ Pushing or pulling limit 10 (lbs) |
| ☐ No climbing | ☒ Lifting and carrying limit 10 (lbs) |
| ☐ No standing | ☐ Sedentary duties c 115 |
| ☐ No prolonged standing | ☒ No overhead work |

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

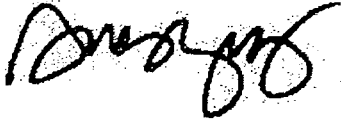
☐ No twisting
☐ No work at heights

☐ No stretching
☐ Specific restrictions per FCE date: _____

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date: 5/22/18 @ 8:40 West Columbia



Electronically Signed by: TOM ARMSEY, MD
TOM ARMSEY, MD
04/23/2018

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

Admin Documents

Midlands Orthopaedics and Neurosurgery • 109 Park Place Court, LEXINGTON SC 29072-6690

Apr 24 2018 08:37am

P001/002

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

JOHNSON, JUDY 03/25/55 #3220985



* 1281063w5499 Admin

Follow Up Questionnaire

Current Pain Scale:

(circle one number)

MILD MODERATE SEVERE

NO PAIN 1 2 3 4 5 6 7 8 9 10 SEVERE PAIN

*** Development of New Allergy since last visit? no yes 5' 3 1/2" Height 175 Weight: _____

Please circle ONE answer for each question that applies to you.

- Are you working? (Not at all) modified duty, regular duty
- Athletics? (No participation) non-contact, full participation
- How are you feeling? (improving) Same, Worse
- Previous Physical Therapy: none, did not help, helped a little, helped temporarily, (helped significantly)
- Previous Injections: none, did not help, helped a little, helped temporarily, helped significantly
- Medications: Helping a little, helping a lot, not helping at all, upsetting stomach, (Not taking any medications for orthopedic problems)
- Change in symptoms: (No) Yes
- *** REVIEW OF SYSTEMS: Circle ALL that apply to you:
 - Constitutional: fever, night sweats, weight gain, weight loss, difficulty exercising, lethargy, chills, malaise
 - Eyes: dry eyes, irritation, change in vision, eye/disease/injury, wear glasses/contacts
 - Ears: difficulty hearing, ear pain, ringing in ears
 - Nose: frequent nosebleeds, nose/sinus problems, other: _____
 - Mouth/Throat: sore throat, bleeding gums, snoring, dry mouth, mouth ulcers, oral abnormalities, teeth problems
 - Cardiovascular: chest pain, arm pain on exertion, shortness of breath when walking, shortness of breath when lying down, palpitations, heart murmur
 - Respiratory: coughing, wheezing, shortness of breath, coughing up blood, sleep apnea
 - Gastrointestinal: abdominal pain, vomiting, loss of appetite, diarrhea, constipation, vomiting blood, difficulty swallowing, heartburn/reflux
 - Genitourinary: incontinence, difficulty urinating, painful urination, blood in urine, increased urinary frequency, incomplete emptying
 - Musculoskeletal: muscle aches, muscle weakness, (joint pain), back pain, swelling in extremities, cramps, osteoporosis, recent fracture
 - Skin: abnormal mole, jaundice, rash, itching, dry skin, growth/lesions, non-healing areas
 - Neurologic: loss of consciousness, weakness, numbness, seizures, dizziness, headaches, migraines, tremor, restless legs, paralysis
 - Psychiatric: depression, sleep disturbances, alcohol abuse, anxiety, hallucinations, mood swings, memory loss, agitation
 - Endocrine: (fatigue) increased thirst, hair loss, increased hair growth, cold intolerance
 - Hematologic/Lymphatic: swollen glands, easy bruising, excessive bleeding, anemia
 - Allergic/Immunologic: runny nose, sinus pressure, itching, hives, frequent sneezing
- ***I have NONE of the problems listed above

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

Apr 24 2018 08:37am

P002/002

Midlands Orthopaedics and Neurosurgery • 100 Park Place Court, COLUMBIA SC 29201-3520

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

JOHNSON, JUDY 03/25/55 #3220985



* 1261063w5499 Admin

HOME HEALTH, SKILLED NURSING AND CURRENT MEDICATION UPDATE

If you are currently receiving Home Health or residing in a skilled nursing facility (nursing home or rehabilitation facility), that entity may be responsible to pay for the services you receive today. It's important that we have the correct agency or facility information on file for this reason.

Are you currently receiving Home Health? yes ☒ no

If yes, which agency is providing your Home Health?

Are you currently residing in a skilled nursing facility? yes ☒ no

If yes, what is the name of your skilled nursing facility?

Eprescribing software allows a physician to see all medications a patient has received from a pharmacy within the past 13 months. As of September 13, 2011, Midlands Orthopaedics began utilizing Eprescribing software in conjunction with our Electronic Health Record software. The medication history information obtained via the Eprescribe software is both permitted and protected by HIPAA. In addition to ensuring our compliance with federal Eprescribing mandates, this medication history enhances patient safety by reducing the likelihood of medication errors.

***If your medications are not listed below, please LIST the medications you are currently taking.

***If your medications are listed below, please CIRCLE the medications you are currently taking.

CURRENT MEDICATIONS:

Name

Date

gabapentin 300 mg capsule
1 capsule(s) every 24 hours.

03/02/18 entered

naproxen 500 mg tablet
(twice a day)

03/02/18 entered

Norco 5 mg-325 mg tablet
5 times a day.

03/02/18 entered

Pristiq 100 mg tablet, extended release
every 24 hours.

03/02/18 entered

Robaxin 750 750 mg tablet
3 times a day.

03/02/18 entered

torsemide 20 mg tablet

03/02/18 entered

TAKE 2 TABLET (20 MG) BY MOUTH IN THE MORNING AND 20 MG IN THE EVENING

Xanax 1 mg tablet
3 times a day.

03/02/18 entered

Patient / Guardian Signature:

JOHNSON, JUDY L (id #3220985, DOB: 03/25/1955)



Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Judy Johnson
DATE OF BIRTH: 03/25/1955
PROVIDER'S NAME: TOM ARMSEY, MD
CARRIER: MCMC
WC CLAIM#: C9391825487
DX CODE(S) & DESCRIPTION: M25511

ACCOUNT: 3220985
EMPLOYER:
DOS: 04/24/2018
DOA: 1/26/18

WORK STATUS:

- ☐ Regular duty as of _____ with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
☐ Medium physical demands as of _____ with restrictions.
☒ Light physical demands as of 04/24/18 with restrictions.
☐ Remain out of work until _____
☐ Part-time (whether regular duty or light duty)
☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

- | | |
|--|---|
| ☐ None | ☐ No kneeling, squatting, crawling |
| ☐ No walking | ☒ Pushing or pulling limit 10 (lbs) |
| ☐ No climbing | ☒ Lifting and carrying limit 10 (lbs) |
| ☐ No standing | ☐ Sedentary duties only |
| ☐ No prolonged standing | ☒ No overhead work |
| ☐ No twisting | ☐ No stretching |
| ☐ No work at heights | ☐ Specific restrictions per FCE date: _____ |

Other:

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Follow-up appointment date: 5/22/18 @ 8:40 West Columbia

A handwritten signature in black ink, appearing to read "Tom Armsey".

Electronically Signed by: TOM ARMSEY, MD
TOM ARMSEY, MD
04/23/2018

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

Admin Documents

MAR/20/2018/TUE 08:51 AM

FAX No.

P. 001

Midlands Orthopaedics and Neurosurgery • 109 Park Place Court, LEXINGTON SC 29072-6690

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

JOHNSON, JUDY 03/25/55 #3220985



*0234471w5489 Admin

Follow Up Questionnaire

Current Pain Scale:

(circle one number)

NO PAIN 1 2 3 4 5 6 7 8 9 10 SEVERE PAIN

*** Development of New Allergy since last visit? no yes _____ Height 5'32" Weight: 175

Please circle ONE answer for each question that applies to you.

- Are you working? Not at all, modified duty, regular duty
- Athletics? No participation, non-contact, full participation
- How are you feeling: Improving, Same, Worse
- Previous Physical Therapy: none, did not help, helped a little, helped temporarily, helped significantly
- Previous Injections: none, did not help, helped a little, helped temporarily, helped significantly
- Medications: Helping a little, helping a lot, not helping at all, upsetting stomach, Not taking any medications for orthopedic problems
- Change in symptoms: No, Yes
- *** REVIEW OF SYSTEMS: Circle ALL that apply to you:
- Constitutional: fever, night sweats, weight gain, weight loss, difficulty exercising, lethargy, chills, malaise
- Eyes: dry eyes, irritation, change in vision, eye/disease/injury, wear glasses/contacts
- Ears: difficulty hearing, ear pain, ringing in ears NA
- Nose: frequent nosebleeds, nose/sinus problems, other: NA
- Mouth/Throat: sore throat, bleeding gums, snoring, dry mouth, mouth ulcers, oral abnormalities, teeth problems NA
- Cardiovascular: chest pain, arm pain on exertion, shortness of breath when walking, shortness of breath when lying down, palpitations, hear murmur NA
- Respiratory: coughing, wheezing, shortness of breath, coughing up blood, sleep apnea NA
- Gastrointestinal: abdominal pain, vomiting, loss of appetite, diarrhea, constipation, vomiting blood, difficulty swallowing, heartburn/reflux NA
- Genitourinary: incontinence, difficulty urinating, painful urination, & nbsp; blood in urine, increased urinary frequency, incomplete emptying NA
- Musculoskeletal: muscle aches, muscle weakness, joint pain, back pain, swelling in extremities, cramps, osteoporosis, recent fracture
- Skin: abnormal mole, jaundice, rash, itching, dry skin, growth/lesions, non-healing areas NA
- Neurologic: loss of consciousness, weakness, numbness, seizures, dizziness, headaches, migraines, tremor, restless legs, paralysis NA
- Psychiatric: depression, sleep disturbances, alcohol abuse, anxiety, hallucinations, mood swings, memory loss, agitation
- Endocrine: fatigue, increased thirst, hair loss, increased hair growth, cold intolerance
- Hematologic/Lymphatic: swollen glands, easy bruising, excessive bleeding, anemia NA
- Allergic/Immunologic: runny nose, sinus pressure, itching, hives, frequent sneezing NA
- ***I have NONE of the problems listed above

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

MAR/20/2018/TUE 08:51 AM

FAX No.

P. 002

Midlands Orthopaedics and Neurosurgery • 109 Park Place Court, LEXINGTON SC 29072-6690

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

JOHNSON, JUDY 03/25/55 #3220985



*0234471w5489 Admin

HOME HEALTH, SKILLED NURSING AND CURRENT MEDICATION UPDATE

If you are currently receiving Home Health or residing in a skilled nursing facility (nursing home or rehabilitation facility), that entity may be responsible to pay for the services you receive today. It's important that we have the correct agency or facility information on file for this reason.

Are you currently receiving Home Health? yes ☒ no

If yes, which agency is providing your Home Health? _____

Are you currently residing in a skilled nursing facility? yes ☒ no

If yes, what is the name of your skilled nursing facility? _____

Eprescribing software allows a physician to see all medications a patient has received from a pharmacy within the past 13 months. As of September 13, 2011, Midlands Orthopaedics began utilizing Eprescribing software in conjunction with our Electronic Health Record software. The medication history information obtained via the Eprescribe software is both permitted and protected by HIPAA. In addition to ensuring our compliance with federal Eprescribing mandates, this medication history enhances patient safety by reducing the likelihood of medication errors.

***If your medications are not listed below, please LIST the medications you are currently taking.

***If your medications are listed below, please CIRCLE the medications you are currently taking.

CURRENT MEDICATIONS:

Medications not reviewed (last reviewed 03/02/2018)

Name	Date
gabapentin 300 mg capsule 1 capsule(s) every 24 hours.	03/02/18 entered
lidocaine (PF) 10 mg/mL (1 %) injection solution right shoulder	03/02/18 administered
methylPREDNISolone acetate 40 mg/mL suspension for injection right shoulder	03/02/18 administered
naproxen 500 mg tablet twice a day	03/02/18 entered
Norco 5 mg-325 mg tablet 5 times a day.	03/02/18 entered
Pristiq 100 mg tablet, extended release every 24 hours.	03/02/18 entered
Robaxin-750 750 mg tablet 3 times a day.	03/02/18 entered
lorsemide 20 mg tablet TAKE 2 TABLET (20 MG) BY MOUTH IN THE MORNING AND 20 MG IN THE EVENING	03/02/18 entered
Xanax 1 mg tablet 3 times a day.	03/02/18 entered

Patient / Guardian Signature: _____

Judy Johnson

[Handwritten signature]

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

MAR/02/2018/FRI 10:19 AM

FAX No.

P. 001

MIDLANDS
orthopaedics
& NEUROSURGERY

JOHNSON, JUDY 03/25/55 #3220985



5223494w5499 A-FormLeft

GENERAL MEDICAL INFORMATION

Reason for your visit today? Shoulder/neck pain / numbness tingling in finger
 Was this the result of an accident? ☒ No ☐ Yes if yes, DATE of accident and please describe. Right side
 Date: 1-26-2018 work related

Where did the injury occur? Work ☒ Auto ☐ Home ☐ Other ☐

Referring Physician Information:		Family Physician Information:	
Name: <u>Dr. Frederick Waniy</u>		Name: <u>Dr. Tasha Boone</u>	
Address: <u>1614 Main St. Columbia SC 29201</u>		Address: <u>3020 Sunset Blvd West Columbia SC 29169</u>	
Phone: <u>451-6133</u>		Phone: <u>791-5680</u>	
Please provide your preferred pharmacy information. This will help us in the event we need to call in a prescription for you or send a prescription over a secure electronic connection to your pharmacy.			
Preferred Pharmacy:		Mail-In Pharmacy:	
Name: <u>LTC</u>		Name:	
Address: <u>3685-A Leighton Rd West Columbia SC 29169</u>		Address:	
Phone: <u>454-0194</u>		Phone:	

Height: 5'4" Weight: 179

Current Pain Scale: (circle one number)

	MILD			MODERATE			SEVERE				
NO PAIN	1	2	3	4	5	6	7	8	9	10	SEVERE PAIN

ALLERGIES AND REACTIONS (list allergies to Medications, Metals or Latex)			
Name of Allergy:	Reaction:	Name of Allergy:	Reaction:
<u>Cipro</u>	<u>hepatotoxicity</u>		
<u>Morphine</u>	<u>rash</u>		
FAMILY HISTORY: please check any that have occurred with a blood relative			
	Relationship		Relationship
Blood Clots in Legs or Lungs		Heart Disease	<u>Mother & Father</u>
Bleeding Disorder		Aneurysm	
Osteoporosis		High blood pressure	<u>2 Sisters, both parents</u>
Osteoarthritis		Diabetes	<u>Both parents, 1 Sister</u>
Rheumatoid arthritis	<u>no one</u>	Nerve Disease	
Muscle or Bone Disease		Depression	<u>2 Sisters</u>
Cancer		Lupus	
Thyroid disease		Malignant Hypothermia	

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

MAR/02/2018/FRI 10:19 AM

FAX No.

P. 002

JOHNSON, JUDY 03/25/55 #3220985

MIDLANDS

orthopaedics

NEUROSURGERY



* 5223494w5499 A-FormLett

Social History: (please circle what applies to you)

Are you a <u>Current Smoker</u> Nonsmoker Former Smoker	
Tobacco-years of use (current and former smokers): <u>22 years</u>	
If current smoker, how often do you smoke cigarettes? <u>Every Day</u> Some Days	
If current smoker, how much do you smoke per day? $\frac{1}{2}$ PD $\frac{1}{4}$ PD 1 PD <u>1 $\frac{1}{2}$ PD</u> 2 PD 3 PD	
Cigar/pipe Use: Yes No	
Chewing Tobacco: 1/day 2-4/day 5/day	
Alcohol: <u>None</u> Occasional Moderate Heavy	
Number of Children? <u>2</u>	
Marital Status: Married Single <u>Divorced</u> Separated Widowed Domestic Partner	
Diet: <u>Regular</u> Vegetarian Gluten-free Carbohydrate (limited) Cardiac Diabetic	
Work History: Disabled Student Homemaker Retired	
Are you currently employed? <u>Yes</u> No	
Occupation: <u>Registered nurse</u>	
Employer: <u>A gage Hospice</u>	
Type of work: <u>Travel nurse / Presently doing audi 4.5</u>	
Surgical History/Broken Bones/Recent Hospitalizations: <u>All daily medication(s)/vitamins/supplements:</u>	
Please List:	Please list:
<u>no broken bones</u> <u>no recent hospitalizations</u> <u>past - cone decompression</u> <u>Rt femur</u> <u>AVN disease</u>	<u>Torsemide 40mg AM & 20mg PM</u> <u>Pristiq 50mg daily</u> <u>Xanax 1mg - 3 x day prn</u> <u>Gabapentin 300mg BID</u> <u>Tylenol PM (3) nightly</u>

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

MAR/02/2016/FRI 10:19 AM

PAY No.

F. 003

JOHNSON, JUDY 03/25/55 #3220985

MIDLANDS
orthopaedics
& NEUROSURGERY



* 5223494w5499 A-FormLett

Past Medical History: (please circle all that applies to you)		
AIDS/HIV	Fracture	Osteoarthritis
Anemia	Gallbladder	Osteoporosis
Anxiety	Glaucoma	Pacemaker or AICD
Asthma ☒ Past	Gout	Panic Attack
Atrial Fib (irregular heartbeat)	Heart Attack	Phlebitis
Bladder Disease	Heartburn/GERD	Pneumonia
Blood Clots in Legs or lungs	Hepatitis B or C	Poor Circulation
Bronchitis	Hernia	Pregnancy (Current or recent)
Cancer	Irritable Bowel Syndrome	Pulmonary Embolism
Cardiac Stents	High Blood Pressure	Restless Legs
Chronic Bronchitis	High Cholesterol ☒	Rheumatoid Arthritis
Congenital Heart Defect	Sickle Cell Anemia/Trait	Seizure Disorder
Depression ☒	Enlarge Prostate	Emphysema
Diabetes	Epilepsy	Kidney Disease
Eating Disorder	Migraines	Kidney Stones
Insomnia	Mitral Valve Prolapse	Liver Disease
Stomach Ulcers	MRSA or VRE	Lupus
Stroke	Multiple Sclerosis	Tuberculosis
Thyroid Disorder		
Fibromyalgia		
Do you have sleep apnea? Yes or ☒ No		
If yes, do you use C-PAP or Bi-PAP? Yes or No		
Device Settings:		
Do you have cardiac stents: Yes or ☒ No		
If yes, please list date(s):		
Do you have a pacemaker or AICD? Yes or ☒ No		
If yes, please dates:		
Other Medical History:		
Above only		

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

MAR/02/2018/FRI 10:19 AM

PAX No.

P. 004

MIDLANDS
orthopaedics
NEUROSURGERY

JOHNSON, JUDY 03/25/55 #3220985



5223484w5489 A-FormLett

REVIEW OF SYSTEMS (please circle what applies to you)

Constitutional: fever night sweats weight gain weight loss difficulty exercising lethargy chills

Eyes: dry eyes irritation change in vision eye disease/injury wears glasses/contacts

Ears: difficulty hearing ear pain ringing in ears

Nose: frequent nosebleeds nose/sinus problems

Mouth/Throat: sore throat bleeding gums snoring dry mouth mouth ulcers oral abnormalities
teeth problems

Cardiovascular: chest/arm pain on exertion shortness of breath when walking
shortness of breath when lying down palpitations heart murmur

Respiratory: coughing wheezing shortness of breath coughing up blood sleep apnea

Gastrointestinal: abdominal pain vomiting loss of appetite diarrhea constipation vomiting blood
difficulty swallowing heartburn/reflux

Genitourinary: incontinence difficulty urinating painful urination blood in urine increase urinary
frequency incomplete emptying

Musculoskeletal: muscle aches muscle weakness joint pain back pain swelling in extremities
cramps osteoporosis recent fracture neck pain a few weeks on Rt side

Skin: abnormal mole jaundice rash itching dry skin growth/lesions non-healing areas

Neurologic: loss of consciousness weakness numbness seizures dizziness headaches migraines
tumor restless legs paralysis Rt fingers

Psychiatric: depression sleep disturbance alcohol abuse anxiety hallucinations mood swings
memory loss agitation

Endocrine: fatigue increased thirst hair loss increased hair growth cold intolerance

Hematologic/Lymphatic: swollen glands easy bruising excessive bleeding anemia

Allergic/Immunologic: runny nose sinus pressure itching hives frequent sneezing

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

MAR/02/2016/FRI 10:20 AM

FAX No.

P. 005

MIDLANDS
orthopaedics
& NEUROSURGERY

JOHNSON, JUDY 03/25/55 #3220985



* 5223494w5499 A-FormLett

History of Present Illness: Please circle ALL that apply

- Body Part: Rt shoulder / neck, arm pain
- Location: right bilateral, front, back, medial, lateral, deep, superficial
- Quality: aching, burning, gnawing, stabbing, throbbing, sharp, dull, superficial, deep, occasional, frequent, constant, worsening, improving, not changing
- Severity: no pain, mild moderate, severe, pain level /10, worst pain /10
- Duration: date of onset: days, weeks, 1 months, years, continuous since onset
- Timing: cannot identify, acute, chronic, abrupt, gradual, morning, daytime, nighttime, recurrent, rare, occasional, intermittent episodes lasting: Consistent
- How did injury occur: cannot identify, fall, bending, lifting, twisting, sports injury, work injury, MVA, assault, overuse, traumatic, laceration, no injury Driving 1,000 miles/week
- What helps ease the pain/discomfort: nothing helps, sitting, standing, lying down, position change, heat, ice, rest, elevation, exercise, stretching, limited weight bearing, PT/OT, chiropractic care, ESI, OTC medication, narcotics, NSAIDs, cortisone injection, viscosupplement injection, orthotics, previous surgery, brace, crutches, cane, wheelchair, walker
- What movements cause pain/discomfort: cannot identify, sitting, standing, lying down, walking, lifting, carrying, twisting, bending/squatting, pushing/pulling, ROM, weight bearing, exercise, previous surgery, changing clothes, getting out of bed, going from sit to stand, upstairs, downstairs, morning, daytime, nighttime, cold weather, damp weather
- Describe the pain/discomfort: weakness, numbness, tingling, swelling, redness, warmth, ecchymosis, catching/locking, popping/clicking, buckling, grinding, instability, radiation down leg, drainage, fever, chills, weight loss, change in bowel/bladder habits
- Previous Surgery: (on affected body part) none, surgical procedure: date:
- Prior Imaging: none, no recent studies, X-ray, MRI, CT scan, bone scan, EMG
- Previous Injections: none, did not help, helped a little, helped temporarily, helped significantly
- Previous Physical Therapy: none, did not help, helped a little, helped temporarily, helped significantly
- Work Related: no, yes
- Working: no, regular duty, modified duty Restricted
- Hand Dominance: right, left, ambidextrous

Referral Order

05/22/2018

To Provider	From Provider
Phone: Fax:	TOM ARMSEY, MD Midlands Orthopaedics & Neurosurgery 2989 Sunset Blvd WEST COLUMBIA, SC 29169-3497 Phone: (803) 256-4107 Fax: (803) 933-6100

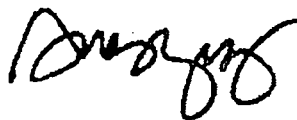
Referral Order Information

Diagnosis	Adhesive capsulitis of shoulder ICD-10: M75.01: Adhesive capsulitis of right shoulder
Order Name	PHYSICAL AND OCCUPATIONAL THERAPY REFERRAL
Notes	Physical Therapy or Occupational Therapy continue current therapy for right shoulder 1-2 x a week x 4-6 weeks

Patient Information

Patient Name	JOHNSON, JUDY L
Sex - DOB - Age	F 03/25/1955 63yo
Address	140 CHADWOOD CIR LEXINGTON, SC 29073
Phone	H: (803) 413-0540 W: (803) 454-6113 M: (803) 413-0540
Primary Insurance	MCMC - MEADOWBROOK INSURANCE Policy Holder: AGAPE HEALTH SERVICES LLC
Secondary Insurance	None recorded.

Electronically Signed by: TOM ARMSEY, MD



TOM ARMSEY, MD

JOHNSON, JUDY L (id #3220985, dob: 03/25/1955)

MIDLANDS
orthopaedics
& NEUROSURGERY

Phone: (803) 256-4107 * www.midorthoneuro.com * Fax: (803) 253-6676

WORK STATUS INFORMATION

NAME: Judy Johnson

DATE OF BIRTH: 03/25/1955

PROVIDER'S NAME: TOM ARMSEY, MD

CARRIER: MCMC

WC CLAIM#: C9391825487

DX CODE(S) & DESCRIPTION: M75.01 ADHESIVE CAPSULITIS

ACCOUNT: 3220985

EMPLOYER:

DOS: 05/22/2018

DOA: 1/26/18

WORK STATUS:

- ☐ Regular duty as of _____ with no restrictions.
(Availability of light duty is determined by the employer and not the physician).
- ☐ Medium physical demands as of _____ with restrictions.
- ☒ Light physical demands as of 5/22/18 with restrictions.
- ☐ Remain out of work until *
- ☐ Part-time (whether regular duty or light duty)
- ☐ Full-time (whether regular duty or light duty)

PHYSICAL LIMITATIONS

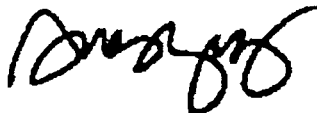
- | | |
|--|--|
| ☐ None | ☐ No kneeling, squatting, crawling |
| ☐ No walking | ☒ Pushing or pulling limit 5 (lbs) |
| ☐ No climbing | ☒ Lifting and carrying limit 5 (lbs) |
| ☐ No standing | ☐ Sedentary duties only |
| ☐ No prolonged standing | ☒ No overhead work |
| ☐ No twisting | ☐ No stretching |
| ☐ No work at heights | ☐ Specific restrictions per FCE date: _____ |

Other:

These restrictions are recommended to promote healing of the body part which is injured or which has had surgery. Unrestricted use is recommended when it will not adversely affect the healing process. This is not a statement as to the capacity to undertake a given task or participate in a given sport, nor is it a warranty against subsequent injury. All restrictions or the lack of such restrictions may be subject to revision or modification if conditions change. It is your responsibility to contact us for any clarification, questions, or concerns.

Follow-up appointment date:

Tuesday, July 10, 2018 08:30
AM



Electronically Signed by: TOM ARMSEY, MD

LAW OFFICES

#3220925

MCWHIRTER, BELLINGER & ASSOCIATES, P.A.

119 EAST MAIN STREET
LEXINGTON, SOUTH CAROLINA 29072
(803) 356-6623

FAX (803) 359-1245

info@mcwharterbellinger.comD. PATRICIA MCWHIRTER
THOMAS P. BELLINGER
DAVID L. MCWHIRTER
STACEY LARUE MEYER
J. YOUNG LEE JR.
JOSEPH R. DASTA
C. LISA MCWHIRTERSUZANNE MCWHIRTER
ROBERT W. BISHOP, II
MELODY G. MCDONNELL
JOHN P. MEDLOCK
AMANDA N. PUGHAN
CHRISTOPHER M. CUNNINGHAM
MAUREEN E. BIRN

May 24, 2018

Thomas Amsey, M.D.
Midlands Orthopaedics & Neurosurgery
1910 Blanding Street
Columbia, SC 29201Re: Our Client: Judy Louise Johnson
Date of Birth: 3/25/1955
SSN: 248-13-8231
Date of Incident: 1/26/2018

Dear Dr. Amsey:

As you may be aware I represent Judy Louise Johnson on a pending workers compensation claim dating back to January 26, 2018. On July 1, 2007, our statutes were reformed to require medical causation establishing an injury arose out of and during the course of employment. I reviewed your medical reports of March 2, 2018 to present. Enclosed please find the following for your review:

Employer - Agape Form 12-A
Employer - Agape Incident Report
The Medical Place Family Practices - 2-2-18 report
Agape Physician's Care - 2-12-2018 - 2-21-2018
LTC Therapy Solutions of West Columbia reports

Ms. Johnson hurt her right shoulder when she pulled up a patient in bed on January 26, 2018. On March 2, 2018 she reported to Midlands Orthopaedics "shoulder/neck pain/numbness/tingling in fingers". Further she reported "right shoulder, neck, arm pain" on the History of Present Illness. Ms. Johnson's March 28, 2018, physical therapy report noted "burning between my shoulder blades". On February 28, 2018, my client reported neck pain. Further she continuously experienced right arm and right hand numbness as the records reflect.

OFFICES

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Thomas Arnssey, M.D.

May 24, 2018

Page Two

Please address the questions below:

1. To a reasonable degree of medical certainty, did Judy Louise Johnson most probably injure her right shoulder and neck which affected her right arm and right hand when she pulled up a patient on January 26, 2018?

Yes No

2. To a reasonable degree of medical certainty has all treatment been medically necessary?

- Thomas Arnssey, M.D.

Dated

6.7.18

As always your professional cooperation in addressing this issue is greatly appreciated.

Sincerely yours,

Elizabeth McMahon Penz

EMP:stb

Enclosures



Claimant's Name: Judy L. Johnson Employer's Name: Agape Hospice
Address: 140 Chadwood Circle Address: 1624 Main Street
City: Lexington State: SC Zip: 29073 City: Columbia State: SC Zip: 29201
Home Phone: (803) 413-0540 Work Phone: () - Carrier: MagMutual
Preparer's Name: Stephen R. Smoak Preparer's Phone #: (803) 432 - 4391

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

☒ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: \$838.21 2. AWW: \$1,912.09 Date of Injury: 1/26/2018
3. Type of injury and body part(s): Claimant has alleged injuries to right shoulder and neck
4. Facts in controversy: Whether Claimant is entitled to receive TTD benefits since she was terminated for cause while on light duty
5. Legal issues involved: §42-1-160, §42-9-260, §42-15-60, Pollack v. Southern Wine & Spirits, 747 S.E.2d 430 (2013)
6. Unusual aspects: none
7. Witnesses (designate if expert):* Greg Charlton, HR representative of Employer, and/or other representatives of Employer including Claimant's supervisor, may be called to testify in response to the Claimant's testimony
8. Exhibits: Portions of Claimant's personnel file may be submitted in response to Claimant's testimony
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
10. Name, address, and specialty, if any, of the treating physician:
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:

☐ **Mediation**

- ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- ☐ b. Mediation is required pursuant to Reg. 67-1802.
- ☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- ☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to Elizabeth M. Pentz

Address 119 East Main Street, Lexington, SC 29072 on the 20 day of June 2018, by: first class postage

☒ first class postage ☐ certified mail ☐ personal service ☐ electronic service

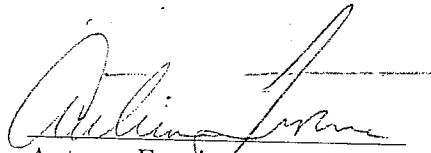
I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: [Signature] Email: ssmoak@thesavagefirm.com
Date of hearing: June 26, 2018 Time needed for hearing: One hour

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. 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.

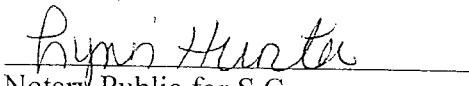
I, the undersigned, an employee of Savage, Royall & Sheheen, do hereby certify that I have served the foregoing FORM 58 by depositing a copy of same in a United States Postal Mailbox, first class mail, postage prepaid, addressed to the attorney below on the 21st day of June, 2018.

Elizabeth McMahon Pentz, Esquire
McWhirter, Bellinger & Associates, P.A.
119 East Main Street
Lexington, South Carolina 29072



Autumn Furniss
Secretary for
Stephen R. Smoak
Post Office Drawer 10
Camden, S.C. 29021
(803) 432-4391

SWORN to before me this 21st day
of June, 2018.



Notary Public for S.C.

My Commission Expires: 02/02/2022

**BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION COMMISSION**

Judy Johnson,)

Employee/Claimant,)

) W.C.C. FILE NO: 1802954

Agape Hospice,)

Employer,)

) NOTICE OF WITNESSES

) TO BE INTRODUCED AS

) DIRECT EVIDENCE

) ON BEHALF OF

) EMPLOYER

)

TO: Elizabeth McMahon Pentz, ESQUIRE, ATTORNEY FOR EMPLOYEE:

YOU ARE HEREBY NOTIFIED THAT THE Employer, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1-23-330, (1976, as amended), herewith submits the following medical reports as direct evidence on behalf of the Employer, to wit:

<u>NAME OF PHYSICIAN/OTHER</u>	<u>DATE OF REPORT</u>	<u>NUMBER OF PAGES</u>
--------------------------------	-----------------------	------------------------

YOU ARE FURTHER HEREBY NOTIFIED that you have the right of cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the depositions of any of the physicians, whose reports are submitted, for purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred to herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Employer.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Employer:

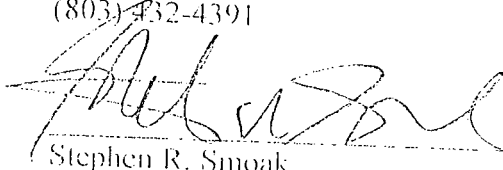
Greg Charlton
Betsy Sippel

YOU ARE FURTHER NOTIFIED that the following exhibits may be submitted to the South Carolina Workers' Compensation Commission for inclusion into evidence on behalf of the Employer.

Portions of the Employee Handbook

SAVAGE, ROYALL & SHEEHAN
111 Church Street
Post Office Drawer 10
Camden, South Carolina 29020-0010
(803) 432-4391

By:


Stephen R. Smoak
Attorney for Employer

Camden, South Carolina
June 22, 2018

AGAPE HOSPICE EMPLOYEE HANDBOOK
DISCLAIMER AND ACKNOWLEDGEMENT OF RECEIPT OF 2013 REVISED
EMPLOYEE HANDBOOK

I HAVE RECEIVED THE 2013 REVISED AGAPE ENTITY (HEREINAFTER "AGAPE" OR "THE COMPANY") EMPLOYEE HANDBOOK (HEREINAFTER "HANDBOOK") AND HAVE READ AND UNDERSTAND THE MATERIAL COVERED. IN THE EVENT I HAVE QUESTIONS ABOUT THE HANDBOOK, I WILL CONTACT MY SUPERVISOR, ADMINISTRATOR, EXECUTIVE DIRECTOR OR ANOTHER MEMBER OF MANAGEMENT. I UNDERSTAND THAT FAILURE TO COMPLY WITH THE POLICIES SET FORTH IN THE HANDBOOK MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING TERMINATION. I UNDERSTAND THAT THE COMPANY HAS THE RIGHT TO UNILATERALLY CHANGE, MODIFY, OR REVOKE ANYTHING CONTAINED IN THIS HANDBOOK AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE. I ALSO ACKNOWLEDGE BY SIGNING BELOW THAT I HAVE READ AND UNDERSTAND THE DRUG-FREE WORKPLACE POLICY AND CONSENT TESTING PURSUANT TO SAME.

THIS HANDBOOK DOES NOT IN ANY WAY CONSTITUTE, AND SHOULD NOT BE CONSTRUED AS, A CONTRACT OF EMPLOYMENT. ALL EMPLOYEES AT THE COMPANY ARE EMPLOYED "AT-WILL," WHICH MEANS THAT THEY MAY RESIGN AT ANY TIME FOR ANY REASON AND THAT THE COMPANY HAS THE SAME RIGHT AND MAY TERMINATE THE EMPLOYMENT OF ANY EMPLOYEE AT ANY TIME, FOR ANY OR NO REASON, FOR CAUSE OR WITHOUT CAUSE, AND WITHOUT PRIOR NOTICE.

THIS HANDBOOK (AND ANY ACCOMPANYING ADDENDUM) SUPERSEDES, REPLACES, AND REVOKES ANY AND ALL PRIOR HANDBOOKS, POLICIES, PROCEDURES, MANUALS, MEMORANDA, BULLETINS, AMENDMENTS, OR SIMILAR MATERIALS WHICH HAVE BEEN PUBLISHED OR DISTRIBUTED CONCERNING THE TERMS OF YOUR EMPLOYMENT.

EMPLOYEE ACKNOWLEDGEMENT

BY MY SIGNATURE BELOW, I ACKNOWLEDGE RECEIPT OF THE HANDBOOK AND MY UNDERSTANDING THAT THIS HANDBOOK IS NOT AN EMPLOYMENT CONTRACT. I ALSO UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS "AT WILL" AS DEFINED ABOVE.

EMPLOYEE'S NAME: Judy Johnson

EMPLOYEE'S SIGNATURE: Judy Johnson

DATE: 8-22-16

(EMPLOYER COPY)

AGAPE HOSPICE EMPLOYEE HANDBOOK
DISCLAIMER AND ACKNOWLEDGEMENT OF RECEIPT OF 2013 REVISED
EMPLOYEE HANDBOOK

I HAVE RECEIVED THE 2013 REVISED AGAPE ENTITY (HEREINAFTER "AGAPE" OR "THE COMPANY") EMPLOYEE HANDBOOK (HEREINAFTER "HANDBOOK") AND HAVE READ AND UNDERSTAND THE MATERIAL COVERED. IN THE EVENT I HAVE QUESTIONS ABOUT THE HANDBOOK, I WILL CONTACT MY SUPERVISOR, ADMINISTRATOR, EXECUTIVE DIRECTOR OR ANOTHER MEMBER OF MANAGEMENT. I UNDERSTAND THAT FAILURE TO COMPLY WITH THE POLICIES SET FORTH IN THE HANDBOOK MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING TERMINATION. I UNDERSTAND THAT THE COMPANY HAS THE RIGHT TO UNILATERALLY CHANGE, MODIFY, OR REVOKE ANYTHING CONTAINED IN THIS HANDBOOK AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE. I ALSO ACKNOWLEDGE BY SIGNING BELOW THAT I HAVE READ AND UNDERSTAND THE DRUG-FREE WORKPLACE POLICY AND CONSENT TESTING PURSUANT TO SAME.

THIS HANDBOOK DOES NOT IN ANY WAY CONSTITUTE, AND SHOULD NOT BE CONSTRUED AS, A CONTRACT OF EMPLOYMENT. ALL EMPLOYEES AT THE COMPANY ARE EMPLOYED "AT-WILL," WHICH MEANS THAT THEY MAY RESIGN AT ANY TIME FOR ANY REASON AND THAT THE COMPANY HAS THE SAME RIGHT AND MAY TERMINATE THE EMPLOYMENT OF ANY EMPLOYEE AT ANY TIME, FOR ANY OR NO REASON, FOR CAUSE OR WITHOUT CAUSE, AND WITHOUT PRIOR NOTICE.

THIS HANDBOOK (AND ANY ACCOMPANYING ADDENDUM) SUPERSEDES, REPLACES, AND REVOKES ANY AND ALL PRIOR HANDBOOKS, POLICIES, PROCEDURES, MANUALS, MEMORANDA, BULLETINS, AMENDMENTS, OR SIMILAR MATERIALS WHICH HAVE BEEN PUBLISHED OR DISTRIBUTED CONCERNING THE TERMS OF YOUR EMPLOYMENT.

EMPLOYEE ACKNOWLEDGEMENT

BY MY SIGNATURE BELOW, I ACKNOWLEDGE RECEIPT OF THE HANDBOOK AND MY UNDERSTANDING THAT THIS HANDBOOK IS NOT AN EMPLOYMENT CONTRACT. I ALSO UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS "AT WILL" AS DEFINED ABOVE.

EMPLOYEE ACKNOWLEDGEMENT

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EMPLOYEE'S NAME: _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

(EMPLOYEE COPY)

Message from our CEO

While Agape takes pride in its diversity of facilities and continuum of care, one of its strongest qualities is the enthusiasm, commitment, and accessibility of our talented, skilled, and professional staff. Since 1999, Agape has been committed to quality care in a faith-based atmosphere. So let us invite you into Agape to see all that we have to offer; to discover how much we care; and to be a part of our community...and our lives.

Rev. G. Scott Middleton, CEO

Our Mission

Agape provides integrated health services to meet the needs of senior adults in a faith-based atmosphere.

Our Vision

The vision of Agape is to be an integrated health services company with a primary presence in markets of 100,000 and less people.

It will be recognized as a facility of first choice, which values its employees and functions in a financially stable environment.

Core services include assisted living, skilled nursing care, rehabilitation services, hospice, and ancillary services that function to support primary care.

Our Logo

The Agape logo is based upon a "Nine-Pointed Star" that symbolizes the nine fruit of the Spirit listed in the Epistle to the Galatians found in the New Testament of the Bible. The nine fruit of the Spirit represent the qualities that guide our care for Agape residents as well as our relations with fellow Agape employees.



These qualities are:

- Love
- Joy
- Peace
- Patience
- Kindness
- Goodness
- Faithfulness
- Gentleness
- Self-Control

be at work but does not include mealltime or authorized breaks. It is the Company's sole decision and within their sole discretion if such use interferes with an employee's job duties. Under no circumstances may an employee who has direct patient care responsibilities use the internet for any reason during working time.

Agape has access to all Company provided or owned electronic equipment and property, and reserves the right to and does, from time to time, inspect the condition of that equipment and the communications, content, data, imagery, and all other information stored on it without providing further notice to the employee. Therefore, employees should have no expectation of privacy with regard to any communications, content, data, imagery, or other information that is created, accessed, stored or viewed on Company-provided or owned electronic equipment, as such is subject to monitoring, review, and disclosure by Agape at any time.

This policy is not intended to and should not be construed as restricting employees' rights to engage in protected concerted activity under Section 7 of the National Labor Relations Act, nor will the policy be applied or enforced by Agape in such a manner.

Conflict of Interest

Agape recognizes that potential conflicts of interest may arise for some employees. Agape requires employees to disclose potential conflicts of interest to their Supervisor, Administrator or Executive Director in accordance with this policy.

■ Potential Conflicts

Notice must be provided in writing as soon as the employee recognizes that there may be a potential conflict. Potential conflicts of interest may include but are not limited to: moonlighting, second businesses, spousal or family employment or ownership with a competitor, self-employment, relationships with vendors and/or government agencies that oversee or regulate Agape's business.

Employment at Will

Employees of Agape are employed at-will. This means that either the Company or the employee may terminate the employment relationship at any time, for any or no reason, with or without cause, and without prior notice.

Employee Conduct and Work Rules

To ensure orderly operations and provide the best possible work environment, Agape expects employees to follow rules of conduct that protect the interests and safety of all employees, Agape residents, and the organization.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The following are examples of infractions of rules of conduct that may result in disciplinary action, up to and including termination of employment:

- Theft or inappropriate/unauthorized removal or possession of property belonging to the Company, fellow employees, or residents
- Falsification or misrepresentation of timekeeping records or any other Company or official documents
- Clocking in or out for another employee
- Working or engaging in Company business under the influence of alcohol or illegal drugs, or violating the Company's policies related to drug and/or alcohol use, including the Drug-Free Workplace policy
- Possession, distribution, sale, transfer, buying or use of alcohol or illegal drugs, or drugs that would impair an employee's ability to safely perform his or her job, in the workplace, while on duty, while engaged in Company business, or while operating Company owned vehicles or equipment
- Fighting, horseplay, roughhousing, making a threat, or engaging in or threatening to engage in violent or other inappropriate conduct
- Boisterous or other disruptive activity in the workplace
- Gossiping
- Negligence or improper conduct in the Company's sole discretion leading to damage of employer-owned, employee-owned, or customer-owned property or to other injury
- Insubordination, failing to follow instructions, disrespectful conduct, or any conduct which indicates, in the Company's discretion, an employee's lack of cooperation or willingness to work
- Violation of safety or health rules
- Smoking in prohibited areas
- Sexual or other unlawful or unwelcome harassment, including any violation of the Company's policy prohibiting harassment
- Possession of dangerous or unauthorized weapons or materials, such as explosives, knives, or firearms, in the workplace, while engaged in Agape company business, and/or while operating a company vehicle
- Failure to maintain proper working relationships, including the sharing of information or equipment needed by others to accomplish their work.
- Excessive absenteeism in the Company's discretion or any absence or tardiness, including absences due to inclement weather, without proper notice, late arrivals or early-outs that are excessive in the Company's discretion
- Unauthorized absence from work during the workday, interfering with the work of others
- Unauthorized use of telephones, mail system, or other employer-owned equipment or use of such items in violation of Company policy
- Unauthorized disclosure of or breach of confidentiality pertaining to Sensitive Company Information, including, without limitation, trade secrets, or confidential/proprietary information
- Unauthorized disclosure of protected health information in violation of HIPAA's requirements and provisions
- Violation of any Company policy
- Violation of Resident's and/or Patient's Rights

- Unsatisfactory performance or conduct, inability to meet performance standards, failure to perform assigned duties, loafing, loitering, wasting time during work hours, or sleeping on the job
- Dishonesty
- Falsification or misrepresentation in connection with giving reasons for absence
- Disorderly conduct, including the use of profane, abusive, or harassing language
- Engaging in outside employment without obtaining prior management approval or in any behavior or activity that would constitute a conflict of interest
- Failure to immediately report an accident or injury
- Exceeding the limits on one's authority
- Violation of the Company's Compliance Program

Separation Notice

Agape requests that all salaried employees provide thirty (30) days' advance notice prior to resignation and that hourly employees provide two (2) weeks' advance notice.

Company Property

Any property issued to the employee during their employment remains the property of Agape. Upon separation from employment, employees are required to return all Agape property in clean and good condition, free of any damage not present at time of issuance.

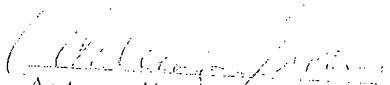
All Agape employees are expected to exercise care and safety in the use of all facility property, equipment and supplies. Property, equipment and supplies should be used only for the purposes for which they are intended. Deliberate misuse, abuse or damage to Agape property, equipment and supplies may be grounds for disciplinary action including termination. Employees will be expected to pay for any facility property, equipment or supplies deliberately damaged or destroyed or converted to personal use. The unauthorized removal of facility property from the premises, or its conversion to personal use is not permitted and may result in disciplinary action up to and including termination and referral to appropriate law enforcement authority.

Gifts, Gratuities, and Payments

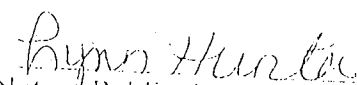
Agape employees should not accept any gift, gratuity or payment for services from resident's, resident's family or visitors. The accepting of anything of value by an employee from a resident, family member, visitor is prohibited. Inquiries concerning gifts, gratuities or additional payment for services should be brought to the attention of the immediate supervisor, Administrator or Executive Director. Acceptance of and/or failure to discuss with the immediate Supervisor, Administrator or Executive Director

I, the undersigned, an employee of Savage, Royall & Sheheen, do hereby certify that I have served the foregoing FORM 58 by depositing a copy of same in a United States Postal Mailbox, first class mail, postage prepaid, addressed to the attorney below on the 21st day of June, 2018.

Elizabeth McMahon Pentz, Esquire
McWhirter, Bellinger & Associates, P.A.
119 East Main Street
Lexington, South Carolina 29072


Autumn Furniss
Secretary for
Stephen R. Smoak
Post Office Drawer 10
Camden, S.C. 29021
(803) 432-4391

SWORN to before me this 21st day
of June, 2018.


Notary Public for S.C.

My Commission Expires: 02/02/2022

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

W.C.C. FILE #1802954

JUDY JOHNSON	)	
	)	
CLAIMANT,	)	
	)	SC WORKERS' COMPENSATION COMMISSION
VS.	)	
	)	HEARING OF
AGAPE MANAGEMENT	)	
SERVICES	)	JUDY JOHNSON
EMPLOYER,	)	
AND	)	VS
	)	
MAG MUTUAL INS. CO.	)	AGAPE MANAGEMENT SERVICES
	)	
CARRIER.	)	

This is the Transcript of the South Carolina Workers' Compensation Hearing of Judy Johnson versus Agape Management Services, taken before Gloria Davis, a Court Reporter and Notary Public in and for the State of South Carolina, commencing at the hour of 10:05 A.M., Tuesday, June 26, 2018, at Calhoun County Courthouse Annex, 102 Court House Drive, St. Matthews, South Carolina.

COPY

REPORTED

BY

GLORIA DAVIS

PALMETTO COURT REPORTING
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APPEARANCES

FOR THE CLAIMANT:

Elizabeth M. Pentz, Esquire
Mcwhirter, Bellinger & Associates
119 East Main Street
Lexington, SC 29072

FOR THE EMPLOYER/CARRIER:

Stephen R. Smoak, Esquire
Savage, Royall & Sheheen, LLP
1111 Church Street
Camden, SC 29020

ALSO PRESENT:

Ms. Betsy Sippel

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

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I N D E X

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EXHIBITS

C-1 (CLAIMANT'S EXHIBIT NUMBER ONE WAS MARKED FOR IDENTIFICATION) Received	21:20
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Commissioner Wilkerson: Today's date is the 26th day of June, 2018. We're here in reference to workers' Comp file number 1802954. The Claimant in today's case is Judy Johnson, represented by Elizabeth Pentz. The Employer is Agape Management Services; the Carrier is Mag Mutual Insurance Company, represented by Stephen R. Smoak. The date of accident was 1/26/2018. The average weekly wage is one thousand, nine hundred and twelve dollars and nine cents (\$1,912.09); thus the comp rate would be eight thirty-eight, twenty-one (\$838.21). We're here to determine the issues that are set forth on a Form 50 and 51. Are there any objections to APA's, jurisdiction, venue or any other items by the moving party, Ms. Pentz?

Ms. Pentz: No objection, Commissioner.

Commissioner Wilkerson: Mr. Smoak?

Mr. Smoak: No objections.

Commissioner Wilkerson: Okay. Let me ask you all a question; we sort of talked a little bit about this before we started. Obviously, everybody is either from or around Columbia; I use that as a broad term. Is there any objection to

1 both parties by moving, not today, but by moving
2 this case back to Richland or Lexington County for
3 the benefit of all? Okay, is there any -- Ms.
4 Pentz?

5 Ms. Pentz: No objection.

6 Commissioner Wilkerson: Okay.

7 Ms. Pentz: We're -- we are good with that.

8 Commissioner Wilkerson: Mr. Smoak?

9 Mr. Smoak: No, absolutely --

10 Commissioner Wilkerson: Okay.

11 Mr. Smoak: -- not.

12 Commissioner Wilkerson: So, if I forget,
13 which I may, please whomever prevails today, put
14 that in the order that I have ordered this case --
15 because all parties are in the immediate Lexington
16 or Richland and Lexington area, that this will be
17 held in that venue. And I know the reason we're
18 here is because Orangeburg was where the alleged
19 took -- or the accident took place; I'm fine with
20 that. I just hate for everybody to travel all
21 over the place; it doesn't make sense to me from
22 my perspective, okay? So, Ms. Pentz, if you would
23 -- we did have a preliminary pre-hearing
24 conference in order to discuss what we're here for
25 and it's my understanding that the -- the reason

1 we're here is for the termination for cause while
2 on light duty -- but if you could address what
3 we're going to cover here today and then,
4 likewise, I'll have opposing Counsel do the same.

5 Ms. Pentz: Thank you, Commissioner. May it
6 please the Court, Commissioner. Ms. Johnson
7 worked for Agape in 2012, left for a year, came
8 back in 2015, and worked up until her termination,
9 March 8th of 2018. When she had her accident in
10 July -- I'm sorry -- January 26th, 2018, she was
11 out for about a week and subsequently returned on
12 light duty; she had been on light duty for about a
13 month. On March 6th, 2018, there was a
14 conversation, which Ms. Johnson will testify to,
15 between herself and Mr. Greg Charlton, who
16 apparently was a one (1) month employee at that
17 point and my understanding is the head of
18 Marketing, I believe. There was an exchange when
19 Mr. Charlton had visited the hospice house where
20 Ms. Johnson was working on audits as a part of her
21 light duty. Our understanding is -- or Ms.
22 Johnson will testify that she was called in by Ms.
23 Betsy Sippel on March 8th, two (2) days after this
24 conversation, presented with a separation
25 agreement and it was indicated she was being let

1 go. Ms. Johnson did not understand at that time
2 why she was being let go and then was subsequently
3 informed that they had heard -- quote/unquote --
4 "Heard" she was unhappy with the company. Ms.
5 Johnson did sign this termination agreement on
6 March 8th, in which in the first paragraph it
7 indicates that she would be allowed to apply for
8 unemployment benefits, which she did and was
9 denied and the reason likely is because she
10 subsequently revoked the termination agreement on
11 March 12th of 2018. She still didn't understand
12 exactly, you know, what -- why she had been
13 terminated. There were some changes coming down
14 in the company to take effect April 1st, 2018, was
15 her understanding, and she was going to be shifted
16 from doing audits to the call center as a part of
17 her light duty. She is an RN for thirty-seven
18 (37) years. She is being treated by workers'
19 Compensation with no issue and getting better.
20 She just does not understand why she was
21 terminated and disputes the fact that she trashed,
22 talked about negatively, said anything about the
23 company that rises to the level of a termination
24 under the company's policy. And so, our request
25 would that she does receive TTD benefits from

1 March 8th to present and on a continuing basis.

2 Commissioner Wilkerson: Because no doctor
3 has put her at MMI?

4 Ms. Pentz: Because no doctor has put her at
5 MMI and she continues to be on light duty; I don't
6 have the most recent report but I believe that is
7 correct, yes.

8 Commissioner Wilkerson: And I don't think
9 that's disputed.

10 Mr. Smoak: It is not disputed at this --

11 Commissioner Wilkerson: Yes. That's --
12 that's my --

13 Mr. Smoak: -- point.

14 Commissioner Wilkerson: -- I just wanted to
15 be sure that was on the record. Okay.

16 Ms. Pentz: Okay.

17 Commissioner Wilkerson: Okay.

18 Ms. Pentz: Thank you, Commissioner.

19 Commissioner Wilkerson: I appreciate it.

20 Mr. Smoak, on behalf of your client?

21 Mr. Smoak: Thank --

22 Commissioner Wilkerson: Thank you.

23 Mr. Smoak: Thank you, Mr. --

24 Commissioner Wilkerson: Yes, sir.

25 Mr. Smoak: -- Mr. Commissioner. I'm here on

1 behalf of Agape Hospice and Counsel has correctly
2 narrowed the issues to we are here about TTD and
3 whether or not Claimant is entitled to that; we
4 believe that she is not and -- and that's the
5 reason that -- that we're here. She was fired --
6 she was terminated for cause, Your Honor, I think
7 -- I think we'll show that in the testimony.
8 Without getting into the details of what the
9 Claimant said to Greg Charlton, and I'll let Greg
10 Charlton, you know, testify to that and -- and
11 that much will be clear, we believe it was a -- a
12 clear violation of company policy. I have Ms.
13 Sippel here to talk about some -- some of the
14 company policies that are in the handbook, the
15 handbook that was signed by -- by the Claimant.
16 Insubordination is one of the things listed, and
17 this isn't an exclusive list but it's a list of
18 offenses that -- that the handbook says may result
19 in disciplinary action up to and including
20 termination of employment. Insubordination,
21 disrespectful conduct, failure to maintain proper-
22 working relationships, yes, gossiping, I think
23 Counsel is going to -- going to harp on the term
24 gossiping; that's just one -- one of the things
25 that is listed in the handbook. But clearly, you

1 know, conduct like Ms. Johnson's in -- in the
2 opinion of the Human Resources Department at Agape
3 rose to the level of termination. She was
4 poisoning the well within their employment ranks.
5 You've got new employees coming on board and they
6 are trying to orient them to -- to the company and
7 you've got someone there saying all of these
8 really bad and awful things about management and
9 about the way things are run and -- and you just
10 -- they -- they just couldn't have that; they --
11 they could not have that being talked about in the
12 work place and having other employees exposed to
13 that kind of talk and it rose to the level of
14 being terminated for cause and that's why we
15 believe the Claimant is not entitled to -- to TTD
16 and -- and we'll, you know, allow the witnesses to
17 testify to that.

18 Commissioner Wilkerson: Okay. Anything
19 else, Ms. Pentz, before we take some --

20 Ms. Pentz: Nothing from the Claimant.

21 Commissioner Wilkerson: -- okay. Thank you.
22 So, we're going to have Ms. Johnson testify first;
23 is that correct?

24 Ms. Pentz: That's correct, Commissioner.

25 Commissioner Wilkerson: Ma'am, I'm going to

1 get you to raise your right hand; I'm going to
2 have the Court Reporter swear you in and we're
3 going to take some testimony from you.

4 whereupon;

5 Judy Louise Johnson, being duly sworn and cautioned to
6 speak the truth, the whole truth and nothing but the truth,
7 testified as follows:

8 Court Reporter: Please state your full name
9 for the record.

10 Witness: Judy Louise Johnson.

11 Court Reporter: Thank you, ma'am.

12 Commissioner Wilkerson: Thank you, Ms.
13 Johnson. Please.

14 Ms. Pentz: Okay. If it pleases the Court.

15 Commissioner Wilkerson: Yes, please.

16 Ms. Pentz: Thank you.

17 Commissioner Wilkerson: Thank you.

18 DIRECT EXAMINATION

19 By Ms. Pentz:

20 Q. Ms. Johnson, you have been a Registered Nurse for
21 thirty-seven (37) years?

22 A. Yes, ma'am.

23 Q. And your last employer was Agape?

24 A. Yes.

25 Q. Currently, you're on light duty as a result of a

- 1 January 26th, 2018, on the job accident, correct?
- 2 A. Yes.
- 3 Q. In fact, you worked for Agape on two (2)
- 4 occasions, number one (1), you became employed in 2012;
- 5 is that right?
- 6 A. Yes, ma'am.
- 7 Q. And left for a year?
- 8 A. Yeah.
- 9 Q. And were rehired in 2016?
- 10 A. Yes, ma'am.
- 11 Q. Okay. I am going to show you what has been marked
- 12 as a Defense APA One and as you if you recognize this
- 13 document? And -- and take your time; if you would flip
- 14 through that for me, please.
- 15 A. Yeah, I recognize it.
- 16 Q. Okay. As a part of that -- and -- and for the
- 17 record, this document is an acknowledgement, the
- 18 receipt of the 20,000 -- I'm sorry -- 2013, revised
- 19 Employee Handbook; is that correct?
- 20 A. Yes, ma'am.
- 21 Q. Now, I'm going to show you pages -- 1, 2 -- page
- 22 3, I believe it is, page 3, 4 and 5 of this document
- 23 and ask you if you recognize those pages?
- 24 A. Uh-huh. Yes.
- 25 Q. Okay. At the bottom of page 4, I believe, there

1 is a provision or a caption entitled, Employee Conduct
2 and Work Rules; is that right?

3 A. Yes.

4 Q. Have you ever read that?

5 A. Yes.

6 Q. Okay. And also -- and there is a whole list of
7 infractions included on page 5; is that right?

8 A. Yes.

9 Q. Now, Ms. Johnson, have you been in a supervisory
10 capacity while employed at Agape?

11 A. Twice.

12 Q. Okay.

13 A. Yeah.

14 Q. And -- and what kind of -- what did you supervise,
15 other Nurses?

16 A. Nurses, all the ancillary staff.

17 Q. Okay. At one point were you Patient Coordinator?

18 A. Twice.

19 Q. Okay. And did you ever have an opportunity to
20 have to counsel someone or write someone up for some
21 sort of company violation?

22 A. Yes, I did.

23 Q. And can you tell me how you went about doing that;
24 what's the process?

25 A. There's a --

1 Mr. Smoak: Your Honor, I'm going to
2 object to the relevance of her talking about
3 disciplinary procedures or whatever she is
4 getting into, unless it's directly pertaining
5 to her situation.

6 Commissioner Wilkerson: Well, if she
7 has performed that job before I think she
8 would have some knowledge, it may be limited
9 but she'd have some knowledge if she has
10 performed those duties on behalf of the
11 Employer before; would she not?

12 Mr. Smoak: Well, I think she testified
13 that she -- she was a supervisor, not in
14 Human Resources in any way.

15 Commissioner Wilkerson: I thought she
16 said she --

17 Ms. Pentz: Well --

18 Commissioner Wilkerson: -- go ahead.

19 Ms. Pentz: -- we're not alleging she
20 was a supervisor in Human Resources, just in
21 a supervisory capacity --

22 Commissioner Wilkerson: As a
23 supervisor?

24 Ms. Pentz: -- as a supervisor of other
25 employees; that's correct.

1 Commissioner Wilkerson: Right. That's
2 my understanding.

3 Ms. Pentz: Okay.

4 Mr. Smoak: Okay.

5 Commissioner Wilkerson: Not of the HR.

6 Mr. Smoak: Okay. As long as it's
7 limited to that capacity.

8 Commissioner Wilkerson: Yes. Because
9 she -- well, she -- she wouldn't have any
10 knowledge of HR; I don't think --

11 Ms. Pentz: She -- no, we're not
12 alleging that.

13 Commissioner Wilkerson: -- unless she
14 worked in that department. Okay.

15 Ms. Pentz: Right.

16 Q. Again, Ms. Johnson, did you have an opportunity to
17 counsel any of the employees that you were supervising
18 for violations of company policy; is -- was that
19 something you were supposed to do?

20 A. -- yes. I did that multiple times.

21 Q. Okay. And was there a specific procedure you were
22 required to follow when someone committed a company
23 violation?

24 A. There's a disciplinary action form, you follow the
25 policy and the handbook depending on what infraction it

1 is, whether they're talked to; you give the sixty (60)
2 days, if it's another infraction they get ninety (90)
3 days, if it's another -- a third infraction they're
4 terminated.

5 Q. Okay. Did you, yourself -- to your knowledge,
6 have you ever had any disciplinary actions under the
7 Agape employment policy?

8 A. No.

9 Q. Have you ever had any corrective actions?

10 A. No.

11 Q. Are you aware -- have you ever had any company
12 violations to your knowledge?

13 A. No, ma'am.

14 Q. Okay. Who was your supervisor at the time that
15 this accident happened?

16 A. Michelle Spires.

17 Q. Now, you agree that you were out for about a week
18 and then went back to work light duty, correct?

19 A. Yes, ma'am.

20 Q. And where were you working on March 6th, 2006,
21 which specific facility?

22 A. The Lexington Hospice House.

23 Q. And what were you doing that day?

24 A. Audits for the Hospice House.

25 Q. Okay. And that was part of your light duty?

- 1 A. Yes, ma'am.
- 2 Q. Did you meet Mr. Greg Charlton?
- 3 A. Briefly, yeah.
- 4 Q. Okay. And to your knowledge -- what was Mr.
- 5 Charlton's role?
- 6 A. He was Lead Marketer.
- 7 Q. Okay. He was a new hire?
- 8 A. Yes.
- 9 Q. Do you happen to know how long he had been the
- 10 Lead Marketer?
- 11 A. No, ma'am.
- 12 Q. Okay. Did you have a conversation with Mr.
- 13 Charlton?
- 14 A. Yes, I did.
- 15 Q. Okay. Do you remember what was said?
- 16 A. Yes.
- 17 Q. Okay. Can you give me some details of what was
- 18 said in that conversation, what you said?
- 19 A. First --
- 20 Q. Go ahead.
- 21 A. -- I gave them a couple, like, assisted living
- 22 facilities with new contacts there, new administrators,
- 23 new directors, that they could go market there and get
- 24 patients. We did talk about the changes at Agape and I
- 25 said that I was unsure where they were going to put me

1 at that time.

2 Q. Now, when you say you gave them, was there someone
3 else present?

4 A. Yeah. One of the other Marketers was there; she
5 was in-and-out.

6 Q. And what was her name?

7 A. Sarah Todd.

8 Q. Sarah Todd?

9 A. Yeah.

10 Q. Did you primarily give this information to Ms.
11 Todd, Mr. Charlton or both?

12 A. I gave it to both of them about the facilities --

13 Q. And --

14 A. -- the administrators.

15 Q. -- okay. And when you say you gave them
16 information, how is this helpful to the Lead Marketer;
17 what was that about?

18 A. It would be a new place for him to go to, to get
19 patients.

20 Q. Okay.

21 A. To form a relationship with the two (2)
22 facilities.

23 Q. And you expressed some uncertainty to Mr. Charlton
24 about your position on light duty?

25 A. I was -- I may have -- I may have said that I'm --

1 I wasn't happy with myself because I was injured and I
2 couldn't work at my full capacity as a Nurse, which
3 that's what I'm trained in.

4 Q. Okay. Is there anything else that you recall that
5 you and Mr. Charlton discussed?

6 A. We just talked about the changes at Agape and the
7 Nurses going to twelve (12) hour shifts.

8 Q. Okay. And why was that different?

9 A. They had been doing eight (8) hour shifts.

10 Q. Okay. All right. Was anyone other than Ms. Todd
11 and Mr. Charlton present when you and Mr. Charlton
12 spoke?

13 A. No. Huh-uh.

14 Q. Okay. And to your knowledge there was no one else
15 that was a party to this conversation?

16 A. I know that Sarah had left out when she got a few
17 phone calls; so, I'm not -- I cannot recollect when she
18 was in that room.

19 Q. Okay. So, tell the Commission about on March 8th
20 of 2018; where were you at and what were your job
21 duties on that day?

22 A. I was at the Hospice House on Stoneridge, in the
23 back room doing audits -- admission audits for the
24 Hospice Houses and --

25 Q. And that was part of your light duty?

- 1 A. -- that was part of my light duty.
- 2 Q. Okay. Did you have a meeting with Ms. Betsy
- 3 Sippel?
- 4 A. Yes.
- 5 Q. What prompted that meeting; who called that
- 6 meeting?
- 7 A. She came back in the dining room area where I was
- 8 working and asked me to come up front.
- 9 Q. Was this a pre-scheduled meeting?
- 10 A. No.
- 11 Q. Was there anyone else present for that meeting?
- 12 A. No.
- 13 Q. Okay. And what happened when you and Ms. -- Ms.
- 14 Sippel met?
- 15 A. Well, I walked in the room and she had separation
- 16 agreement papers on the table and -- I mean, I started
- 17 crying because I said, I don't understand this.
- 18 Q. Okay. And did Ms. Sippel give you any information
- 19 to help you better understand why you were being fired?
- 20 A. All she said was, we have heard that you're
- 21 unhappy with Agape.
- 22 Q. Were you unhappy with Agape?
- 23 A. No, I was not.
- 24 Q. Okay.

25 Ms. Pentz: Commissioner, I failed to

1 make this a part of the APA's. I'm not sure
2 if Mr. Smoak has any objection.

3 Mr. Smoak: I have no objection.

4 Commissioner Wilkerson: Let's mark it
5 as C-1 --

6 Ms. Pentz: Okay.

7 Commissioner Wilkerson: -- where I'll
8 see -- bring it up here and we'll mark it as
9 C-1. I'm sorry.

10 Ms. Pentz: C-1?

11 Commissioner Wilkerson: C-1. Yes.

12 Ms. Pentz: Okay.

13 Commissioner Wilkerson: If you'll bring
14 it up here and get --

15 Ms. Pentz: Thank you.

16 Commissioner Wilkerson: -- the Court
17 Reporter to mark it as C-1.

18 (CLAIMANT'S EXHIBIT NUMBER ONE WAS MARKED FOR
19 IDENTIFICATION)

20 Commissioner Wilkerson: Now, what is
21 that document?

22 Ms. Pentz: This is the separation
23 agreement dated March 8th, 2018.

24 Commissioner Wilkerson: Okay. All
25 right. Thank you.

- 1 Q. Ms. Johnson, I'm going to --
2 Commissioner Wilkerson: All right. Go
3 ahead.
4 Q. -- I'm going to show you what has been marked as
5 Claimant's Exhibit One and ask you if you recognize
6 this document and take your time.
7 A. Yes. This was the separation agreement that Betsy
8 handed me.
9 Q. Okay. Did you sign this agreement?
10 A. I did, that day.
11 Q. And subsequently, did -- is this your signature?
12 A. Yes. Uh-huh.
13 Q. Is this also your signature --
14 A. Yes, it is.
15 Q. -- on your last page? You revoked this agreement?
16 A. Yes, I did.
17 Q. Okay. Have you received any workers' Compensation
18 benefits since you left Agape?
19 A. No.
20 Q. Have you filed for unemployment?
21 A. Yes.
22 Q. Did you receive benefits?
23 A. No.
24 Q. Now, I believe you testified earlier, just for
25 clarification, who was your supervisor at the time of

- 1 the accident?
- 2 A. Michelle Spires.
- 3 Q. Did you ever receive any calls, emails, documents
4 or disciplinary forms from Ms. Spires?
- 5 A. No, I did not.
- 6 Q. Okay. Did you talk to anyone in Human Resources
7 the day that you revoked this agreement?
- 8 A. Yes.
- 9 Q. Okay. Where did you revoke the agreement?
- 10 A. When I revoked it?
- 11 Q. Yes, ma'am. Where did you revoke it; did you have
12 to go some place to do that?
- 13 A. I had to turn my company vehicle in, my charge
14 cards, tablet.
- 15 Q. And did you go to one of the facilities, where
16 specifically?
- 17 A. I went to the one on Center Street.
- 18 Q. Okay. Is that where Human Resources is located?
- 19 A. No, it's at corporate.
- 20 Q. That's their corporate office?
- 21 A. Uh-huh.
- 22 Q. Did -- who did, if anyone, did you talk to when
23 you went to Center Street to turn in your charge cards
24 and your vehicle on March 12th?
- 25 A. I -- Betsy Sippel.

1 Q. Okay. Were there -- was there any other
2 discussion about why you had been fired on that day?

3 A. No.

4 Q. Did you receive -- other than the separation
5 agreement, did you receive any disciplinary forms or
6 corrective actions?

7 A. No.

8 Q. Did you talk to anyone else in Human Resources,
9 other than Ms. Sippel and then your supervisor, Ms.
10 Spires, about you being fired; is there anyone else
11 that you talked to?

12 A. I never did talk to Michelle about being
13 terminated.

14 Q. Okay.

15 A. No.

16 Q. No one else in Human Resources --

17 A. I called --

18 Q. -- that you spoke with?

19 A. -- I called Amanda Whitehead; she's not exactly in
20 Human Resources but she's over -- she was my advocate
21 while I was working there for workers' comp.

22 Q. Okay. Was it your understanding that you were
23 going to receive workers' compensation checks?

24 A. I guess I assumed it. I've never dealt with this
25 before but she said that I wouldn't.

1 Q. Okay. So, it was your understanding you would
2 not?

3 A. Yes.

4 Q. Have you looked for work elsewhere since you were
5 fired from Agape?

6 A. I have called many Nurse friends of mine I've had
7 through the years and I'm not able to sign the RN job
8 description that says you can lift fifty (50) pounds.

9 Mr. Smoak: Object to the relevance,
10 Your Honor, on this issue that we're here to
11 talk about today.

12 Ms. Pentz: We'll move on, Commissioner.

13 Commissioner Wilkerson: Okay. Yes.

14 Ms. Pentz: I mean, that --

15 Commissioner Wilkerson: Yes. That'll
16 work.

17 Ms. Pentz: -- that's fine.

18 Commissioner Wilkerson: That doesn't --
19 that's for a later date.

20 Q. Ms. Johnson, have you ever -- prior to March 6th
21 of 2006, has anyone ever alleged that you spoke ill of
22 Agape?

23 A. No.

24 Q. And did you leave under good terms when you left
25 in 2015?

1 A. Yes.

2 Q. Okay. Have you sent an email, called anyone, sent
3 any letters to anyone talking about the company in a
4 negative way after you were terminated?

5 A. No.

6 Q. Have you been on social media anywhere discussing
7 your displeasure with Agape?

8 A. No, I have not.

9 Q. Okay.

10 Ms. Pentz: I have nothing further at
11 this time, Commissioner.

12 Commissioner Wilkerson: Okay. Mr.
13 Smoak.

14 Mr. Smoak: Thank you, Mr. Commissioner.

15 CROSS-EXAMINATION

16 By Mr. Smoak:

17 Q. Ms. Johnson, right at the beginning of your
18 testimony you made reference to a disciplinary action
19 form back when you were in a -- in a supervisory role;
20 do you have a copy of such disciplinary action form?

21 A. I didn't bring it with me.

22 Q. Okay.

23 A. No.

24 Q. Well, I'm going to give you a copy, a full copy,
25 of the -- the handbook here; can you show me where

1 there is any reference in there to the disciplinary
2 action form that you made reference to?

3 Ms. Pentz: Commissioner, just for --

4 A. It's --

5 Ms. Pentz: -- for clarity, it's in
6 several pages that have been entered as
7 Defense Exhibit, APA 1, and, if I'm not
8 mistaken, you're entering now the entire --

9 Mr. Smoak: I'm just cross-examining her
10 about it. I did leave -- kind of leave some
11 wiggle room in my APA that -- that said, you
12 know, depending on what was introduced by
13 claimant --

14 Ms. Pentz: -- I just want to make sure
15 what we're looking at.

16 Mr. Smoak: -- yes.

17 Ms. Pentz: Okay.

18 Mr. Smoak: Yes, it's -- it's the full
19 document is -- is what it is, Your Honor.

20 Commissioner Wilkerson: Okay. We'll
21 mark that as D-1.

22 Ms. Pentz: Okay. No -- no objection,
23 Commissioner.

24 Commissioner Wilkerson: Okay.

25 Mr. Smoak: Thank you.

- 1 A. -- I don't see the form in here.
- 2 Q. And I'm sorry --
- 3 A. I'm sorry.
- 4 Q. -- can you -- can you answer that and make sure
- 5 that the Court Reporter --
- 6 Ms. Pentz: Make sure you speak up.
- 7 Commissioner Wilkerson: Yes.
- 8 Q. -- can hear you, Ms. Johnson?
- 9 A. I don't see an actual disciplinary action form in
- 10 this packet.
- 11 Q. Okay. And now, you made -- also made reference to
- 12 disciplinary actions like sixty (60) days -- what did
- 13 you call that, probation -- what -- what --
- 14 A. It's either ninety (90) days probation --
- 15 depending on what --
- 16 Q. -- okay.
- 17 A. -- if it's a major infraction, minor infraction --
- 18 Q. Okay. Will --
- 19 A. -- of policy.
- 20 Q. -- will you show me in that handbook where it
- 21 talks about major infractions and minor infractions?
- 22 While you're looking -- and -- and I'll come back to
- 23 that question but -- but while you're looking, also
- 24 look for whether or not there is any reference to sixty
- 25 (60) days or ninety (90) days probation in -- in that

1 handbook.

2 A. I don't see it in here. It's on the form; on the
3 disciplinary form --

4 Q. Okay.

5 A. -- where you have two (2) sections to fill out.

6 Q. Okay.

7 A. I have -- I have one at home; I didn't bring it
8 with me.

9 Q. Okay. So, just to be clear, you -- have you found
10 anything related to major or minor infractions in that
11 handbook?

12 Court Reporter: Ma'am, would you like a
13 cough drop?

14 Ms. Sippel: It's allergies; I'm sorry.

15 A. I don't see it in here but it's in the policy book
16 that we go by when we do the disciplinary actions.

17 Q. Is it in there?

18 A. I don't see it in here.

19 Q. Okay. All right. Is there anything about the
20 sixty (60) to ninety (90) days probation?

21 A. I don't see anything in here.

22 Q. All right. Ms. Johnson, would you expect someone
23 to keep their job who called their boss stupid in front
24 of other employees?

25 A. If an employee did that --

1 Q. If an employee did that, then what?

2 A. -- then they would probably be talked to.

3 Q. The question is, would you expect that person to
4 keep their job?

5 A. If they were disciplined and counseled.

6 Q. It's just -- it's just yes or no.

7 A. But --

8 Q. My question calls for a yes or no response.

9 A. -- yes, probably. Yeah.

10 Mr. Smoak: Those are all the questions
11 I have.

12 Ms. Pentz: Commissioner, just briefly.

13 REDIRECT EXAMINATION

14 By Ms. Pentz:

15 Q. Ms. Johnson, are -- is this the entire policy
16 handbook that supervisors go by?

17 A. There is a -- a separate policy that we -- because
18 Nurses have different things that they go by with the
19 different infractions.

20 Q. Okay.

21 A. If -- like late documentation, that's not
22 mentioned here. There's several things that the Nurses
23 go by, so we do the infractions by that when we do the
24 disciplines.

25 Q. Now, as far as the infractions themselves, are

1 they any different than those that have been presented
2 here today?

3 A. You have minor, you have major policies, nursing
4 procedures.

5 Q. Is there a -- a supervisor's book that these forms
6 are contained in; do you get them at some particular
7 place?

8 A. They were on our laptop.

9 Q. Okay.

10 Ms. Pentz: I have nothing further,
11 Commissioner.

12 Mr. Smoak: Nothing further.

13 Commissioner Wilkerson: Okay. All
14 right.

15 Ms. Pentz: That's -- that's all the
16 witnesses for the Claimant.

17 Commissioner Wilkerson: The Claimant's
18 case? Okay. All right. Defense, I think
19 you have a couple of witnesses; so, which one
20 are you going to call first?

21 Mr. Smoak: Yes. I'm going to call Greg
22 Charlton first.

23 Commissioner Wilkerson: Okay.

24 Mr. Smoak: So, I'll go -- I'll go get
25 him.

1 Commissioner Wilkerson: All right.

2 (Off The Record)

3 Commissioner Wilkerson: Sir, I'm going
4 to get you to raise your right hand; I'm
5 going to have the Court Reporter swear you in
6 and we'll take some testimony from you.

7 Whereupon;

8 Gregory McCarrick Charlton, being duly sworn and
9 cautioned to speak the truth, the whole truth and nothing
10 but the truth, testified as follows:

11 Court Reporter: Please state your full
12 name for the record.

13 Witness: Gregory McCarrick Charlton.

14 Court Reporter: Would you spell that
15 for me, please? All three (3).

16 Witness: Gregory, G-R-E-G-O-R-Y
17 McCarrick, capital M, small C, capital C,
18 A-R-R-I-C-K Charlton, C-H-A-R-L-T-O-N.

19 Court Reporter: Thank you, sir.

20 Commissioner Wilkerson: Thank you, Mr.
21 Charlton.

22 Witness: Yes, sir.

23 Commissioner Wilkerson: Please, Mr.
24 Smoak.

25 Mr. Smoak: May it please the Court.

1 Commissioner Wilkerson: Please.

2 DIRECT EXAMINATION

3 By Mr. Smoak:

4 Q. Greg, you've already stated your name. Will you
5 tell us your position at Agape?

6 A. I am the Director of Growth and Development.

7 Q. Okay. And how long have you been at Agape?

8 A. Going on five (5) months.

9 Q. Okay. What -- I'll -- I'll just -- I'll cut to
10 the chase. Did -- when did you have an occasion to
11 meet Judy Johnson?

12 A. I was doing a ride along/orientation with one of
13 my sales people and she took me to the Lexington
14 Hospice House and while doing the -- the tour itself we
15 went to the back room and that's when I met Judy.

16 Q. Okay. Did you know her before -- before this?

17 A. No, sir.

18 Q. Okay. And when you say -- when you say
19 orientation, does that imply that you had not been
20 there long when this conversation took place or when
21 this meeting took place?

22 A. Correct.

23 Q. Do you know how long you had been on the job at
24 that point?

25 A. Probably two (2) weeks at the most --

1 Q. Okay.

2 A. -- if not less.

3 Q. All right. Well -- well, let's just -- if you
4 would, please, just tell -- tell the Commissioner about
5 what -- what happened during your interaction with Ms.
6 Johnson.

7 A. When we first met I was introduced -- Sarah
8 introduced me to Miss Judy and during the conversation
9 some things were brought up, some things were stated
10 but the -- the key thing is, you know, she stated, I
11 don't really know who you are but I'm going to just say
12 it as it is, and then she proceeded to talk about the
13 different things I -- if I may, I have some -- my
14 original email?

15 Q. Certainly.

16 Commissioner Wilkerson: They're not --
17 are you going to leave -- you -- you're going
18 to have to leave that as evidence. I -- was
19 it presented before?

20 Mr. Smoak: Yes.

21 Mr. Charlton: Yes, sir.

22 Mr. Smoak: It has been presented in
23 discovery. These -- these are -- there are
24 just the things that -- that he had jotted
25 down, Your Honor, that was said that day.

1 Ms. Pentz: If -- if I could,
2 Commissioner, my copy was blacked out; if I
3 could have about thirty (30) seconds.

4 Commissioner Wilkerson: Yes, that's
5 fine. It's not in here?

6 Mr. Smoak: It is not.

7 Commissioner Wilkerson: Okay.

8 Mr. Smoak: It's not in the APA's,
9 Commissioner.

10 Commissioner Wilkerson: That's fine. I
11 just wanted to make sure.

12 Ms. Pentz: Okay, Commissioner. Thank
13 you.

14 Mr. Smoak: Thank you.

15 Commissioner Wilkerson: Okay. Go
16 ahead.

17 Q. And did you -- did you -- you took some notes as a
18 result of that conversation?

19 A. Correct. I was pretty much dismayed based on the
20 conversation so when I immediately went to the car I
21 took some notes as to what was said.

22 Q. Okay. And you wrote those down on another sheet
23 of paper; is that correct?

24 A. That is correct.

25 Q. And then, what -- the notes you have in front of

1 you are an email; is that what that is?

2 A. Correct. I was asked to put it in email format.
3 So, I took my notes and transcribed it to the email --
4 Commissioner Wilkerson: Okay.

5 Q. Okay.

6 A. -- and sent it forward.

7 Q. All right. Well, continue.

8 A. Some of the things that stood out the most was
9 when Judy said, they -- they should close this place
10 down, their inventory is so screwed up, I can't imagine
11 what I'd -- I'd find at the other locations. How many
12 more people is Scott going to fire? Everybody is
13 fearful of their jobs.

14 Q. And who -- stop right there. Who is Scott?

15 A. Scott Middleton is the Owner/President of our
16 company.

17 Q. Okay. All right, continue.

18 A. People are walking out the door left and right.
19 Surprised you -- and that's when she was meeting me --
20 didn't do my research before coming on board. Scott is
21 so stupid; hires all these young people and friends who
22 know nothing about what we do. There's way too much
23 change and it is no longer the Agape it used to be.
24 The company is going to hell in a hand basket. Closing
25 all the ALF's, which stands for assisted living

1 facilities, was the dumbest thing anybody could have
2 done and it really killed Agape's reputation.

3 Q. Okay. All right. Now, again, after these
4 statements were made --

5 Commissioner Wilkerson: And I want -- I
6 want that -- give me that document; let's
7 enter that as D-1? No, D-2. I've got to
8 have that other one too.

9 Court Reporter: I don't have the
10 exhibit for D-2.

11 Commissioner Wilkerson: Oh, no, D-1.
12 You don't have D-1 yet.

13 Court Reporter: I mean --

14 Commissioner Wilkerson: I need you to
15 bring D-1 up.

16 Court Reporter: -- I mean D-1.

17 Ms. Pentz: Do you have a copy -- a
18 clean copy of that?

19 Mr. Smoak: I do, I think.

20 Ms. Pentz: Okay.

21 Mr. Smoak: Let me just make sure that

22 --

23 Commissioner Wilkerson: Yes. I just
24 need -- that is 2 but I need the handbook or
25 part of the handbook or whatever the other

1 thing you had, I need you to bring it up as
2 D-1; I never got it.

3 Mr. Smoak: -- okay. I don't know --
4 Court Reporter: I never marked it.

5 Mr. Smoak: -- okay. It's right here --
6 Commissioner Wilkerson: No, I haven't

7 --

8 Mr. Smoak: -- I think.

9 Commissioner Wilkerson: -- I need you
10 to bring both of those up where we can mark
11 them, D-1 and D-2.

12 Mr. Smoak: Okay. I'd rather -- rather
13 just -- that one. Yes, well, that's --

14 Commissioner Wilkerson: I don't care --

15 Mr. Smoak: -- you don't need them
16 anymore.

17 Commissioner Wilkerson: -- it's going
18 to be scanned in.

19 Mr. Smoak: Yes.

20 Ms. Pentz: Well -- oh, I'm sorry.

21 Mr. Smoak: As far as inter-office,
22 that's the correct form.

23 Ms. Pentz: Well, I don't -- I don't know
24 about that. No, I understand. I would
25 rather this one. Do you have a redacted

1 copy? I mean, it's -- it's --

2 Mr. Smoak: We don't but we can --

3 Ms. Pentz: -- we can combine it; that's
4 fine.

5 Mr. Smoak: -- we can redact everything
6 off of -- I mean --

7 Ms. Pentz: No. I would rather that one
8 come in.

9 Mr. Smoak: -- I understand but --

10 Ms. Pentz: Okay.

11 Mr. Smoak: -- it -- it's not what he
12 testified to and there is nobody that can
13 testify to this.

14 Ms. Pentz: But I think contact is
15 important still.

16 Mr. Smoak: There is no --

17 Commissioner Wilkerson: I need the -- I
18 need what he testified to.

19 Mr. Smoak: -- and that's what is in
20 that.

21 Commissioner Wilkerson: On his piece of
22 paper and I want the other form too.

23 Ms. Pentz: Okay. Let me see the
24 redacted copy.

25 Commissioner Wilkerson: Listen to me

1 closely --

2 Ms. Pentz: No, no, I see that. No,
3 that's fine.

4 Court Reporter: I need it first.

5 Commissioner Wilkerson: -- where is the
6 --

7 Court Reporter: Sir, I need it first.

8 Commissioner Wilkerson: -- D-1?

9 Court Reporter: Where is the first
10 exhibit?

11 Commissioner Wilkerson: You've got it.

12 Ms. Pentz: I have it? I thought --

13 Commissioner Wilkerson: Why you don't
14 know you've got it?

15 Mr. Smoak: Yes.

16 Ms. Pentz: -- I'm sorry.

17 Commissioner Wilkerson: You just had it
18 down there. Bring it up here.

19 Ms. Pentz: Here you go.

20 (DEFENDANTS EXHIBIT NUMBER ONE WAS MARKED FOR
21 IDENTIFICATION)

22 Ms. Pentz: Can I see that again
23 although -- since it's not redacted?

24 Mr. Smoak: Yes. It's not. It's right
25 there.

1 Ms. Pentz: Not that. No.

2 Commissioner Wilkerson: Giminetti.

3 Mr. Smoak: It's right there.

4 Court Reporter: Where is D-2?

5 Ms. Pentz: I know but it's --

6 Mr. Smoak: You've got it highlighted.

7 Ms. Pentz: -- that's all -- I know but
8 it's not highlighted.

9 Mr. Smoak: That's what he wants.

10 Ms. Pentz: It's --

11 Mr. Smoak: No, no, no. He wants the
12 handbook.

13 Ms. Pentz: -- this is my copy.

14 Mr. Smoak: I just handed her --

15 Ms. Pentz: That's fine. There you go.

16 Commissioner Wilkerson: Have you all
17 done this before?

18 Court Reporter: Sir, I need it.

19 Commissioner Wilkerson: I don't think
20 you all have done this before.

21 Mr. Smoak: There you go.

22 (DEFENDANT'S EXHIBIT NUMBER TWO WAS MARKED FOR
23 IDENTIFICATION)

24 Court Reporter: Ma'am, I'm going to
25 have to ask you to step over to the side.

1 Ms. Sippel: I'm sorry.

2 Commissioner Wilkerson: We can't hear a
3 thing with you coughing.

4 Court Reporter: You're -- you're right
5 in front of a microphone and you're --

6 Ms. Sippel: I'm sorry. I wish I could
7 help it.

8 Court Reporter: -- I wish you could
9 too.

10 Commissioner Wilkerson: Yes.

11 Court Reporter: Okay. I've got them
12 all now.

13 Commissioner Wilkerson: All right.
14 We've got it going. Where are we?

15 Mr. Smoak: Just in his testimony. May
16 I resume, Your Honor?

17 Commissioner Wilkerson: Please.

18 Mr. Smoak: Okay.

19 Q. All right. To be clear that -- the statements
20 that Ms. Johnson made to you that day, you then wrote
21 those statements down; is that correct?

22 A. That is correct.

23 Q. Okay. When did you write those things down?

24 A. As soon as I got into my vehicle.

25 Q. Okay. Then, who did you inform that you had this

1 conversation with Ms. Johnson?

2 A. The Vice President of Operations, Ms. Kelly Stone,
3 my supervisor.

4 Q. Okay.

5 Commissioner Wilkerson: That's fair.

6 Mr. Smoak: Yes.

7 Q. Why did you inform someone of these -- this
8 conversation?

9 A. I was concerned as to the connotation. I was
10 dismayed being brand new with the company that the
11 things that were said and how they would directly
12 impact, not only what I heard, but what others heard
13 that were in the room.

14 Q. Okay. Were there others in the room?

15 A. My Salesperson, Sarah Todd.

16 Q. Okay. Have the -- have you seen Ms. Judy Johnson
17 since that day?

18 A. No, sir.

19 Q. Okay. Have you -- did you receive any sort of
20 reward or promotion or anything like that as the result
21 of passing on this conversation with Ms. Johnson?

22 A. No, sir.

23 Q. Okay.

24 Mr. Smoak: Those are all the questions
25 I have. Answer any that the Court or --

1 Ms. Pentz: Thank you, Commissioner.

2 Mr. Smoak: -- the Claimant's attorney
3 would ask.

4 CROSS-EXAMINATION

5 By Ms. Pentz:

6 Q. Mr. Charlton, who requested that you reduce your
7 concerns, your notes, to an email?

8 A. Reduced? Kelly Stone is the one; my -- the Vice
9 President of Operations.

10 Q. Okay. And are you familiar or are you aware if
11 Ms. Todd wrote a statement at all?

12 A. No, ma'am.

13 Q. Okay.

14 A. Unknown.

15 Q. Had you traveled to different facilities that day;
16 was this one of several?

17 A. One of several.

18 Q. Okay. How many facilities do you think you
19 visited that day?

20 A. A total of about three (3).

21 Q. Okay. Did you talk to several people in each
22 facility?

23 A. Introductions to who ever I could meet that
24 particular day.

25 Q. Okay.

1 Ms. Pentz: I have nothing further,
2 Commissioner.

3 Mr. Smoak: No questions.

4 Commissioner Wilkerson: Let me see,
5 I've got a note here on something. Sarah
6 Todd is not here to testify; is that correct?

7 Mr. Smoak: She is not.

8 Commissioner Wilkerson: Okay. I just
9 wanted to make sure. I was just -- okay.
10 I'm sorry. I'm fine.

11 Mr. Smoak: Okay. Nothing further. You
12 can --

13 Commissioner Wilkerson: Okay. He can
14 step down, then we'll put -- I think you said
15 you said you had --

16 Mr. Smoak: -- I'm going to call --

17 Commissioner Wilkerson: -- Ms. Sippel
18 is going to testify?

19 Mr. Smoak: -- Betsy Sippel will be the
20 next --

21 Commissioner Wilkerson: Okay.

22 Mr. Smoak: -- next witness.

23 Commissioner Wilkerson: Ms. Sippel,
24 I'll have you have a seat; you've been with
25 us since we started. I'll get you to raise

1 your right hand and we're going to swear you
2 in.

3 Whereupon;

4 Marilyn Elizabeth Sippel, being duly sworn and
5 cautioned to speak the truth, the whole truth and nothing
6 but the truth, testified as follows:

7 Court Reporter: Please state your full
8 name for the record.

9 Witness: My full name is Marilyn
10 Elizabeth Sippel but I go by Betsy.

11 Court Reporter: Thank you, ma'am.

12 DIRECT EXAMINATION

13 By Mr. Smoak:

14 Q. All right. Betsy, first -- first of all, I want
15 to make sure, if you cough please try to cough away
16 from the microphone.

17 A. And I'm very sorry about that.

18 Q. All right. All right, what is your position at
19 Agape?

20 A. I'm the Chief Human Capital Officer.

21 Q. How long have you been at Agape?

22 A. Fifteen (15) years.

23 Q. How long have you been Chief Human Capital
24 officer?

25 A. Since about 2012.

- 1 Q. Okay. What -- what is the Chief Human Capital
2 Officer?
- 3 A. I'm over anything employee related so, Human
4 Resources, Workers' Compensation benefits, wellness
5 programs; anything that has to do with employees.
- 6 Q. Okay. Are you familiar with -- with Judy Johnson?
- 7 A. I am.
- 8 Q. Okay. And she -- was she an employee at Agape?
- 9 A. She was.
- 10 Q. And were you aware that she had been in an
11 accident or she had -- something had happened on the
12 job January 26th of this year?
- 13 A. Yes.
- 14 Q. And were you -- well, I guess just -- just tell us
15 what you know about -- about her termination from Agape
16 and then we'll kind of fill in the gaps after that.
- 17 A. I was contacted by Kelly Stone regarding
18 statements that she had made that were concerning to
19 the organization, specifically, talking about our
20 founder and owner.
- 21 Q. And when you say she, do you mean Judy Johnson?
- 22 A. I do.
- 23 Q. All right. And -- well, you just heard Greg
24 Charleston -- Charlton's testimony, didn't you?
- 25 A. I did.

1 Q. And were those, in fact, the statements that were
2 passed on to you?

3 A. They were.

4 Q. Okay. And at the time that you found out about
5 those statements, was -- was Judy working light duty?

6 A. She was.

7 Q. Okay. Does the company have a handbook, an
8 employee handbook?

9 A. We do.

10 Mr. Smoak: If it pleases the Court.

11 Commissioner Wilkerson: Okay. It's
12 marked as D-1. Okay.

13 Mr. Smoak: Thank you.

14 Q. I am handing you a document that has been marked
15 as Exhibit D-1; can you identify that document?

16 A. It's the Agape Hospice Employee Handbook.

17 Q. Okay. Are you familiar with that handbook?

18 A. I am.

19 Q. I'm going to ask you to look at pages 11 and 12 of
20 that handbook.

21 A. Okay.

22 Q. All right. And -- and I'll call your attention to
23 the last paragraph on page 11; will you read that
24 paragraph?

25 A. It is not possible to list all forms of behavior

1 that are considered unacceptable in the workplace. The
2 following are examples of infractions of rules of
3 conduct that may result in disciplinary action up to
4 and including termination of employment.

5 Q. All right. Then do the next two (2) pages have a
6 list of -- of certain -- certain behavioral -- certain
7 conduct, I guess you could say, that would result in --
8 in discipline?

9 A. They do.

10 Q. Now, in the handbook does it -- is there anything
11 related to a -- is there anything that discusses a
12 disciplinary action form?

13 A. There's not.

14 Q. Okay. Now, you just heard Ms. -- Ms. Johnson
15 testify about a disciplinary action form; do you know
16 what she is talking about?

17 A. I do. It -- it's a form that supervisors can use
18 when they're meeting with employees.

19 Q. Okay. Is that in the handbook?

20 A. It's not.

21 Q. Okay. Explain what that's used for.

22 A. It's used when -- when we're working with
23 employees to see improvement or when they're separating
24 from the organization. It's not part of any policy,
25 it's not in any manual; it's just merely a tool for

1 them to use.

2 Q. Okay. In any employee handbook is there anything
3 related to sixty (60) days or ninety (90) days
4 probation?

5 A. There's not. The company doesn't have any
6 policies regarding probation.

7 Q. In any employee handbook is there anything related
8 to different levels of offenses?

9 A. There is not. Again, we don't have any policies
10 regarding those.

11 Q. Is there such a thing as a major infraction or a
12 minor infraction?

13 A. Not -- not within policies that the company has,
14 no.

15 Q. All right. So, were you the one that made the
16 decision to -- to terminate Judy Johnson for what you
17 believe to be cause?

18 A. I did, along with Kelly Stone and the head of the
19 Hospice Organization, Dee Dee Henderson.

20 Q. Okay. Now -- and what was that decision based
21 upon as it -- as it connects the statements that Ms.
22 Johnson supposedly made and this handbook?

23 A. We -- we looked at the statements that were made
24 by Judy and felt that it fell into three (3) different
25 categories within our employee handbook as reasons for

1 termination.

2 Q. Okay. And can you identify those -- those areas?

3 A. Sure. It says, on page 12 of the employee
4 handbook, gossiping, also, insubordination and failure
5 to maintain proper working relationships.

6 Q. Okay. Did you believe that it was harmful to the
7 company to have an employee making those kinds of
8 statements to other employees?

9 A. Absolutely. It's -- when we have new employees
10 that are on-boarding we can't have one (1) apple that's
11 going to spoil the entire barrel. We need them saying
12 positive things about our organization, not making
13 people second guess decisions that they made to join
14 our team.

15 Q. Okay. And, specifically, did -- did it bother you
16 that -- that Judy called the boss of the organization,
17 the -- the CEO, stupid?

18 A. Absolutely.

19 Commissioner Wilkerson: Well, let me
20 ask a question. Did he call -- did she call
21 him stupid or did she call him so stupid?

22 Witness: I'd have to read the
23 statement.

24 Q. Well, Ms. Sippel, I'm handing you a document that
25 has been marked as Exhibit D-2; who is that an email

1 from?

2 A. Gregory Charlton.

3 Q. Okay. And read the line, if you will, about where
4 it talks about what she said about Scott.

5 A. It says, Scott is so stupid.

6 Commissioner Wilkerson: So, tell me
7 what the difference in stupid and so stupid
8 is in your mind.

9 Witness: I feel like they are the same
10 thing.

11 Commissioner Wilkerson: So, why would
12 so be in there?

13 Witness: I have no idea.

14 Commissioner Wilkerson: Okay.

15 Mr. Smoak: Okay.

16 Q. Betsy, at the time that -- that this incident
17 happened and that -- and that Judy Johnson was
18 terminated; you already said that she was on light
19 duty; is that correct?

20 A. That's correct.

21 Q. Okay. Was -- was there any -- were there any
22 other plans for Judy in terms of her -- her future with
23 Agape?

24 A. Sure. We were getting ready to open a call center
25 and we were looking for Nurses that would be able to

1 transition over to that. It would be in accordance
2 with her modified duty restrictions; so, we felt like
3 that would be a good opportunity for her.

4 Q. So -- and I think you've already answered this but
5 -- so, that job would have fit within her light duty
6 restrictions that she had at the time and, in fact,
7 actually still has?

8 A. Correct.

9 Q. But that never happened because of the incident
10 that Mr. Charlton just testified to?

11 A. Correct.

12 Q. Have you ever terminated any other employees
13 without going through major infractions, minor
14 infractions and other, you know, processes like that?

15 A. I have.

16 Q. Okay. When an infraction is -- reaches a level of
17 severity, do you just often times terminate for that
18 one particular incident?

19 A. Yes.

20 Q. And is that what happened in this case?

21 A. It is.

22 Mr. Smoak: Those are all the questions
23 I have; answer any the Commissioner or the
24 Claimant's attorney has for you.

25 Ms. Pentz: Okay. Commissioner, I --

1 Commissioner, I do have a document I'd like
2 marked as Claimant's Exhibit Number Two.

3 Commissioner Wilkerson: Okay. C-2.
4 What is it?

5 Ms. Pentz: This is an -- an email --
6 well, the -- the bottom part of this is Mr.
7 Charlton's email to Ms. Stone and the top
8 part of this is a forwarded email from Ms.
9 Stone to Dee Dee Henderson and Betsy Sippel.

10 Commissioner Wilkerson: It's different
11 than the one we had before?

12 Ms. Pentz: Yes, Your Honor. It has a
13 -- a forward with some additional information
14 between Ms. Stone and Ms. Henderson and Ms.
15 Sippel.

16 Commissioner Wilkerson: I'm sorry, Ms.
17 Stone who?

18 Ms. Pentz: Kelly Stone --

19 Commissioner Wilkerson: Okay.

20 Ms. Pentz: -- and Dee Dee Henderson --

21 Commissioner Wilkerson: Okay. I'm
22 sorry.

23 Ms. Pentz: -- who were mentioned
24 earlier that apparently had some involvement
25 with the decision --

1 Commissioner Wilkerson: Okay.

2 Ms. Pentz: -- to terminate.

3 Commissioner Wilkerson: Okay. That's
4 fine.

5 Mr. Smoak: And I would just object to
6 the relevance of it.

7 Commissioner Wilkerson: I don't know
8 until I see it.

9 Mr. Smoak: Yes. Right.

10 Commissioner Wilkerson: I -- I don't
11 have a clue.

12 Ms. Pentz: Do you need to review this
13 first --

14 Mr. Smoak: Sure.

15 Ms. Pentz: -- Commissioner, before I
16 submit it?

17 Commissioner Wilkerson: I don't need to
18 review it because I don't know where the
19 questions are going. So, I mean, I --

20 Ms. Pentz: Okay.

21 Commissioner Wilkerson: -- I mean, we
22 can mark it as an exhibit because it can be
23 produced; it may or -- it may or may not have
24 any relevance at all. I don't have a clue.

25 Ms. Pentz: Okay. Thank you,

1 Commissioner.

2 Commissioner Wilkerson: And we'll mark
3 it after --

4 Ms. Pentz: Okay.

5 Commissioner Wilkerson: -- so, that way
6 we won't do it twice.

7 CROSS-EXAMINATION

8 By Ms. Pentz:

9 Q. Ms. Sippel, I'm going to show you what's been
10 marked as Claimant's Exhibit Number Two and ask you if
11 you recognize this document?

12 Mr. Smoak: Well, it hasn't been marked
13 yet.

14 Commissioner Wilkerson: I know. Well,
15 we can mark it.

16 Mr. Smoak: Okay.

17 Commissioner Wilkerson: I was just
18 saving time.

19 Mr. Smoak: Okay.

20 Commissioner Wilkerson: Come on, mark
21 it.

22 Mr. Smoak: No, no, no. I just --

23 Ms. Pentz: Okay.

24 Mr. Smoak: -- just for identification
25 purposes. If that's what it's going to be is

1 two (2), then --
2 Commissioner Wilkerson: Let's go ahead
3 and mark it.
4 Mr. Smoak: -- I was just --
5 Ms. Pentz: I was just trying to --
6 Commissioner Wilkerson: I understand.
7 Let's go ahead and mark it.
8 Ms. Pentz: -- okay.
9 Q. Go ahead, Ms. Sippel.
10 Commissioner Wilkerson: Nobody listens.
11 A. I do recognize it.
12 Commissioner Wilkerson: I said mark it.
13 Ms. Pentz: Okay.
14 Court Reporter: Bring that to me.
15 Commissioner Wilkerson: Nobody listens;
16 they just do what they want to.
17 Court Reporter: I know.
18 Commissioner Wilkerson: I said mark it,
19 bring me the documents up; they don't come.
20 (CLAIMANT'S EXHIBIT NUMBER TWO WAS MARKED FOR
21 IDENTIFICATION)
22 Court Reporter: C-2.
23 Ms. Pentz: Yes, ma'am.
24 Court Reporter: Thank you.
25 Ms. Pentz: Okay.

- 1 Q. Now, I'm going to show you what's been marked as
2 Claimant's Exhibit Number Two, Ms. Sippel.
- 3 A. Okay.
- 4 Q. And take your time to review that. I'm going to
5 ask you if you recognize that document.
- 6 A. I do.
- 7 Q. Okay. You received an email from Ms. Stone; is
8 that correct?
- 9 A. I did.
- 10 Q. And can you explain to the Commission what
11 prompted your receipt of this email?
- 12 A. Kelly received the email at the bottom of the page
13 from Greg regarding his conversation with Judy Johnson.
- 14 Q. And I -- I see that email is dated March 6th; is
15 that correct?
- 16 A. Correct.
- 17 Q. Was the decision made on that date to facilitate a
18 termination?
- 19 A. I don't remember the exact date.
- 20 Q. Okay. Fair enough. When you met with Ms. Johnson
21 on March 8th, 2018, was anyone else present for that
22 meeting?
- 23 A. No.
- 24 Q. Was Ms. Kelly Stone present?
- 25 A. No.

- 1 Q. Ms. Dee Dee Henderson?
- 2 A. No.
- 3 Q. It was a collective decision and then you were
4 charged with the task of carrying that out?
- 5 A. Correct.
- 6 Q. Okay. I would like you to review the Defendant's
7 APA -- I'm sorry, I think you have it in front of you
8 -- Defendant's Exhibit Number One and let's turn our
9 attention, again, to page 11.
- 10 A. Okay.
- 11 Q. Now, at -- at the bottom, and I believe you
12 already testified specifically to this statement, it
13 indicates that page 12 are infractions and may result
14 in disciplinary action up to and including termination
15 of employment. To your knowledge was there any
16 disciplinary actions, corrective actions, of any nature
17 in Ms. Johnson's file leading up to this termination?
- 18 A. Not to my knowledge.
- 19 Q. Okay. Now, on page 12, if I could turn your
20 attention to that, if you would, number 2, which starts
21 out with falsification, could you read that particular
22 violation?
- 23 A. Falsification or misrepresentation of timekeeping
24 records or any other company or official documents.
- 25 Q. Now, is that grounds for immediate termination?

1 A. Yes.

2 Q. Okay. Is it also grounds for a disciplinary
3 action that would involve the form that you testified
4 to earlier?

5 A. I'm not sure I understand your question.

6 Q. That's okay. You had testified that -- bear with
7 me -- there were no actual forms but if someone --
8 supervisors used a form when they were meeting with
9 employees at -- to see improvement; it was not part of
10 the policy but there was some specific form that the
11 supervisors used?

12 A. They could use, correct. ✓

13 Q. Okay. Would a supervisor use that form that you
14 testified to regarding the falsification or
15 misrepresentation of timekeeping records or any other
16 company or official documents?

17 A. They could.

18 Q. Okay. If you would, look to number 4, that starts
19 with working, and could you read that statement?

20 A. Working or engaging in company business under the
21 influence of alcohol or legal -- or illegal drugs or
22 violating the company's policies relating to drug
23 and/or alcohol use, including the drug free workplace
24 policy.

25 Q. Now, would that be terms for termination or could

- 1 a supervisor use that form to help an employee improve?
- 2 A. That would be grounds for termination.
- 3 Q. Okay. Now, if you could read -- 1, 2, 3, 4 --
- 4 number 5, that starts with the word possession.
- 5 A. Possession, distribution, sale, transferring,
- 6 buying or use of alcohol or illegal drugs or drugs that
- 7 would impair an employee's ability to safely perform
- 8 his or her job in the workplace while on duty, while
- 9 engaging in company business or while operating company
- 10 owned vehicles or equipment.
- 11 Q. Now, would that be grounds for termination or
- 12 could an employee be counseled back to an improvement?
- 13 A. That would be grounds for termination.
- 14 Q. Okay. Now, if I could turn your attention to
- 15 number 12, that begins with smoking, right below safety
- 16 or health rules.
- 17 A. Okay.
- 18 Q. And if you'd read that, please?
- 19 A. Smoking in prohibited areas.
- 20 Q. Is that grounds for immediate termination or could
- 21 an employee be counseled with one of those forms you
- 22 mentioned?
- 23 A. They could probably just be counseled.
- 24 Q. Okay. If I could back you up to number 8, which
- 25 is gossiping; is that grounds for immediate termination

1 or could an employee potentially be counseled to
2 improvement?

3 A. It just depends on the situation.

4 Q. Okay. Number 15, if you could read that
5 statement, please, and it begins with failure to
6 maintain proper working relationships?

7 A. Failure to maintain proper working relationships,
8 including the sharing of information or equipment
9 needed by others to accomplish their work.

10 Q. Now, could an -- an employee be counseled back to
11 improvement or would that be grounds for immediate
12 termination?

13 A. It just depends on the situation.

14 Q. Okay. So, this list, while not inclusive,
15 different infractions call for different actions; is
16 that correct?

17 A. It all depends on the situation.

18 Q. Okay. Very good. Did you speak with Ms. -- bear
19 with me -- Sarah Todd regarding what happened on March
20 6th, 2018?

21 A. I did not.

22 Q. Okay. The separation agreement, which I believe
23 has been marked into evidence as Claimant's Exhibit
24 Number One --

25 Commissioner Wilkerson: Yes.

1 Ms. Pentz: -- do I have that correct,
2 the separation agreement?

3 Commissioner Wilkerson: Yes.

4 Ms. Pentz: Okay.

5 Q. I'm going to show you what has been marked as
6 Claimant's Exhibit Number One. Is this the document
7 that you presented to Ms. Johnson?

8 A. It is.

9 Q. Okay. The first paragraph of that document, while
10 she was being terminated for cause, it indicates that
11 she would be allowed to file for unemployment benefits;
12 is that correct?

13 A. Correct.

14 Q. Okay. Did you happen to receive Mr. Charlton's
15 original notes from the meeting on March 6th, 2018?

16 A. I did not.

17 Q. Okay. It was confined to the email that was
18 forwarded to you only?

19 A. Correct.

20 Q. Okay. Have you ever had anyone else approach you
21 about Ms. Johnson being insubordinate or not having
22 good relationships with Agape employees?

23 A. I had heard there were other concerns but I don't
24 know the specifics of those.

25 Q. Was anything documented?

- 1 A. Not that I'm aware of.
- 2 Q. Was it -- was she counseled at all?
- 3 A. I -- I can't speak to that.
- 4 Q. Okay. But you are the head of -- of Human
5 Resources, the Chief Human -- and tell me that again?
6 A. The Chief Human Capital Officer.
- 7 Q. The Chief Human Capital Officer, would that be
8 something you would expect to receive information
9 about?
- 10 A. Not on every employee; no, ma'am.
- 11 Q. Okay. Who would get that information if there
12 were prior incidents?
- 13 A. Who would get the information?
- 14 Q. Who would -- if there were prior incidents of Ms.
15 Johnson having issues with the company would her
16 supervisor be the recipient of that -- that information
17 and document that?
- 18 A. They would, yes.
- 19 Q. Okay. And do you have any documents that that
20 happened?
- 21 A. No.
- 22 Q. Okay. Prior to presenting that separation
23 agreement to Ms. Johnson, did you ask her what was
24 said?
- 25 A. I did not.

1 Q. Okay.

2 Ms. Pentz: I have nothing further,
3 Commissioner.

4 REDIRECT EXAMINATION

5 By Mr. Smoak:

6 Q. Betsy, did you have any reason to think that Mr.
7 Charlton was lying to you when he passed on that
8 information to you?

9 A. Absolutely not. He was a new employee; I had -- I
10 had no reason to think that he would be, you know,
11 trying to gossip or -- or, I guess, cause any issues.

12 Q. Calling your attention back to the employee
13 handbook. Those lists of behaviors, are those just
14 examples?

15 A. They are. I believe it says in the paragraph on
16 the page before that these are -- are a list; it's not
17 inclusive.

18 Q. Now, you can't possibly list everything that an
19 employee could do that would result in termination,
20 could you?

21 A. No, absolutely not.

22 Q. And -- and the list, it's -- it's all -- there's
23 not major infractions, there are not minor; is it all
24 one list?

25 A. It is.

1 Q. Okay. The bottom line is, you deemed the comments
2 that were made by Ms. Johnson to be severe enough to
3 result in termination?

4 A. Correct.

5 Mr. Smoak: Those are all the questions
6 I have.

7 RECROSS-EXAMINATION

8 By Ms. Pentz:

9 Q. Ms. Sippel, how long was Ms. Johnson an employee
10 when this was reported to you; how long had she been an
11 employee?

12 A. I don't know her -- her exact hire date; I think
13 she said 2016, maybe.

14 Q. Okay. Do you have any reason to believe that's
15 incorrect?

16 A. No, I don't.

17 Q. Okay.

18 Ms. Pentz: Nothing further,
19 Commissioner.

20 Commissioner Wilkerson: Anything else?

21 Mr. Smoak: Nothing further.

22 Commissioner Wilkerson: Any more
23 witnesses?

24 Mr. Smoak: No more witnesses for the
25 Employer.

1 Commissioner wilkerson: Okay. Thank
2 you for being here. Let me meet with the
3 attorneys for a few minutes.
4 (THERE BEING NO FURTHER QUESTIONS, THE HEARING CONCLUDED AT
5 11:10 A.M.)
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STATE OF SOUTH CAROLINA)
)
 COUNTY OF CALHOUN)

CERTIFICATE

Be it known that I took the foregoing South Carolina Workers' Compensation Commission Hearing of Judy Johnson, vs. Agape Management Services;

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 67 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 19th Day of July, 2018.

Gloria G. Davis
 Gloria G. Davis
 Notary Public for South Carolina
 My Commission Expires 12/21/21

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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1802954

Judy Johnson,
Claimant,
v.
Agape Hospice And Community —
Care,
Employer,
and
Mag Mutual,
Carrier/Defendants.

COPY

FULL COMMISSION HEARING

Tuesday, February 19, 2019
1:37 p.m. - 1:57 p.m.

The Full Commission Hearing was heard before Commissioners Susan S. Barden, R. Michael Campbell, II and Aisha Taylor at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 19th day of February, 2019, before Travis McLeod, Court Reporter and Notary Public in and for the State of South Carolina.



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

210 52-3445 / (800) 822-0896

1 CALL TO ORDER:

2 COURT REPORTER: Today is February 19th, 2019. This
3 is South Carolina Workers' Compensation case
4 number 1802954. This is the case of Judy
5 Johnson, claimant, versus Agape Hospice and
6 Community Care, employer and Mag Mutual,
7 carrier. The appellant is the defendant
8 represented by Stephen R. Smoak. The
9 respondent is represented by Elizabeth M.
10 Pentz. Each side is allowed 10 minutes for
11 oral argument and the appellant three minutes
12 in reply. You are requested to argue the
13 grounds of exception and stay within the
14 record.

15 COMMISSIONER BARDEN: And also representing the
16 appellant is Vincent Sheheen. And, Mr.
17 Sheheen, are you going to do the ---

18 MR. SHEHEEN: Yes, ma'am.

19 COMMISSIONER BARDEN: Okay. Thank you so much. All
20 right, Mr. Sheheen.

21 APPELLANT'S ARGUMENT:

22 MR. SHEHEEN: Thank you, Commissioners and thank you
23 for hearing us today and allowing me to
24 participate. Commissioners, this case is
25 fairly simple issues, not a lot of complicated



1 facts. We are here on a question of whether an
2 employer, and I represent the employer in this
3 case, can terminate an employee when the
4 employee calls the CEO and owner stupid, when
5 the employee says that they should close this
6 place down, when the employee says, this
7 company is going to hell in a handbasket. The
8 employee in this case, the claimant, was back
9 at work under restrictions. She was being
10 provided light duty when these things occurred.
11 As the Panel knows, temporary total does not
12 have to be paid when an employee is terminated
13 for cause. That's pretty well established in
14 the case law. The case law in many other areas
15 of the state is clear as well that the employer
16 has a right to establish reasonable policies
17 and the courts in general are not going to
18 second guess the actions of an employer. It
19 doesn't mean you don't look at it but you're
20 not going to second guess their determinations.
21 In this case the Single Commissioner
22 substituted his judgement and made --
23 specifically made a finding that the claimant
24 was unjustifiably fired. The Commissioner
25 substituted his judgement for the judgement of



1 the employer in what was a justifiable firing.
2 Commissioners, the uncontradicted testimony,
3 and you have the record before you, is that the
4 claimant never denied in her testimony saying
5 these things. And what she said is detailed in
6 my brief on page two. Greg Charlton who was
7 the witness for the employer was the marketing
8 director, had only been brought on the job for
9 a couple weeks, in other words he was a fairly
10 new employee. And he testified that when he
11 was with the claimant as a new employee the
12 claimant said these things to this new employee
13 that the owner of the company was stupid, they
14 should close down the company, et cetera, et
15 cetera. He, and it's reflected in the record,
16 went back -- he was so unnerved by this that he
17 made notes, wrote the notes down, emailed them
18 to a supervisor. When asked in her direct --
19 cross-examination at the hearing whether the
20 employee believed that if a person called their
21 owner or boss stupid could they be expected to
22 keep their job she said, yes. The handbook was
23 referenced in this testimony and you have that
24 in the record. It says that combat -- conduct,
25 excuse me, such as this is not allowed,



1 insubordination is not allowed. I don't need
2 to read it to you, you have it, it covers this
3 content pretty clearly. Your Honor, this case
4 is important because if you upheld the Single
5 Commissioner, it ties an employer's hands and
6 it cannot take action based on undenied
7 statements such as these, which common sense
8 tells you is not acceptable in the workplace.
9 Any workplace, it's not allowed. Commissioner,
10 there was -- Commissioners, excuse me, there
11 was some issues about timeliness raised in the
12 brief -- the response brief. I think I'll
13 reserve that in case it's raised, I'll reserve
14 that for my response if that's acceptable,
15 Commissioners. So in closing, Commissioners,
16 there's not a lot of complicated facts,
17 claimant was there, she was working under
18 restrictions, she was accommodated, in fact in
19 the record you'll see that they had planned
20 another job, same pay, that would have
21 accommodated her restrictions they were
22 planning to move her to. She does not deny
23 these statements were made. You can read
24 through the record. She never says, no I
25 didn't make these statements. So you're faces



1 with uncontradicted testimony from the witness,
2 from the employer, Mr. Charlton that this did
3 occur, further more this guy has no reason to
4 lie. He's been there for two weeks, he's
5 unnerved, he makes notes, he emails it.
6 Commissioners, we're asking you to overturn the
7 decision of the Single Commissioner and to send
8 this case -- to find that she's not entitled to
9 temporary total. Thank you.

10 COMMISSION BARDEN: All right. Thank you, sir. Ms.
11 Pentz.

12 RESPONDENT'S ARGUMENT:

13 MS. PENTZ: Thank you. First the claimant would
14 like to point out the untimeliness of the
15 appeal. 42-17-50 is very clear that the appeal
16 must be filed within 14 days. The Order was
17 issued August 22nd of 2018. The Form 30 and
18 accompanying certificate of service clearly
19 states September 10th, 2018. In the
20 appellant's reply, appellant points to 67-2-13
21 service of orders. Number two indicating that
22 service made electronically is deemed complete
23 5 days after the date the electronic
24 transmission is complete. However if you back
25 up a couple of sentences under 2-13-2 there's



1 still five days added when the order is served
2 by mail and the same five days is not
3 indicated. That is not a sentence that somehow
4 adds an additional five days. Therefore we
5 would first request that this appeal is
6 dismissed for clear untimeliness.

7 COMMISSIONER TAYLOR: Ms. ---

8 MS. PENTZ: As to the merits ---

9 COMMISSIONER TAYLOR: Ms. Pentz, before you get to
10 the merits, we did receive a motion to
11 reinstate appeal. So is this your request for
12 reconsideration of our motion -- of our Order
13 on that motion to reinstate?

14 MS. PENTZ: I never made a motion regarding the
15 untimeliness. The motion to reinstate was
16 Stephen had missed the time for filing the
17 brief. I had extended, you know, courtesy that
18 he could have additional time to do so.

19 COMMISSIONER BARDEN: And then the Commission wasn't
20 cc'd, wasn't that the issue?

21 MS. PENTZ: I'm sorry?

22 COMMISSIONER BARDEN: The Commission wasn't cc'd but
23 you had ---

24 MS. PENTZ: That was correct. And so he made the
25 motion to reinstate to file his brief. But no,



1 at that point I had not made a motion to
2 dismiss the case.

3 COMMISSIONER BARDEN: Right. I now what you're
4 saying.

5 MS. PENTZ: But I'd also add along that same point
6 as pointed out in our brief in 67-7-01 it
7 clearly states that the judicial department is
8 not to receive any appeal that is filed outside
9 of that time. Why that was not done in this
10 situation I don't know. But we did not make a
11 motion or make the argument until the appeal.
12 That motion to reinstate was only as to filing
13 his brief. And then in my brief I responded
14 raising the issue that ---

15 COMMISSIONER TAYLOR: The initial appeal in the
16 first ---

17 MS. PENTZ: Correct. The initial appeal was
18 untimely. Correct.

19 COMMISSIONER TAYLOR: All right.

20 MS. PENTZ: I'm sorry for any confusion.

21 COMMISSIONER TAYLOR: That's okay. Thank you.

22 MS. PENTZ: As to the merits, however, Ms. Johnson
23 was hired twice as the record points out by
24 Agape. She's been a nurse for 37 years. She
25 had supervisory roles, she testified that she



1 filled out disciplinary forms. She never had
2 any disciplinary issues and does not refute
3 that she was working under light duty. In fact
4 she was out one week after her accident and
5 then she had been working light duty for six
6 weeks. The appellant's brief on page one
7 indicates the firing was partly based on
8 hostile comments to fellow employees. I'd like
9 to point out there was never indication or
10 testimony about hostility. It came down to the
11 three parts of the policy that allegedly -- or
12 what Ms. Johnson had violated.

13 COMMISSIONER BARDEN: But Ms. Johnson doesn't refute
14 that she did not -- well maybe that's not the
15 right words. She did not deny the content of
16 those comments, did she?

17 MS. PENTZ: She testified to the conversation she
18 had with Mr. Charlton and that was it and that
19 did not include those comments. She testified
20 that they talked about facilities, they talked
21 about marketing, but that's all that the
22 conversation involved.

23 COMMISSIONER BARDEN: But she never denied making
24 the comments, would that be fair to say?

25 MS. PENTZ: I don't think that can be translated



1 into an admission however. She testified to
2 the conversation as she recalled it.

3 COMMISSIONER BARDEN: Okay. All right. Go ahead.

4 MS. PENTZ: Yes, ma'am. The evidence presented was,
5 by contrast, a two week employee who ---

6 COMMISSIONER BARDEN: But his employment tenure -- I
7 mean that may be a factor to consider, but in
8 here is there anything in this book that says
9 that employment tenure is dispositive in any
10 workers' comp case, pardon me, whether it's
11 permanency or compensability or ---

12 MS. PENTZ: I think it goes to credibility when
13 you're weighing the testimony. You've got
14 someone who's well established who never had
15 any issues who testified to the conversation as
16 she recalled it. Then you've got someone who'd
17 been there for two weeks who said he made
18 immediate notes, those immediate notes were not
19 presented for testimony, there was a second
20 witness who allegedly corroborated what
21 happened, that witness was not presented. And
22 he also testified that he had been to several
23 facilities that day and talked to several
24 people. So I do think you have to look at --
25 and I think the Hearing Commissioner was



1 correct in looking at the balance of the
2 evidence that was presented rising to the level
3 of termination under light duty and whether or
4 not she was entitled to TTD.

5 COMMISSIONER BARDEN: Doesn't he think to base his
6 decision on employment tenure?

7 MS. PENTZ: I'm sorry?

8 COMMISSIONER BARDEN: Does he -- would you agree or
9 disagree that he seems to base this decision on
10 employment tenure between the two?

11 MS. PENTZ: I think that's one factor. If you read
12 the transcript as a whole and the Order I do
13 think that that's one factor. Her profile
14 versus his profile. And it's as much about
15 what was not presented as one person's word
16 against another's word. And so you have to
17 balance that ---

18 COMMISSIONER BARDEN: But don't we deal with that
19 every day?

20 MS. PENTZ: I'm sorry?

21 COMMISSIONER BARDEN: Don't we deal with that every
22 day?

23 MS. PENTZ: Well yes, ma'am.

24 COMMISSIONER BARDEN: Okay.

25 MS. PENTZ: But, I mean, we balance those two. You



1 have to look both of them, not Mr. Charlton's
2 testimony in a vacuum. The two weeks -- no,
3 tenure doesn't have anything to do with this.
4 However Ms. Johnson had been hired twice by
5 Agape, had been working without incident, was
6 never interviewed by Ms. Siple who's the chief
7 human capital officer testified by her own
8 admission she never interviewed the alleged
9 second witness who was also not at the hearing,
10 and she never interviewed Ms. Johnson about any
11 of this, she never even asked any of it. Two
12 days later Ms. Johnson was unceremoniously
13 dismissed without being informed of anything
14 that happened. And I would also point out that
15 she was presented with a separation agreement,
16 which is Claimant's Exhibit C1. On page 1
17 number 1 the first sentence of that agreement
18 -- now she subsequently revoked that agreement,
19 but in that agreement the very first line says
20 she has the right to file for unemployment. So
21 it really makes no sense as to why it would
22 have been okay for her to file unemployment yet
23 for her to get TTD it was a justifiable firing.
24 Ms. Siple's testimony indicated that, yes,
25 there were disciplinary forms. Now one was



1 never presented and she didn't use one and Ms.
2 Johnson wasn't written up for any of this. She
3 also testified that gossiping and failure to
4 maintain proper working relationships can be
5 dealt with without firing depending on the
6 situation. Further, the insubordination -- how
7 this rose to the level of insubordination was
8 never explored and no evidence as to how the
9 alleged comments were insubordination.
10 Therefore I would close in saying, again, I
11 think you balance the evidence like you do
12 every day as you point out, you have to balance
13 the evidence as a whole as to why would you
14 believe Mr. Charlton over Ms. Johnson? Ms.
15 Johnson being stable, being a long-time
16 employee testified to the comments. She didn't
17 have anything else to say about it because they
18 never happened. Where as you have someone who
19 had not been there a while. And what's also I
20 think important, he had been to several
21 facilities that day by his own testimony and
22 talked to several people and apparently made
23 immediate notes which were not presented at the
24 hearing, nor was that second witness.
25 Therefore, you know, we think TTD is



1 appropriate here and appellants point out the
2 Pollock case, and the Pollock case directs that
3 you do, on a case by case basis have to look at
4 when people are terminated while on light duty.
5 In Pollock however, as you know, that
6 particular claimant was fired for admitting he
7 had violated company policy by not reporting an
8 accident and we don't have that here. But I do
9 think you have to scrutinize the record as a
10 whole and come to the decision of upholding the
11 Hearing Commissioner's Order. Thank you.

12 COMMISSIONER BARDEN: Any questions? Thank you.

13 All right, Mr. Sheheen.

14 REPLY BY MR. SHEHEEN:

15 MR. SHEHEEN: Thank you, Commissioners. Very
16 briefly, it was said that this was one person's
17 word against another, but it's not because the
18 only testimony in the record is from Mr.
19 Charlton who says that the claimant said that
20 the owner is so stupid they should close this
21 place down. That could have easily been denied
22 and it wasn't. Yes, she testified about some
23 of the things that were said in the
24 conversation. The claimant could have easily
25 denied it and didn't. It's not one person's



1 word against another. You have one person's
2 testimony about what actually was said and that
3 has not been rebutted. Commissioners, also on
4 the question of insubordination, it's our
5 position there's nothing that could be more
6 insubordinate than calling the owner and the
7 boss stupid and saying this business should be
8 closed down. That common sense says it's
9 insubordinate. There was testimony about the
10 claimant, that it was a three step process for
11 termination, the claimant testified that. But
12 under cross-examination when she was confronted
13 with the handbook, this is in the record as
14 well, it's clear there's not. And she had to
15 admit that when confronted with that.
16 Commissioners, again, Mr. Charlton is the only
17 testimony on this. He has no motive that was
18 developed to lie and he was so unnerved -- this
19 has the ring of just truth to it. He was so
20 unnerved that he went down, made notes and then
21 emailed those. Those emails have been provided
22 to you in the record. I'm not sure about the
23 separation agreement argument, I'm not sure
24 what that is about. I don't think -- I think
25 it's irrelevant. They could have applied for

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1 unemployment if ---

2 COMMISSIONER BARDEN: Well anybody can apply for
3 unemployment.

4 MR. SHEHEEN: Yes.

5 COMMISSIONER BARDEN: That's not the right to
6 receive it.

7 MR. SHEHEEN: Correct.

8 COMMISSIONER BARDEN: That's the right to file for
9 it.

10 MR. SHEHEEN: Correct, Commissioner. Commissioners,
11 finally I want to address very briefly the
12 timing issue. And, Commissioners, the -- our
13 position and the plain reading of it is that
14 service made -- I'm just quoting from the
15 regulation -- service made electronically is
16 deemed complete five days after the date the
17 electronic transmission is completed. This
18 appeal was filed within five days after the
19 electronic transmission was completed. So ---

20 COMMISSIONER TAYLOR: And then I'll also note for
21 the record that Hurricane Florence actually
22 occurred during that period of time and so
23 there is an executive order by the Governor,
24 which essentially deems our office closed for
25 two days for receipt of any electronic filing



1 one way or the other, so that would have
2 extended that period of time, which is why I
3 believe there was no error notice sent from the
4 Commission.

5 MR. SHEHEEN: Okay. And normally we do get things
6 from you when we file things at the time.
7 Anyway, that's really all I have to say about
8 that because that's what the regulation says
9 and I don't know what else I can say about
10 that. I thank you for your time.

11 COMMISSIONER BARDEN: Thank you. That concludes
12 this proceeding.

13 (There being nothing further, the full commission
14 hearing concluded at 1:57 p.m.)

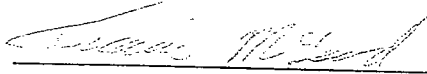


CERTIFICATE

This is to certify that the within hearing consisting of eighteen (18) pages, is a true and correct transcript of the testimony given by said witnesses after being duly sworn; said hearing was reported by the method of Stenomask with Backup.

I further certify that I am neither employed by nor related to any of the parties in this matter or their counsel; nor do I have any interest, financial or otherwise, in the outcome of same.

IN WITNESS WHEREOF I have hereunto set my hand and seal on April 8, 2019.



Travis McLeod
Notary Public for South Carolina
My Commission Expires: January 3, 2027



CREEL COURT REPORTING, INC.

1230 Richland Street / Columbia, SC 29201

227) 252-3445 / (800) 822-0896

March 8, 2018

HAND DELIVERED

Judy Johnson

VIA HAND DELIVERY

Re: Separation Agreement

Dear Judy,

As it was discussed today, Agape Hospice of the Low Country ("the Company") has terminated your employment effective today (the "Termination Date"). This letter will set forth our agreement related to your leaving employment with the Company.

To help you transition to another employer, we have prepared the severance package described in this Separation Agreement ("Agreement"). Please carefully read this Agreement and, if it is acceptable, sign in the space provided below and return it to Agape Hospice of the Low Country c/o Betsy Sippel.

1. After the Termination Date, you will be eligible to apply for unemployment compensation. Company will not contest your application for such unemployment compensation. If you are covered by the Company's group medical plan, your coverage will end as of your Termination Date, subject to the terms of the governing plan document. Under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"), you will be eligible to continue to participate in the Company's group medical plan provided you timely elect to continue coverage within the applicable timeframe and abide by the requirements of COBRA. The Company will provide you with notice of your rights under COBRA. The company will provide a positive letter of recommendation once you have signed and returned the Agreement, assuming that you have not otherwise revoked or breached the Agreement.

2. In consideration for your releases and promises as provided in this Agreement, and as long as you comply with all of the terms of this Agreement, the Company will pay you a severance payment in the gross amount of Three Thousand Five Hundred and no/100ths Dollars (\$3,500.00), to be paid over one (1) pay period, in one (1) installment of Three Thousand Five Hundred and no/100ths Dollars (\$3,500.00), according to normal payroll procedures, subject to all applicable deductions and withholdings, once you have signed and returned the Agreement, assuming that you have not otherwise revoked or breached the Agreement. The first severance payment will be in addition to your next scheduled paycheck, assuming you return your signed version of this Agreement. You understand and agree that you would not be entitled to receive or retain the severance specified in this Paragraph 2 except for your signing this Agreement, your releasing the Company and its related entities and individuals from any and all legal claims, if any, you may have against them, and your fulfilling all of the promises contained herein.

3. In consideration for the severance payment specified in Paragraph 2 above, you, for yourself, your heirs, your successors, your assigns, and your legal representatives, expressly release Company and all of its past, present, or future parent companies, subsidiaries, affiliates, divisions, predecessors, successors, assigns, and each of their employees, managers, directors, officers, partners, members, shareholders, benefit plans, and agents (all of whom and which are collectively the "Released Parties") from all claims, actions, damages, payments, debts, liabilities, grievances, claims for pay or vacation pay, and demands of any kind, known or unknown, that you know or should have known of as of Termination Date, or previously had against any Released Parties arising out of or in connection with your employment or separation of employment with Company or in connection or potential connection with any Released Parties. Your release specifically includes, but is not limited to, any claim alleging violation of any federal or state law, (including, without limitation, Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, the Labor Management Relations Act, the National Labor Relations Act, the Americans With Disabilities Act, the Federal Rehabilitation Act of 1973, 42 U.S.C. § 1981, the Age Discrimination in Employment Act of 1967, the Older Workers Benefit Protection Act, the Worker Adjustment and Retraining Notification Act, and any and all other federal, state, and local laws and regulations related to employment, termination, employment discrimination or retaliation, wages, hours, benefits, or compensation). You agree not to file any lawsuits against or involving the Released Parties with any state or federal court or any complaints with any agency that governs the operations of the Released Parties. You agree to waive and not accept any amounts or relief obtained or received on your behalf for any and all released claims. Your release also includes, but is not limited to, any and all state wage payment claims, and any other rights, causes, demands, injuries, contracts, debts, or other matters arising out of or related to any federal or state statutory, constitutional, regulatory, or common law. This release is for any relief, no matter how described, including, but not limited to, back pay, front pay, compensatory damages, punitive damages, or damages for pain and suffering and mental anguish.

4. You may have up to twenty-one (21) days to review this Agreement before signing it. You have been and hereby are advised in writing to consult with an attorney and tax adviser in reviewing this Agreement. Once accepted, you have up to seven (7) days to revoke your acceptance. A revocation must be in writing and received by Agape Hospice of the Low Country c/o Betsy Sippel no later than the close of business on the seventh day after signing. If the last day of the revocation period is a Saturday, Sunday, or holiday, then the revocation period shall not expire until the next business day. This Agreement shall not become effective or enforceable until the revocation period has expired. If the agreement is signed on the twenty-first (21st) day, the first severance payment will be processed on the payday following the seven (7) day revocation period, provided you have not otherwise revoked or breached the Agreement.

5. You acknowledge that all written materials, records, and documents made by you or coming into your possession during your employment with The Company concerning the business of The Company, including any copies of such documents, are the sole property of The Company, and you shall deliver them to The Company by the close of business today. You shall also return to The Company on or before the close of business today, in good and usable condition, any computers, iPad, cell phone, credit cards, documents, records, keys, name badges,

and other property of whatsoever nature, whether tangible or intangible, that is in your possession and belongs to or may reasonably be considered related to or be connected with the business of, The Company. You shall also return before the close of business today, your company provided vehicle in clean condition and free from of any damage that was not present upon your initial receipt of the vehicle. If you need additional time, you must request and schedule a time with me to remove your personal items and return any Company property. Effective immediately, you shall refrain from using remote access to MyAgapeWeb, the Agape Email system or any Agape information, software of computer system and from contacting other employees of Company during working hours. You must immediately upon receipt of this Agreement box up all personal items from your desk and refrain from touching your computer, iPad, and phone. Information on your computer, phone, or iPad which you contend constitutes personal files may be requested in writing from me. However, such information is the property of The Company and is subject to review prior to release. Release of any such information is in the sole discretion of The Company:

6. You acknowledge that in the course of performing your duties for Company, you have acquired data or information about Company and the Released Parties that is not generally known by the public ("Confidential Information"). For purposes of this Agreement, Confidential Information includes, but is not limited to, information describing Company's technical information, processes, methods, finances, strategies and business plans, customers or prospects, suppliers, and employees, whether disclosed in oral, written, graphic, or any other form. You agree to abide by all of Company's rules, procedures, and directives designed to protect its Confidential Information and to preserve and maintain all such information in strict confidence for as long as the Confidential Information remains, in the judgment of Company, proprietary and confidential to Company. You also agree not to use, disclose, or in any other way disseminate any Confidential Information to any person not properly authorized by Company.

In further consideration of the severance agreement, you agree that for twelve (12) months following the Termination Date you shall not, directly or indirectly, solicit or induce, or attempt to solicit or induce, any employee, patient, or contractor of Company to leave Company for any reason whatsoever.

In further consideration of the severance agreement, you agree that for twelve (12) months following the Termination Date you shall not, directly or indirectly, solicit any Referral Source of Company on behalf of any individual or entity by which you are employed, have an ownership interest in, or for whom you are otherwise marketing hospice services. "Referral Source" shall mean any health care provider or other referral source from which Company received referral(s) for hospice services during the twelve (12) months preceding your separation of employment with Company and to whom you marketed hospice services directly or indirectly on behalf of Company within the twelve (12) month period prior to separation. For purposes of this provision, Referral Source shall not include any Hospital.

7. This Agreement is governed by the laws of the State of South Carolina. If a specific clause of this Agreement is found to be unenforceable under either federal or state law, the remainder of the Agreement shall not be affected by such ruling and shall remain in full force and effect. This Agreement contains the entire agreement between you and Company pertaining

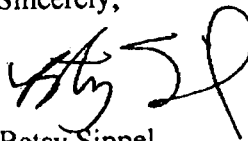
to the subject matter herein and supersedes any and all prior and/or contemporaneous oral or written negotiations, agreements, representations, understandings, and releases. This Agreement is made without reliance upon any inducement, statement, promise, or representation other than that specifically stated within this Agreement.

8. In further consideration of the severance, you agree not to make any statements, written or verbal, or cause or encourage others to make any statements, written or verbal, that defame, disparage or in any way criticize the personal or business reputation, practices, or conduct of the Company, its employees, directors, and officers. In return the Company officers will do the same as mentioned in the prior sentence you have signed and returned the Agreement, assuming that you have not otherwise revoked or breached the Agreement. You acknowledge and agree that this prohibition extends to statements, written or verbal, made to anyone, including but not limited to, the news media, investors, potential investors, any board of directors or advisory board or directors, industry analysts, competitors, strategic partners and potential or actual referral sources, vendors, employees (past and present), and clients. You understand and agree that this paragraph is a material provision of this Agreement and that any breach of this Paragraph shall be a material breach of this Agreement, and that the Company would be irreparably harmed by violation of this provision.

9. By signing this Agreement, you affirm that you have carefully read this entire Agreement and have been told to and have had an opportunity to review it with your attorney and tax advisor and you further attest that you fully understand the provisions of this Agreement. You affirm that you are fully competent to execute this Agreement and that you do so knowingly and voluntarily, and without coercion, undue influence, threat, or intimidation of any kind. You further agree and affirm that this Agreement is not tax advice and you should rely on your own taxation advisors concerning taxation matters. You also agree to indemnify and hold the Company harmless from any and all claims for income or employment taxes which might be brought as a result of the severance payment and to pay all attorneys' fees and costs incurred by the Company in any action brought against Employee for said indemnification.

Thank you for your service and dedication to Company. We appreciate all that you have done for the Company and we wish you well in your future career. Please acknowledge your acceptance of this Agreement by signing below and returning it to Agape Hospice of the Low Country c/o Betsy Sippel.

Sincerely,



Betsy Sippel
Chief Human Capital Officer

March 8, 2018
Page 5 of 6

[SIGNATURE PAGE TO FOLLOW]

I agree to and acknowledge all of the terms of this Separation Agreement.

Judy Johnson
Signature of Employee

Judy Johnson
Print Name

3-8-18
Date

Witnessed by:

Betsy Sippel
Signature of Witness

Betsy Sippel
Print Name

3/8/18
Date

**ELECTION TO EXECUTE PRIOR TO EXPIRATION OF
TWENTY-ONE DAY CONSIDERATION PERIOD**

**(To be signed only if Separation Agreement is signed prior to expiration of 21 days after it
is presented to employee)**

I understand that I have at least twenty-one (21) days within which to consider and execute the foregoing Separation Agreement. However, after having had sufficient time to consider the matter and after having been advised by Company to consult with counsel of my choosing and after having the opportunity to consult with counsel, I have freely and voluntarily elected to execute the Separation Agreement before the twenty-one (21) day period has expired.

Signature of Employee: _____

Sindey Johnson

Date: _____

3-8-18

March 12, 2018

HAND DELIVERED

Judy Johnson

1505 Coolbrook Drive

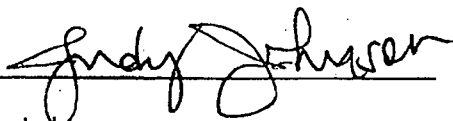
West Columbia, SC 290172

Re: **Separation Agreement**

Betsy Sippel,

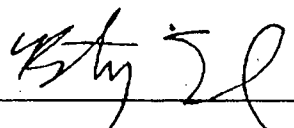
I, Judy Johnson, do hereby retract my signature and revoke my acceptance of the Separation Agreement dated March 8, 2018. I also retract my signature and revoke my acceptance of the Election to Execute Prior To Expiration Period of Twenty-One Day Consideration Period. As per paragraph four I have seven days to revoke my acceptance of the Separation Agreement and present in writing to Agape Hospice of the Low Country c/o Betsey Sippel.

This Separation Agreement and Election to Execute Prior to Expiration of Twenty-One Day Consideration Period was presented to me by Betsy Sippel, Chief Human Capital Officer, LTC Health Solutions on March 8, 2018.



Judy Johnson

Date 3/12/18



Betsy Sippel

Date 3/12/18

Stephen Smoak

From: [REDACTED]
Sent: Tuesday, March 06, 2018 11:55 AM
To: [REDACTED]
Subject: FW: Judy, RN conversation.

This is the statement from [REDACTED] during his interaction with Judy Johnson. [REDACTED] I will call you today to discuss. [REDACTED] shared this with me Friday out of concern and I told him this would be something I did need to follow up on. He of course is new with the company and doesn't want his feedback to get misconstrued as gossiping or starting issues with current employees. I told him the feedback he shared would stay between [REDACTED], myself and [REDACTED]. Any further action with this employee would not involve his name and no one past us would know he shared these comments with me.

From: [REDACTED]
Sent: Tuesday, March 6, 2018 11:48 AM
To: [REDACTED]
Subject: Judy, RN conversation.

Good afternoon Kelly – As per our conversation today;

Subject (Judy, RN) conversation,

During my ride along with [REDACTED] we stopped by our Hospice House in Lexington. Goal was to give me a tour as well as introduce me to the staff.

While touring we went into one of the offices in the back where Judy (RN) was entering data for medication reconciliation into her laptop.

These are some of the things that Judy verbally expressed/communicated while [REDACTED] and I were in the office;

- Agape will not give me time off or workers comp for my shoulder injury – I am so sore and overworked
- Agape has me driving all over creation and I have to use one hand to drive
- They should close this place down – their inventory is so screwed up – cant imagine what I find at the other locations
- How many more people is Scott going to fire? Every body is fearful of their jobs
- People are walking out the door left and right – surprised you (meaning me) didn't do my research before coming on board
- Scott is so stupid – hires all these young people and friends who know nothing about what we do
- There is way too much change and it is no longer the Agape it used to be
- This company is going to Hell in a handbasket
- Closing all the ALF's was the dumbest thing anybody could have done and it really killed Agape's reputation

The statements made above is what I can remember verbatim.

[REDACTED]

AGAPE HOSPICE EMPLOYEE HANDBOOK
DISCLAIMER AND ACKNOWLEDGEMENT OF RECEIPT OF 2013 REVISED
EMPLOYEE HANDBOOK

I HAVE RECEIVED THE 2013 REVISED AGAPE ENTITY (HEREINAFTER "AGAPE" OR "THE COMPANY") EMPLOYEE HANDBOOK (HEREINAFTER "HANDBOOK") AND HAVE READ AND UNDERSTAND THE MATERIAL COVERED. IN THE EVENT I HAVE QUESTIONS ABOUT THE HANDBOOK, I WILL CONTACT MY SUPERVISOR, ADMINISTRATOR, EXECUTIVE DIRECTOR OR ANOTHER MEMBER OF MANAGEMENT. I UNDERSTAND THAT FAILURE TO COMPLY WITH THE POLICIES SET FORTH IN THE HANDBOOK MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING TERMINATION. I UNDERSTAND THAT THE COMPANY HAS THE RIGHT TO UNILATERALLY CHANGE, MODIFY, OR REVOKE ANYTHING CONTAINED IN THIS HANDBOOK AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE. I ALSO ACKNOWLEDGE BY SIGNING BELOW THAT I HAVE READ AND UNDERSTAND THE DRUG-FREE WORKPLACE POLICY AND CONSENT TESTING PURSUANT TO SAME.

THIS HANDBOOK DOES NOT IN ANY WAY CONSTITUTE, AND SHOULD NOT BE CONSTRUED AS, A CONTRACT OF EMPLOYMENT. ALL EMPLOYEES AT THE COMPANY ARE EMPLOYED "AT-WILL," WHICH MEANS THAT THEY MAY RESIGN AT ANY TIME FOR ANY REASON AND THAT THE COMPANY HAS THE SAME RIGHT AND MAY TERMINATE THE EMPLOYMENT OF ANY EMPLOYEE AT ANY TIME, FOR ANY OR NO REASON, FOR CAUSE OR WITHOUT CAUSE, AND WITHOUT PRIOR NOTICE.

THIS HANDBOOK (AND ANY ACCOMPANYING ADDENDUM) SUPERSEDES, REPLACES, AND REVOKES ANY AND ALL PRIOR HANDBOOKS, POLICIES, PROCEDURES, MANUALS, MEMORANDA, BULLETINS, AMENDMENTS, OR SIMILAR MATERIALS WHICH HAVE BEEN PUBLISHED OR DISTRIBUTED CONCERNING THE TERMS OF YOUR EMPLOYMENT.

EMPLOYEE ACKNOWLEDGEMENT

BY MY SIGNATURE BELOW, I ACKNOWLEDGE RECEIPT OF THE HANDBOOK AND MY UNDERSTANDING THAT THIS HANDBOOK IS NOT AN EMPLOYMENT CONTRACT. I ALSO UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS "AT WILL" AS DEFINED ABOVE.

EMPLOYEE'S NAME: _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

(EMPLOYER COPY)

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EMPLOYEE'S SIGNATURE: _____

DATE: _____

(EMPLOYEE COPY)

Message from our CEO

While Agape takes pride in its diversity of facilities and continuum of care, one of its strongest qualities is the enthusiasm, commitment, and accessibility of our talented, skilled, and professional staff. Since 1999, Agape has been committed to quality care in a faith-based atmosphere. So let us invite you into Agape to see all that we have to offer; to discover how much we care; and to be a part of our community....and our lives.

Rev. G. Scott Middleton, CEO

Our Mission

Agape provides integrated health services to meet the needs of senior adults in a faith-based atmosphere.

Our Vision

The vision of Agape is to be an integrated health services company with a primary presence in markets of 100,000 and less people.

It will be recognized as a facility of first choice, which values its employees and functions in a financially stable environment.

Core services include assisted living, skilled nursing care, rehabilitation services, hospice, and ancillary services that function to support primary care.

Our Logo

The Agape logo is based upon a "Nine-Pointed Star" that symbolizes the nine fruit of the Spirit listed in the Epistle to the Galatians found in the New Testament of the Bible. The nine fruit of the Spirit represent the qualities that guide our care for Agape residents as well as our relations with fellow Agape employees.



These qualities are:

- Love
- Joy
- Peace
- Patience
- Kindness
- Goodness
- Faithfulness
- Gentleness
- Self-Control

Attitude

Because each facility in the Agape family is dedicated to providing quality care to our residents and their families, employees are expected to develop a team spirit and work with others to ensure we meet this goal.

Current Contact Information

Upon beginning employment with Agape, an employee should furnish the Supervisor, Administrator, Executive Director or Human Resource representative, or other appropriate staff member with his or her correct mailing address, telephone number and any additional data needed by the Company. Employees are responsible for notifying Agape of any changes in this information.

Categories of Employment

■ **Part-Time Employee**

An employee hired to generally work less than 32 hours per week. Part-time employees are currently ineligible to receive PTO, health, vision, dental, life insurance, pharmacy or bereavement leave benefits.

■ **Full-Time Employee**

An employee hired to generally work at least 32 hours per week. Full-time employees are eligible for benefits.

■ **Category B Employee**

An employee who meets the criteria of a full time employee, but who has chosen not to participate in PTO, health, vision, dental, life insurance, pharmacy, 401K, or bereavement leave benefits.

■ **PRN Employee**

An employee who works for Agape on an as-needed basis and whose schedule varies week-to-week based on the needs of the Company. These employees may be asked to work full-time or part-time hours during any given workweek. These employees' hours may differ from day to day and week to week.

Employment

Professional License Verification

Offers of employment for positions that require a professional license or certification are generally only extended after the applicable license(s) and/or certification(s) are verified by Agape to be in good standing.

Other Requirements

All offers of employment are contingent upon the prospective employee successfully meeting the requirements of the following employment screenings:

- **Tuberculin Screening**

A tuberculin skin test, or chest x-ray in accordance with state and federal requirements is required of all prospective Agape employees.

- **Health Assessment**

Employees whose positions may require resident contact must submit to an evaluation of health status by a physician, or other legally authorized healthcare provider or registered nurse.

- **Background Check**

A background check is required of all Agape prospective employees. Background checks may include inquiries such as, without limitation, former work reference verification, prior criminal record and sexual predator searches. Any prospective or current employee convicted of a felony or convicted of sexual abuse/sexual misconduct may not be eligible for initial or continued employment.

- **State and Federal Exclusion**

Verification is required to determine that employees of Agape are not excluded from participation in Medicare, Medicaid and all other Federal and State healthcare programs.

- **Substance Use & Abuse**

Additionally, in accordance with Agape's Drug-Free Workplace policy, an offer of employment for a prospective employee is conditional upon on the individual testing negative for drug and alcohol use. Any such testing will only take place after an offer of employment has been made to the prospective employee.

- **Motor Vehicle Record**

A copy of the motor vehicle record will be required of all employees who will be driving a company vehicle in connection with their job duties.

Shifts

No employee is hired at Agape to work a definite or permanent shift or location. Since Agape is required to provide 24 hour care every day of the year, it may be necessary to rotate or transfer an employee to another shift from time to time. Availability for weekends may be a requirement for all employees in all departments that must function on a continuous schedule. Any employee whose schedule of work is temporarily changed will be given as much notice as possible. Employees will be given 7 days written notice when this change is permanent.

Attendance

The importance of regular work attendance cannot be over emphasized. Absenteeism and tardiness, regardless of the reason, can seriously hamper our operations.

■ Notice of Absences/Tardiness

Agape recognizes that there are times when absences are unavoidable.

Employees should notify their supervisor as soon as possible when they need to be absent or when they will be late for their scheduled shift. At least a three (3) hour notice prior to the start of the employee's shift is required if an employee is unable to be at work as scheduled. Failure to call in at least three (3) hours prior to shift or excessive call-ins, tardiness or absences may result in discipline, up to and including termination.

- Notice of absence or tardiness must be provided to the employee's direct supervisor, not a fellow employee.
- Texting or e-mailing notice of absences or tardiness is not considered appropriate notification.
- Absences or tardiness without notice or approval may be considered job abandonment. Job abandonment is resignation without proper notice and the employee will forfeit accrued PTO.
- This policy will not be enforced in a manner that is inconsistent with or violates the Family Medical Leave Act, the Uniformed Services Employment and Reemployment Rights Act, or other applicable state and federal laws.
- A practitioner's excuse and/or a supervisor's prior approval are required to utilize PTO.

■ Recognized Absences

Certain absences are generally recognized by management. All others are generally considered unauthorized and may result in discipline, up to and including termination. Recognized absences generally include, but are not limited to, employee illness or injury; illness or injury of an employee's minor child; maternity or paternity leave; national guard/military duty; jury duty; an absence occasioned by a subpoena; bereavement leave; absences qualifying as FMLA leave; or other pre-approved personal time off.

Inclement Weather

Agape will remain open for work despite inclement weather conditions. Employees are expected to report for and remain at work despite inclement weather conditions. If an employee is unable to report to work during inclement weather or expects to be late for work for any reason including transportation issues, they should contact their immediate supervisor within 3 hours of the expected start time. PTO may not be utilized for employees that do not report to work due to inclement weather.

Dress Code

The purpose of Agape's dress code is not to inhibit personal freedoms, creativity or individuality, but rather to acknowledge the unique role our employees have with the Agape image. Image is an important component in how our patients, families, and community members regard us. Agape strives to promote an atmosphere of professionalism and inspire confidence. This policy is applicable on all shifts, seven days a week.

Presenting a neat, clean and well-groomed appearance is important and portrays a professional image. Please dress appropriately for the position you hold. Agape takes into consideration what is considered acceptable attire and grooming. Your supervisor has the authority to make the ultimate decision as to what is acceptable. Continued abuse of this policy may result in discipline up to and including termination.

■ Attire

- Proper work attire includes skirts and pants and clothing that covers the back, shoulders and midriff and chest.
- Clean, pressed and properly fitting Agape scrubs and uniforms are to be worn by nursing, housekeeping and dietary staff.
- Agape scrubs must be approved colors and styles.
- Skirts or dresses should not be shorter than 2 inches above the knee when standing and sitting.
- Shirts or blouses should be tucked in at all times unless the style of the shirt/blouse is designed to be worn over slacks or skirts.
- Golf shirts with the Agape logo may be worn with Khakis on special occasions designated by the Administrator, Executive Director or Regional President and must be tucked in.
- The top of pants, slacks, skirts and scrub bottoms should be at natural waist line.
- Undergarments or undergarment straps should not be visible through clothing or outside of clothing or above the waist band of slacks.
- Jeans without holes may be worn on special occasions designated by the Administrator, Executive Director or Regional President.
- Hats, caps or head scarves are not permitted except for as approved and required for food service personnel unless required for medical or religious reasons.
- Footwear should be clean and in good repair. Footwear that violates a safety or infection control regulation is prohibited including open toed shoes in facilities. Clean tennis shoes or approved footwear may be worn. Soles should be non-skid for floor employees. Professional crocs may be worn. Shoes or boots of any style that are unsafe, in Agape's sole discretion, for the work being performed are not permitted. Flip flops are prohibited.

■ **Name Tags**

Name tags are to be worn by all staff when on the job.

■ **Tattoos**

Tattoos should be covered.

■ **Fingernails**

Nails are to be at an appropriate length for proper patient care, safety and infection control.

■ **Personal Hygiene**

Good grooming includes clean nails, teeth, hair, shoes, body and clothes. Just as the cleanliness of each of Agape facilities' is of the utmost importance, so is each employee's personal hygiene.

■ **Hair Styles**

- Use professional taste and judgment. Extreme styles or extreme colors are not acceptable.
- If an employee's hair falls below the shoulders, the employee will pull it back when providing care and/or serving food.
- Food service staff and employees that work in the kitchen should always have their hair back and in a hair net.

■ **Jewelry**

Jewelry should be worn in moderation. Jewelry and other personal effects should not be left at work. Extreme jewelry is not permitted. Dental ornamentation--the use of gold, platinum or other veneers or caps for decorative purposes is discouraged. Body piercings (other than earrings) should not be visible.

■ **Fragrances**

Employees should not wear strong fragrances due to the sensitivities of employees, residents and customers.

Confidentiality

Protection of the Company's confidential information is critically important. This includes publishing, revealing or otherwise disclosing this information. Employees may be subject to disciplinary action, up to and including dismissal, for knowingly or unknowingly revealing confidential Company information.

■ **Agape Information**

It is the responsibility of all Agape employees to safeguard and not to disclose Sensitive Company Information (defined below). The nature of our business and the economic well-being of Agape and its employees are dependent upon protecting and maintaining this information. Employees should refrain from disseminating, publishing, revealing or otherwise disclosing such information to

anyone unless specifically approved. Dissemination would include emailing Sensitive Company Information to a personal email address and taking such information home without a proper business purposes and approval of your supervisor.

- **Sensitive Company Information**

Sensitive Company Information means all sensitive information relating to Agape or the business or the affairs thereof, including but not limited to new or existing product or service ideas, trade secrets or confidential information relating to services, processes, know-how, customers, residents, designs, marketing data, marketing territories, accounting, pricing information, business plans and strategies, negotiations and contracts, accounts, customer lists, customer preferences, employee or employment files, forms, menu plans, and any other non-public information, written or oral, made known to the employee by, on behalf of, or during the course of employment with Agape, but not information that becomes publicly known without disclosure by the employee.

Unless otherwise identified by management, all employees shall assume that information such as that described above is confidential and shall not be disclosed to competitors or other third parties not associated with Agape, either during or after employment. Employees who are unsure about the confidential nature of specific information should ask their supervisor for clarification.

Personnel Records

All personnel files and medical files are confidential and the property of Agape. Employees are generally not permitted access to their personnel records.

Social Media/Internet Policy

Employee blogging, "tweeting," texting, and other social media use, such as on websites like MySpace and Facebook, and internet usage are subject to the following restrictions. (This policy applies to employee use of all blogs and other social networking sites, without regard to whether they are accessible by the public or require a password.)

Employees may not use Company property to create, maintain, amend, view, access, update, download, contribute to, or store a blog, "tweet" or post entries on the Internet (whether through a social networking website such as MySpace, Facebook, Twitter, or using another method or social media website), unless he/she has written authorization from his/her supervisor to do so. Employees may not blog, "tweet" or post entries on the internet (whether through a social networking website or using another method or social media website) or otherwise use the internet for personal reasons while on working time, whether or not using Company property when such use would interfere with their work duties. Working time is defined as the time employees are expected to

be at work but does not include mealtime or authorized breaks. It is the Company's sole decision and within their sole discretion if such use interferes with an employee's job duties. Under no circumstances may an employee who has direct patient care responsibilities use the internet for any reason during working time.

Agape has access to all Company provided or owned electronic equipment and property, and reserves the right to and does, from time to time, inspect the condition of that equipment and the communications, content, data, imagery, and all other information stored on it without providing further notice to the employee. Therefore, employees should have no expectation of privacy with regard to any communications, content, data, imagery, or other information that is created, accessed, stored or viewed on Company-provided or owned electronic equipment, as such is subject to monitoring, review, and disclosure by Agape at any time.

This policy is not intended to and should not be construed as restricting employees' rights to engage in protected concerted activity under Section 7 of the National Labor Relations Act, nor will the policy be applied or enforced by Agape in such a manner.

Conflict of Interest

Agape recognizes that potential conflicts of interest may arise for some employees. Agape requires employees to disclose potential conflicts of interest to their Supervisor, Administrator or Executive Director in accordance with this policy.

■ Potential Conflicts

Notice must be provided in writing as soon as the employee recognizes that there may be a potential conflict. Potential conflicts of interest may include but are not limited to: moonlighting, second businesses, spousal or family employment or ownership with a competitor, self-employment, relationships with vendors and/or government agencies that oversee or regulate Agape's business.

Employment at Will

Employees of Agape are employed at-will. This means that either the Company or the employee may terminate the employment relationship at any time, for any or no reason, with or without cause, and without prior notice.

Employee Conduct and Work Rules

To ensure orderly operations and provide the best possible work environment, Agape expects employees to follow rules of conduct that protect the interests and safety of all employees, Agape residents, and the organization.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The following are examples of infractions of rules of conduct that may result in disciplinary action, up to and including termination of employment:

- Theft or inappropriate/unauthorized removal or possession of property belonging to the Company, fellow employees, or residents
- Falsification or misrepresentation of timekeeping records or any other Company or official documents
- Clocking in or out for another employee
- Working or engaging in Company business under the influence of alcohol or illegal drugs, or violating the Company's policies related to drug and/or alcohol use, including the Drug-Free Workplace policy
- Possession, distribution, sale, transfer, buying or use of alcohol or illegal drugs, or drugs that would impair an employee's ability to safely perform his or her job, in the workplace, while on duty, while engaged in Company business, or while operating Company owned vehicles or equipment
- Fighting, horseplay, roughhousing, making a threat, or engaging in or threatening to engage in violent or other inappropriate conduct
- Boisterous or other disruptive activity in the workplace
- Gossiping
- Negligence or improper conduct in the Company's sole discretion leading to damage of employer-owned, employee-owned, or customer-owned property or to other injury
- Insubordination, failing to follow instructions, disrespectful conduct, or any conduct which indicates, in the Company's discretion, an employee's lack of cooperation or willingness to work
- Violation of safety or health rules
- Smoking in prohibited areas
- Sexual or other unlawful or unwelcome harassment, including any violation of the Company's policy prohibiting harassment
- Possession of dangerous or unauthorized weapons or materials, such as explosives, knives, or firearms, in the workplace, while engaged in Agape company business, and/or while operating a company vehicle
- Failure to maintain proper working relationships, including the sharing of information or equipment needed by others to accomplish their work.
- Excessive absenteeism in the Company's discretion or any absence or tardiness, including absences due to inclement weather, without proper notice, late arrivals or early-outs that are excessive in the Company's discretion
- Unauthorized absence from work during the workday, interfering with the work of others
- Unauthorized use of telephones, mail system, or other employer-owned equipment or use of such items in violation of Company policy
- Unauthorized disclosure of or breach of confidentiality pertaining to Sensitive Company Information, including, without limitation, trade secrets, or confidential/proprietary information
- Unauthorized disclosure of protected health information in violation of HIPAA's requirements and provisions
- Violation of any Company policy
- Violation of Resident's and/or Patient's Rights

- Unsatisfactory performance or conduct, inability to meet performance standards, failure to perform assigned duties, loafing, loitering, wasting time during work hours, or sleeping on the job
- Dishonesty
- Falsification or misrepresentation in connection with giving reasons for absence
- Disorderly conduct, including the use of profane, abusive, or harassing language
- Engaging in outside employment without obtaining prior management approval or in any behavior or activity that would constitute a conflict of interest
- Failure to immediately report an accident or injury
- Exceeding the limits on one's authority
- Violation of the Company's Compliance Program

Separation Notice

Agape requests that all salaried employees provide thirty (30) days' advance notice prior to resignation and that hourly employees provide two (2) weeks' advance notice.

Company Property

Any property issued to the employee during their employment remains the property of Agape. Upon separation from employment, employees are required to return all Agape property in clean and good condition, free of any damage not present at time of issuance.

All Agape employees are expected to exercise care and safety in the use of all facility property, equipment and supplies. Property, equipment and supplies should be used only for the purposes for which they are intended. Deliberate misuse, abuse or damage to Agape property, equipment and supplies may be grounds for disciplinary action including termination. Employees will be expected to pay for any facility property, equipment or supplies deliberately damaged or destroyed or converted to personal use. The unauthorized removal of facility property from the premises, or its conversion to personal use is not permitted and may result in disciplinary action up to and including termination and referral to appropriate law enforcement authority.

Gifts, Gratuities, and Payments

Agape employees should not accept any gift, gratuity or payment for services from resident's, resident's family or visitors. The accepting of anything of value by an employee from a resident, family member, visitor is prohibited. Inquiries concerning gifts, gratuities or additional payment for services should be brought to the attention of the immediate supervisor, Administrator or Executive Director. Acceptance of and/or failure to discuss with the immediate Supervisor, Administrator or Executive Director

may result in disciplinary actions up to and including termination and in some instance such conduct may violate certain laws.

Customer Service

All Agape employees are expected to treat residents, residents' families and visitors, volunteers, and fellow employees with kindness, respect and dignity and uphold a positive image of Agape. Personal problems between workers, residents, resident's families and visitors, volunteers and fellow employees should be handled appropriately and discussed with your immediate supervisor when necessary. Should a resident or visitor approach an employee with a complaint, the employee should give the matter his/her immediate attention. Should an employee be unable to resolve a complaint of any kind, the employee should bring the situation to the attention of their immediate supervisor, Administrator or Executive Director. The inability to provide good customer service to resident's, resident's families and visitors, volunteers and fellow employees may result in discipline including termination.

Cell Phone Usage

Agape reserves the right to access any company issued equipment or communication device, employees should not use company systems to transmit any messages or to access any information that they would not want a third party to hear or see.

Employees should refrain from using their cell phones on the floor while attending residents/patients unless they are making an emergency call. Phones should be on vibrate during working hours. Excessive use of cell phones for personal calls during working hours may be reason for discipline up to and including termination. Excessive use is determined at the sole discretion of the Supervisor, Administrator or Executive Director.

Company issued phones are the property of Agape and are provided for business purposes. Although some personal usage is expected, abuse of personal usage, inappropriate charges for calls or requested services may be charged back to the employee at the discretion of Agape. Agape may periodically monitor the usage of the company cell phone to ensure compliance with this policy. Therefore, employees should not consider their conversations on the company's cell phone to be private. Employees should not place calls or text using cell phones or other devices while driving or fueling vehicles. Writing, sending or reading any text-based communication while operating or fueling a company vehicle is prohibited. Hands-free functionality must be utilized while operating a company vehicle. Failure to comply with the policy may result in disciplinary action up to and including termination.

Audio/Video Pictures and Recordings

Audio or video recording on company property are strictly prohibited due to privacy and/or HIPAA concerns. Devices with cameras should not be used at work to take

pictures of company information, patient/resident information or any items that would conflict with HIPAA regulations. Employees agree to respect others privacy and the privacy of the workplace. Abuse of this policy may be reason for discipline up to and including termination.

Communication with Outside Legal Counsel, Press or Media

Inquiries and statements from outside legal counsel, law enforcement, the press or media regarding Agape's official position on any matter should be immediately referred to the Administrator, Executive Director, or Regional President. This policy covers all forms of responses to the media related to the position of Agape, including off-the-record and anonymous statements.

Workplace Solicitation

To promote a professional workplace, prevent disruptions in business or interference with work, and avoid personal inconvenience, Agape has adopted rules about soliciting for any cause and distributing literature of any kind in the workplace.

Face-to-face solicitation by an employee of another employee is prohibited during the working time of either person. Working time is defined as time when an employee's duties require that he/she be engaged in work tasks and does not include rest, meal, or other authorized breaks. The physical distribution of printed materials or literature of any nature shall be limited to non-work areas during non-work times. No literature shall be posted anywhere on the premises without the authorization of your Administrator.

Employee may not solicit on company property or use company facilities or equipment, such as e-mail, voicemail or bulletin boards during working time for solicitation. This policy applies to collecting funds, requesting contributions, selling merchandise, gathering employee signatures and promoting membership in clubs or organizations.

Solicitation and distribution of material on company property by persons not employed by Agape is prohibited at all times.

Company Vehicle

All drivers of company vehicles must comply with Agape's Company Vehicle Policy.

Benefits

Below are general descriptions of benefits currently offered to eligible employees by Agape. These benefits are subject to change in Agape's sole discretion. In the event of a conflict between the content of this Handbook and any applicable plan documents, the plan documents will control.

Bereavement Leave

Any full-time employee suffering the misfortune of a death in the employee's immediate family may request bereavement leave. This leave is intended for the employee to attend the funeral or take care of matters that invariably arise with the death of a loved one.

- In the event of a death of a loved one in the employee's immediate family, the employee may be granted up to three (3) days off work with pay.
- Immediate family is defined, for purposes of this Bereavement Leave policy, as a spouse, parent, sibling, child, grandparent, or mother-in-law or father-in-law. Bereavement leave may, in some circumstances, be provided for family members other than those noted above in the sole discretion of the Administrator, Executive Director or Regional President.
- PTO may be used for additional bereavement leave when needed, if approved by the employee's Supervisor, Administrator, Executive Director or Regional President.
- Requests for bereavement leave should be made to the employee's immediate supervisor. Agape may deny any request for leave in its sole discretion.

Misrepresenting the reason for bereavement leave may be reason for discipline up to and including termination.

Paid Time Off (PTO)

PTO generally begins to accrue on an eligible employee's date of hire. Only full-time employees are currently eligible to receive PTO. After 90 days of continuous, full-time employment, eligible employees may request and use PTO for approved absences, up to the number of hours accrued at the time of the PTO request. Thereafter, on the employee's anniversary of employment with Agape, eligible employees are generally allotted additional PTO based on the number of years employed. PTO is currently provided to eligible employees as follows:

- Full-Time employees:
 - 0-1 year with Agape – 3.08 hours per pay period
 - Beginning at the start of year two through the end of year four with Agape – 4.0 hours per pay period
 - Beginning at the start of year five through the end of year eight with Agape – 4.62 hours per pay period
 - Beginning at the start of year nine and forward with Agape – 6.17 hours per pay period.
- There is no separate accrual for sick leave.

PTO Buy Back

Agape full-time hourly employees are eligible to sell back up to 40 hours of PTO time during certain times of the year. This requires prior approval from the employee's immediate supervisor.

Forfeiture of PTO

Employees may carry over up to one hundred and sixty (160) hours of PTO to the following year; however, this remains the PTO accrual maximum. Additionally, upon separation from employment for any reason, employees' accrued, unused PTO is forfeited and separating employees will not be paid for any accrued, unused PTO. Employees who give notice of their intent to resign from employment may not use PTO after such notice is provided.

Employees whose employment status is changed from full-time to part-time or PRN are no longer eligible to accrue PTO, but may maintain their previously accrued PTO and may be permitted to use it subject to obtaining prior approval from their supervisor.

Approval and Allowed Time

Employees generally may not take PTO without obtaining prior approval from their immediate supervisor. Agape may deny any PTO request in its sole discretion including, without limitation, based on business needs of the Company. For example, denial of a PTO request may be necessary because of the nature of the services provided by Agape which necessitates that all shifts be covered throughout the year. Requests for PTO for vacation or holiday purposes should be in writing and submitted to the employee's direct supervisor no later than two (2) weeks in advance of the leave sought. Requests for PTO for other purposes should be submitted as soon as is reasonably possible in advance of the leave. Employees taking PTO are required to use PTO in one-hour increments. PTO cannot be used for absences related to inclement weather. Employees must submit a practitioner excuse or have supervisor's approval to use PTO for a sick day.

Jury Duty/Subpoenas/Temporary Military Leave

Agape permits employees time off with pay when an employee is required to participate in jury duty, to attend court as a subpoenaed witness or as a party to a suit. The length of time needed should be discussed with the Administrator, Executive Director or your immediate supervisor. If subpoenaed as a witness or contacted for jury duty, the employee should notify his or her supervisor as soon as he or she receives the notice. Agape reserves the right to and may offset any payments made to the employee during the leave under this policy against wages paid to the employee by Agape during the leave. Documentation of the need for leave as described in this policy may be required from the employee in accordance with and if permitted by applicable law.

Holidays

All employees are expected to be at work as scheduled unless they have been approved for PTO. Nonexempt employees whose regularly scheduled work time falls on a recognized holiday (defined in this policy, below) will be paid time and a half for that day provided they work for a minimum of six (6) hours on the recognized holiday.

- Agape recognizes that all shifts must be covered, including holidays; therefore, it is necessary that some employees work on the recognized holidays. Agape supervisors have the discretion to schedule employees to staff these shifts appropriately.
- For the purposes of this section, recognized holidays are: New Year's Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.
- If by working the Holiday, a non-exempt employee becomes or is eligible for overtime pay, the employee will receive the overtime pay ONLY and will not receive both Holiday and overtime pay. The holiday pay is counted as overtime pay in the event that an employee works more than 40 hours in a holiday week.

Exempt employees may elect to take the day off and use their PTO (if available) or they may elect to work the holiday at their location or at another location. If an employee is scheduled to work and does not have accrued PTO time and does not show up for work, the employee will be subject to discipline up to and including termination. All arrangements for holiday schedules should be discussed with your immediate supervisor two weeks prior to the holiday.

Military or Law Enforcement Duty

Time off for military duty is provided in accordance with the provisions of applicable law. Agape requests that the employee provide notice to Agape in advance of the leave, unless providing such notice is precluded by military necessity or is otherwise impossible or unreasonable. Agape requests that the employee provide notice of intent of leave. The length of time off should be discussed with your immediate Supervisor, Administrator or Executive Director. Agape reserves the right to and may offset any payments made to the employee during the leave under this policy against wages paid to the employee during the leave. Documentation of the need for leave as described in this policy may be required from the employee in accordance with and if permitted by applicable law.

Time off is also permitted for commissioned law enforcement officers recalled or activated by the governor as required by law.

PAY POLICIES

Time Clock/Time Sheets

- It is each employee's responsibility to correctly and accurately record actual time worked. If an employee does not record time correctly for any reason, the employee must report this to his or her supervisor to correct the error on the appropriate form. Employees who fail to correctly and accurately record their time worked or who falsify information related to actual time worked may be subject to discipline, up to and including termination from employment.
- YOU MAY NOT CLOCK IN OR OUT FOR SOMEONE ELSE.
- Employees are prohibited from working off the clock. Employees also may not work without pay for another employee with that employee's login code for the purpose of swapping time or for any other purpose.
- Any violation of this policy may result in immediate termination of employment for any of the employees involved or other discipline.

Meal Time

Unless specifically informed otherwise by their supervisor, all nonexempt employees working a six (6) hour shift or more are required to take a 30 minute break. Employees working a twelve (12) hour shift are required to take two thirty (30) minute breaks not scheduled consecutively. This break is unpaid. All nonexempt employees leaving the grounds for their break must clock out at the start of the break and then back in at the end of the break.

Breaks

Breaks, other than meal time breaks referred to above are not guaranteed. If an employee's supervisor determines, in his or her sole discretion, that the employee's work load during the applicable shift permits a break, the break must be scheduled with the supervisor to assure ample coverage to the facility at all times.

Work Week

The work week for Agape is Sunday - Saturday. Pay periods encompass two work weeks; however, overtime calculations, where applicable, are calculated on a weekly basis.

Wages

Each employee's wages are individually determined between the employee and Agape Senior at the time of hire and thereafter. Agape Senior will treat each employee's pay information, rate of pay, deductions and personal information as confidential.

Pay Dates

Paychecks are distributed every other week at the end of the two-week pay period on Thursday.

Deductions

There are certain items that must, by law, be deducted from employees' gross wages:

1. Federal Insurance Contribution Act (FICA or Social Security) taxes;
2. Federal withholding tax;
3. State withholding tax; and
4. Other deductions required by law, if any.

In addition, employees may elect to have one or more additional items deducted from their gross wages:

1. Your portion of the health insurance costs;
2. 401(k) plan contributions;
3. Uniform costs; and
4. Other deductions as requested and authorized by the employee.

If an employee separates from employment and fails to return Agape equipment, or property, or otherwise fails to reimburse the Company for amounts owed (including, without limitation, overpayments), or if Agape determines an employee has stolen from the Company, such sums may be deducted from the employee's final paycheck in compliance with applicable law.

Overtime

Overtime applies and relates only to nonexempt employees. These employees are paid one and one-half (1 ½) times their regular rate for all hours worked over forty (40) in a work week. Time for which employees receive pay, but do not actually work (i.e., vacation pay, holiday pay, etc.) does not count as hours worked for purposes of calculating overtime pay.

When overtime work is required the employee is expected, at the conclusion of his or her normal work hours, to continue to perform their job on an overtime basis. Overtime work may need to be performed on Saturday, Sunday, or a holiday. Employees may volunteer for overtime; however, employee(s) are selected for overtime by Agape in its sole discretion based on various factors, including, without limitation, the work to be

performed and the skills and abilities of the employee(s). Employees who are scheduled to work overtime are expected to work those hours.

No employee may work overtime unless specifically authorized in advance by his or her supervisor or by another member of management. Any violation of this policy may lead to discipline, up to and including discharge.

Errors in Pay

Employees who believe that Agape has made a pay error, improper deduction, or overpayment involving their paycheck should report the discrepancy to their supervisor immediately. Lost checks should also be reported immediately.

Deductions from Pay of Exempt Employees

Employees in positions classified as exempt under the criteria of the Fair Labor Standards Act are not entitled to overtime pay. While exempt employees are paid on a salary basis, certain deductions from pay will not change the employee's exempt status. Such deductions include, but are not limited to, deductions for full day absences due to personal reasons, deductions for full day absences occasioned by sickness or disability when the employee has used all accrued applicable paid leave, and deductions for disciplinary suspensions of one or more full days for infractions of safety rules of major significance or infractions of workplace conduct rules.

Agape makes every effort to comply fully with the overtime provisions of the FLSA and will make only those deductions to the pay of exempt employees allowed under the Act. Improper deductions are strictly prohibited. Exempt employees should review their paychecks carefully upon receipt. Any deductions that appear to be improper should be reported immediately to the employee's Supervisor, the Payroll Coordinator, or to the Administrator or Executive Director, who will promptly review the facts and circumstances related to the deductions. Any deductions determined to be improper will be reimbursed to the employee.

Incentives

Employees who are eligible to participate in the Agape Incentive Program should meet all of the criteria outlined in the Agape Incentive Program in order to receive payment.

Safety

All employees must take steps to ensure their safety and that of the residents. Employees are required to immediately report dangerous or hazardous conditions to their Supervisor, the Administrator, Executive Director. Employees are responsible for practicing safe work habits and using equipment properly and safely on a daily basis. Failure to follow safe work practices may lead to discipline up to and including discharge.

Criminal Information

Employees are required to notify the Company of any felony conviction no later than five (5) calendar days after such conviction. Any violation of this policy may result in discipline, up to and including discharge.

Exclusion from Medicare, Medicaid or any Federal Health Care Programs

Any employee who has ever been sanctioned or reprimanded in any way by a government body related to healthcare (DHEC, DHHS, OIG, etc.), convicted of a criminal offense related to healthcare, or listed by a federal agency as debarred, excluded, or otherwise ineligible for participating in a federal funded healthcare program must immediately notify Agape.

All employees are required to disclose any participation in Medicare, Medicaid or federal health care program fraud within five (5) calendar days of exclusion on either a federal or state level. Any violation of this policy may result in discipline, up to and including discharge.

Drug-Free Workplace Policy

Agape is committed to providing a safe and productive work environment. Employees are expected to report to work each day fit to perform their jobs. To meet these objectives, as well as obligations under applicable federal and state laws, Agape has adopted a drug free workplace policy.

Driving and Parking

Everyone is expected to observe safe and courteous driving practices when entering or leaving Agape parking areas and premises. Speeding, reckless driving, and improper parking are not permitted. Keep cars locked. Agape is not responsible for damage to or theft from cars. If an accident occurs on Agape property, the employees involved must immediately report the incident to their Supervisor(s), the Administrator, Executive Director or the Fleet Manager where a Company vehicle is involved. Employees have no expectation of privacy with regard to any vehicle brought onto Company property or with regard to Company-owned vehicles. Such vehicles are subject to search by the Company at any time without further notice to employees.

Employees should refrain from parking in handicap parking unless they have a handicap certification. Employees should also refrain from parking in the parking spots closest to doors and entrances whenever possible in order to give easy access to residents and visitors.

Smoking\Tobacco Use

Agape prohibits smoking or other tobacco use by employees in the building. Such use is only permitted outside of the facility in specific designated areas and while employees are on breaks pre-approved by their supervisor. Cigarette butts and tobacco residue are to be placed in the appropriate containers provided. Smoking or other tobacco use in company vehicles is strictly prohibited. Employees violating this policy may be subject to discipline, up to and including termination, and where tobacco is used in a Company vehicle, the Company may take the vehicle away from the employee.

Accidents

If an employee has an accident while working or engaged in any duty on behalf of Agape, or if an employee is a witness to any accident to a resident, visitor, or fellow employee, the employee must immediately report the accident to their Supervisor, Administrator or Executive Director.

Failure to report in a timely manner may result in the company's inability to determine if it was a work related injury; therefore disqualifying the employee from workers compensation benefits.

Agape will only pay for medical care as a result of a work related injury to a list of pre-approved providers. Agape Senior Primary Care will provide direct oversight and will have access to all medical records of employees work related injuries

Weapons

Employees are prohibited from carrying firearms or weapons of any nature on or in Agape property, including, without limitation, facilities, office space, buildings, parking lots, grounds, and Company and personal vehicles in conjunction with applicable law. In keeping with this policy, employees may not store or carry a firearm or any other weapon in a locker, lunch box, toolbox, purse, or other personal property. Failure to comply with this policy may result in discipline, up to and including immediate termination of employment.

Inspection

Employees have no expectation of privacy in personal property brought onto Company premises or in any Company property. An employee's personal property, including, but not limited to, toolboxes, packages, purses, clothing, and vehicles, and the employee's person may be inspected upon a reasonable suspicion, in the Company's sole discretion, of unauthorized possession or theft of Company property or property of another employee or resident, weapons, or illegal drugs. Company property may also be inspected and searched by Agape at any time for any reason and without further notice to the employee. Refusal to cooperate in any such search may be grounds for discipline up to and including discharge.

GENERAL POLICIES

Equal Employment Opportunity

It is the policy of Agape to provide equal employment opportunity to all persons without regard to race, color, religion, sex (including pregnancy), national origin, age, disability, genetic information, or other legally protected classifications. This policy applies to decisions for applicants and employees, including decisions related to recruitment, hiring, placement, promotion, transfer, layoff, recall, termination, selection for Agape-sponsored training, rates of pay/compensation, benefits, and all other terms and conditions of employment. Agape will not take adverse action against an employee who makes a good faith report of a perceived violation of this policy. Any such complaints should be reported to the Administrator, Executive Director or the Regional President. The complaint will be investigated promptly. All employees are required to comply with this policy. Violations may result in discipline, up to and including immediate termination.

Anti-Harassment Policy

In the interest of providing a work environment free of unlawful harassment, Agape has established the following policy:

It is the policy of Agape to promote a productive work environment and to not tolerate verbal or physical conduct by any employee who harasses, disrupts, or interferes with another's work performance, or that creates an intimidating, offensive, or hostile working environment.

1. Employees are expected to maintain a work environment that is free from harassing or disruptive activity. No form of harassment will be tolerated, including harassment for the following reasons: race, color, sex, religion, national origin, age, disability, or other status protected by applicable state or federal law.
2. No supervisor is to threaten or insinuate, either explicitly or implicitly, that an employee's refusal or willingness to submit to sexual advances will affect the employee's terms or conditions of employment or form the basis for any employment decision affecting an individual's employment.
3. Other harassing or offensive conduct in the workplace, whether committed by supervisors, by non-supervisory employees, or by persons not employed by the Company, is also prohibited. This conduct includes but is not limited to:
 - Unwanted physical contact or conduct of any kind, including sexual flirtations, touching, advances, or propositions;
 - Verbal abuse of a sexual nature;

- Demeaning, insulting, intimidating, or sexually suggestive comments about an individual's dress or body;
 - The display in the workplace of demeaning, insulting, intimidating, or sexually suggestive objects or pictures, including nude photographs; or
 - Demeaning, insulting, intimidating, or sexually suggestive written, recorded, or electronically-transmitted messages.
4. Conduct of the kind described in items 2 and 3 above, or any other offensive conduct that is directed at an individual because of his or her race, color, national origin, age, disability, genetic information, or any other status protected by applicable state and federal law is also prohibited.
 5. Any employee who believes that the words or actions of a supervisor, another employee, or a non-employee constitute unwelcome harassment has a responsibility to report or complain about the situation as soon as possible. The report or complaint should be made either to the Administrator, Executive Director or the Regional President immediately.
 6. All complaints of harassment will be investigated promptly and in as impartial and confidential a manner as possible. Employees are required to cooperate in any investigation. A timely resolution of each complaint will be reached and communicated, when appropriate, to the parties involved. Retaliation against any employee for filing a complaint or participating in an investigation is strictly prohibited.
 7. Any employee who is found to have violated this policy will be subject to disciplinary action, up to and including termination.

Family Medical Leave Act (FMLA)

The Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 workweeks of unpaid leave for certain family and medical reasons during a 12-month period. In certain cases, employees may be eligible for up to 26 workweeks of unpaid leave to care for a covered service member during a 12-month period.

FMLA Leave Eligibility

To be eligible for leave under the FMLA, an employee must have been employed at Agape: (1) for at least 12 months; (2) for at least 1,250 hours during the 12-month period preceding the requested leave; and (3) at a location where 50 or more employees are employed by the Company within 75 miles of the worksite.

Reasons for FMLA Leave

FMLA leave may be taken for any of the following reasons: (1) the birth of your child or to care for that child, or for the placement with you of a child through adoption or foster

care or to care for the newly placed child, so long as leave is taken within one year of such birth, adoption, or placement; (2) to care for your spouse, child, or parent, if your spouse, child, or parent has a "serious health condition" as defined below; (3) your own serious health condition that causes you to be unable to work; (4) to care for your spouse, child, parent, or "next of kin" who is a "covered service member" of the Armed Forces, as those terms are defined below; and/or (5) a "qualifying exigency" resulting from a covered family member's "covered active duty" in a regular or reserve component of the Armed Forces, or as otherwise permitted by law, as those terms are defined below.

For purposes of item (2) above, your child must be either under age 18, or if older than 18 your child must be incapable of self-care because of a mental or physical disability; your in-laws are not considered your parent, but under certain circumstances your legal guardian may be.

Where you and your spouse are employed by Agape, as a couple you are entitled to a combined total of 12 weeks of FMLA leave (or 26 weeks if service member family leave is taken), not to 12 weeks each, for the birth, adoption, or placement of a child or for the care of a sick parent (or 26 weeks each in the case of service member family leave).

Serious Health Condition

A "serious health condition" is defined in regulations implementing the FMLA and includes an injury, illness, impairment, or physical or mental condition that involves "inpatient care" or "continuing treatment" by a health care provider. If you have questions about what constitutes a "serious health condition" for purposes of the FMLA, contact a member of the Human Resources Department.

Intermittent or Reduced Work Schedule Leave

Leave to care for a seriously ill spouse, child, or parent, or for your own serious health condition, may be taken intermittently or on a reduced schedule only when medically necessary.

Intermittent leave means you are off work for separate blocks of time. An example of intermittent leave would be taking every Monday and Friday off in order to undergo prescribed treatment. Reduced work schedule leave means the number of hours in a day or week is reduced in order to give you the necessary time off. An example of reduced leave would be taking off every Monday, Wednesday, and Friday at 1:00 p.m. in order to attend required physical therapy.

If you take leave intermittently or on a reduced work schedule basis, you must attempt to schedule the leave so as not to unduly disrupt Agape's operations. Agape may temporarily transfer you to an alternative position with equivalent pay and benefits for which you are qualified and which better accommodates recurring periods of leave.

Leave to care for a newborn or for a newly placed child must be taken all at once and may not be taken intermittently or on a reduced work schedule.

Leave Year

The Company uses a "rolling" 12-month period to determine your eligibility for leave on any given date. The 12-month period is measured backward from the date you want to use your FMLA leave. This means that every time you take FMLA leave, your remaining leave entitlement equals any balance of the 12 weeks that you did not use during the preceding 12 months.

Use of Paid and Unpaid Leave

If you have accrued paid leave (e.g., PTO), you must exhaust qualifying paid leave first. "Qualifying paid leave" is leave that would otherwise be available to you for the purpose for which the FMLA leave is taken.

Any paid leave used for an FMLA qualifying reason will be charged against your entitlement to FMLA leave. This includes leave for disability or workers' compensation, provided that the leave meets FMLA requirements. The substitution of paid leave for unpaid leave does not extend the 12 workweek leave period. The South Carolina Workers' Compensation Act determines whether you are entitled to payment for a job-related injury.

Maintenance of Health Benefits

Employees are entitled to continued group health insurance plan coverage during FMLA leave on the same basis as if they were actively working. You must continue to pay your portion of your insurance premium to maintain coverage.

Your portion of the insurance premium is due no later than the Company's normal paydays. If you are more than 30 days late with your payment, your insurance can be canceled. The Company will mail you a notice of nonpayment prior to terminating your coverage. The Company may, at its option, choose to keep the insurance in effect, even if you do not make the required payment. If the Company does so, it will deduct your portion of the premiums from your wages when you return to work.

In most instances, if you fail to return to work at the end of your leave, the Company will bill you for its portion of the health insurance costs it incurred while you were on leave. However, if your serious health condition or some other circumstance beyond your control is the cause of your not returning to work, the Company may or may not seek reimbursement.

You will not accrue benefits, such as PTO or holiday pay, during your leave. Any unused employment benefits that had accrued prior to the commencement of FMLA

leave will be restored upon your return.

Notice and Reporting Requirements

When leave is foreseeable (for example, for childbirth, placement of a child, planned medical treatment for you or a family member's serious health condition, or foreseeable care for a "covered service member"), you must provide Agape with at least 30 days advance notice of the anticipated timing and duration of the leave; if 30 days' advance notice is not possible, notice must be given as soon as practicable (usually the same day or the next business day after learning of the need for leave).

When the timing of the leave is not foreseeable, you must provide Agape with notice of the need for leave as soon as practicable and in accordance with our attendance policy, unless unusual circumstances prevent doing so.

Notice should normally be given in writing and set forth the following information: (1) the reason for the requested leave; (2) the expected duration of the leave; and (3) the anticipated starting date for the leave.

If you seek FMLA leave on an intermittent or reduced work schedule basis, in addition to the above information, you will need to state: (1) why the intermittent or reduced schedule is necessary; and (2) the schedule of treatment.

If you fail to give the required advance notice with no reasonable excuse, your leave may be delayed.

Once your FMLA leave begins, you generally must advise Human Resources every 30 days in writing of your status and your intention regarding returning to work.

Certifications

You may be required to submit medical certification from a health care provider to support a request for FMLA leave for you or a family member's serious health condition. Agape may also: (1) have a designated health care provider contact, or contact directly through Agape's Human Resources Department, leave administrator, or a management official other than your immediate supervisor, your health care provider in an effort to clarify or authenticate the initial certification; and/or (2) require you to obtain a second opinion by an independent provider at Agape's expense. If the initial and second certifications differ, we may, at Agape's expense, require you to obtain a third, final, and binding certification from a jointly selected health care provider.

During FMLA leave, Agape may request that you provide recertification of a serious health condition at intervals in accordance with the FMLA. Before you return to work from FMLA leave for your own serious health condition, you may be required to submit a fitness for duty certification from your health care provider. You may also be

required to submit certification for serious injury or illness of a covered service member or for qualifying exigency for military family leave.

FMLA leave or return to work may be delayed or denied if the appropriate documentation is not provided in a timely manner. Failure to provide requested documentation of the reason for an absence may lead to termination of employment.

Employment Rights Upon Return/Limitations

At the conclusion of FMLA leave, subject to some exceptions, you generally have a right to return to the same or to an equivalent position.

You are entitled to reinstatement only if you would have continued to be employed had FMLA leave not been taken.

In addition, Agape reserves the right to deny reinstatement to salaried, eligible employees who are among the highest paid 10% of Agape's employees employed within 75 miles of the worksite if such denial is necessary to prevent substantial and grievous economic injury to Agape's operations.

If you do not return to work following the conclusion of FMLA leave, you will be considered to have voluntarily resigned.

Service Member Family Leave

An eligible employee who is the spouse, child, parent or "next of kin" to a "covered service member" may be granted up to 26 weeks of unpaid job-protected leave in a single consecutive 12-month period to care for the service member. "Next of Kin" is defined as "the nearest blood relative of that individual" in the order of priority established by the regulations implementing the FMLA. A "covered service member" is defined as either of the following:

- A member of the Armed Forces, including but not limited to a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a "serious injury or illness" (as that term is defined below); or
- A Veteran (as such term is defined in Section 101 of Title 38 of the United States Code) who is undergoing medical treatment, recuperation, or therapy for a "serious injury or illness" and who was a member of the Armed Forces, including but not limited to a member of the National Guard or Reserves, at any time during the period of five (5) years preceding the date on which the Veteran undergoes such medical treatment, recuperation, or therapy (the "Five-Year Period").

For the purposes of service member family leave only, "serious injury or illness" is

defined as follows:

- In the case of a member of the Armed Forces (including but not limited to a member of the National Guard or Reserves), an injury or illness that was incurred by such service member in the line of duty while on active duty in the Armed Forces, or which existed before the beginning of such service member's active duty and which was aggravated by service in the line of duty while on active duty in the Armed Forces, and that may render such service member medically unfit to perform the duties of his or her office, grade, rank, or rating; and
- In the case of a Veteran who was member of the Armed Forces (including but not limited to a member of the National Guard or Reserves) at any time during the Five-Year Period, a "qualifying" (as such term is or may be defined by the Secretary of Labor of the United States from time to time) injury or illness that was incurred by such individual in the line of duty while on active duty in the Armed Forces, or which existed before the beginning of such individual's active duty and which was aggravated by service in the line of duty while on active duty in the Armed Forces, and that manifested itself before or after such individual became a Veteran.

Prior to granting a request for service member family leave, Agape may require the employee requesting such leave to provide certification of, among other things, the military status of the injured individual and the qualifying nature of such individual's injury or illness.

Leave to care for an injured or ill service member, when combined with other FMLA-qualifying leave, may not exceed 26 weeks in a single 12-month period. Service member FMLA leave runs concurrently with other leave entitlements provided under federal or state law.

Military Exigency Leave

An eligible employee who has a spouse, child, or parent who is (1) on "covered active duty" in the Armed Forces; or (2) has been notified of an impending call or order to "covered active duty" in the Armed Forces, may be granted up to twelve (12) weeks of unpaid job-protected leave in a single 12-month period due to a "qualifying exigency" arising therefrom.

"Covered active duty" is defined as follows:

- In the case of a member of a regular component of the Armed Forces, duty during deployment of such member with the Armed Forces to a foreign country.
- In the case of a member of a reserve component of the Armed Forces,

duty during the deployment of such member with the Armed Forces to a foreign country under a call or order to active duty under a "contingency operation" (as such term is defined in section 101(a)(13)(B) of Title 10 of the United States Code).

The use of military exigency leave, when combined with other FMLA leave (excluding in certain cases service member family leave, as set forth above) may not exceed 12 weeks of total leave in a 12-month period.

A "qualifying exigency" may include: attending certain military events; making arrangements for childcare and school activities; making financial and legal arrangements; attending certain counseling sessions; and attending and addressing post-deployment activities and issues.

Eligible employees wishing to take military exigency leave must notify Agape as soon as is practicable. Prior to granting a request for military exigency leave, Agape may require the employee to provide certification of, among other things, the existence of either the active duty (or call to active duty) of the family member and the qualifying exigency, as permitted by the FMLA.

The amount of military exigency leave available to an employee may vary, depending in part upon the type of exigency or exigencies upon which the request for leave is based. Any questions regarding military exigency leave, including what constitutes a qualifying exigency, should be directed to a member of the Human Resources Department.

Nondiscrimination/No Retaliation and Additional Information

Agape's policy is to not: (1) interfere with, restrain, or deny the exercise of any right provided under the FMLA; (2) discharge or discriminate against any person for opposing any practice made unlawful by the FMLA; or (3) discharge or discriminate against any person for his or her involvement in any proceeding under or relating to the FMLA.

For additional information about the FMLA, see the "Employee Rights and Responsibilities under the Family and Medical Leave Act" poster posted at our facility.

General Leave Policy

All leave should be coordinated through the Employee Services Department located at Agape Management Services. All needs for leave should be discussed with your immediate Supervisor, Administrator or Executive Director.

HIPAA – Health Insurance Portability and Accountability Act

Protecting the privacy of Agape residents and patients is a very serious matter and is subject to strict protection under the Health Insurance Portability and Accountability Act ("HIPAA"). Agape has adopted a policy that protects the privacy and confidentiality of protected health information (PHI) whenever it is used by company representatives and strictly governs disclosure of PHI in order to comply with HIPAA and its related laws and regulations. The private and confidential use of such information will be the responsibility of all individuals with job duties requiring or allowing access to PHI in the course of their jobs. All employees are required to undergo HIPAA training upon employment. If you have any questions relative to HIPAA, please refer to applicable policy

- PHI refers to individually identifiable health information received by the company's group health plans and/or received by a health care provider, health plan or health care clearinghouse that relates to past or present health of an individual or for payment of health care claims. PHI information includes medical conditions, health status, claims experience, medical histories, physical examinations, genetic information and evidence of disability.
- Annually, or as necessary, the company performs enrollment, changes in enrollment and payroll deductions, provides assistance in claims problem resolution and explanation of benefits issues, and assists in coordination of benefits with other providers. Some or all of these activities may require the use or transmission of PHI. Thus, all information related to these processes will be maintained in confidence and employees will not disclose PHI from these processes for employment-related actions, except as provided by administrative procedures approved by the HIPAA Privacy Officer.
- Personnel records and disclosures of PHI will be maintained for a period of six years as required by federal law, unless a state law requires a longer retention period. Records that have been maintained for the maximum interval will be destroyed in a manner to ensure that such data is not compromised in the future in accordance with the company record destruction policy.

Workers' Compensation

■ Policy

All employees are covered under the provisions of the South Carolina Workers'

Compensation Act. This Act provides for certain benefits in the event of an accident or a death occurring during the regular course of employment. It is the policy of Agape Senior, to report all work related incidents within 8 hours to immediate Supervisor, HR Coordinator, Business Office Manager and/or facility administrator.

■ Notification

It is essential that all employees be informed of the importance of reporting all incidents regardless of the seeming insignificant nature of the incident. Employees should report all injuries to their respective Supervisor, HR Coordinator, Business Office Manager and/or facility administrator immediately.

■ Reporting

To comply with Agape's workers' compensation policy, the employee and Supervisor, HR Coordinator, Business Office Manager and/or facility administrator will complete the following documents to the Workers' Compensation provider and Agape Management within 8 hours of becoming knowledgeable of the incident:

- First Report of Injury or Illness
- Agape Accident Report Form
- Medical Authorization and Consent to Release Information Form
- Employee Injury Notification Form (if applicable)
- Prescription form (if applicable)

Immediate notification to the Supervisor, HR Coordinator, Business Office Manager and/or facility administrator of any death resulting from an on-the-job incident is required.

■ Medical Treatment

When an incident results in an injury to an employee while the employee is performing the duties of his/her employment, the seriousness of the injury dictates the course of action to be taken. All incidents should be directed to Agape's designated Worker's Compensation provider. Employees should contact their immediate Supervisor or Administrator to determine the designated provider for their region.

- The Workers' Compensation Act specifies that the employer is not responsible for unauthorized medical treatment. Accordingly, the employee will be responsible for paying any unauthorized medical treatment.

■ Drug testing

Any employee involved in an incident (including but not limited to motor vehicle accidents) or work-related injury with property damage, or physical injury requiring medical attention, will be required to submit to a drug test at a facility arranged by the company. Employees who refuse or fail to submit to the tests may be terminated.

■ False claims

Falsification and abuse of Workers' Compensation claims are illegal. Any employee who falsely submits a claim of a work related incident can be held liable for fraudulent reporting. Also any employee who has knowledge of fraudulent claims should report it immediately to the appropriate Supervisor, HR Coordinator, Business Office Manager and/or facility administrator.

■ Return to Work

If a work-related injury prevents the employee from performing normal duties, Agape may provide a light-duty assignment; however, it has no obligation to do so, if a light duty assignment is not available. The employee may not return to normal duties until a release of full duty notice has been received and approved.

■ Health Benefits

An Agape employee, who is being covered under Workers Compensation and is continuing to receive compensation, will be covered under the group health benefits plan. The employee must continue to pay his or her portion of any premium for coverage of the employee, employee's spouse and/or dependents. Failure of an employee to pay his or her portion of such premiums for more than 30 days may result in a loss of coverage.

An Agape employee, who is being covered under Workers Compensation and is not continuing to receive compensation, will not be covered under the group health benefits plan but will be offered COBRA.

Agape will not negate the rights of any employee to continue medical care benefits as may be required by the group medical plan or the regulations thereunder or by ERISA.

■ Employee Responsibility

An Agape employee is responsible for obtaining and submitting all paperwork obtained from the medical provider for medical treatment to the appropriate Supervisor, HR Coordinator, Business Office Manager and/or facility administrator. This includes but is not limited to:

- Work Status Report

- Follow up appointment information
- Physicians progress note , if available
- Return to work forms

Agape employee should report all Worker's Compensation incidents immediately to their supervisor during the shift which it occurred. They should also keep their supervisor apprised of their work status, follow doctors treatment plan and stay within their medical restrictions at all times, including while at home, during light duty and during leisure activities. The employee should also advise their supervisor as soon as they have been released to return to any kind of work.

Agape employees should maintain open lines of communication regarding all treatment received during Workers' Compensation coverage.

■ Questions

Workers' Compensation is coordinated through the Employee Services Department located at Agape Management office. If you have any questions, please contact your Supervisor or Administrator or Agape Management Services.

Employee Reporting Policy

- Except as otherwise provided in this Handbook, employees are required to communicate to Agape any issue of which they become aware that meet the following guidelines:

Agape expects all employees to report any conduct or information that the employee believes may present potential or actual harm to residents or may present compliance-related risk to the Company. Employees should err on the side of calling the hotline if the employee feels there is any question. Employee participation in this process is key to the success of this Company and the care we provide to our residents and patients.

Reporting options for this obligation are as follows:

1. Employees are encouraged in the first instance to communicate all issues with their supervisor; or
2. Employees who believe a situation has arisen that needs to be immediately addressed and the supervisor is either (a) not available; (b) the issue would not be adequately addressed by contacting their supervisor; or (c) the employee does not feel comfortable speaking with the supervisor, should call (803) 404-6025 reach the Customer and Employee Relations Director's automated voicemail. The caller should leave sufficient information to properly investigate the matter,

The Customer and Employee Relations Director shall record the grievance or complaint and direct the investigation.

3. An employee wishing to remain anonymous should call the Compliance Hotline at 1-888-344-1810 and leave a message with sufficient information to investigate the matter.

Agape will strive to investigate all good faith complaints and to maintain the confidentiality of all reports to the extent practicable and in accordance with applicable law and to the extent consistent with Company safety. Agape will not retaliate against any employee who makes a good faith report pursuant to this policy.

Failure to Follow Employee Reporting Policy – Violations

Failure by an employee to report to Agape by one of the methods outlined above any issue of which he/she becomes aware, including, without limitation, potential alleged legal, abuse, and compliance issues, that an employee believes in good faith may place Agape, its staff and/or its residents at risk or that in any way may damage the organization's operations or reputation may result in disciplinary action, up to and including immediate termination.

CONCERNS MAY BE SUBMITTED ANONYMOUSLY VIA THE COMPLIANCE HOTLINE. YOU ARE NOT REQUIRED TO DISCLOSE YOUR NAME OR ANY INFORMATION ABOUT YOURSELF.

Fraud and Abuse Laws and Compliance

Agape is committed to complying with all laws and regulations which apply to its operations. As such, Agape has developed and implemented a Compliance Program. The governing document of the Compliance Program is the Code of Conduct and Compliance Program Handbook which is an integral part of your orientation to Agape. Employees should refer to the Handbook often and if you have any questions, ask your supervisor or consult the steps set forth in the Handbook. Any employee that is aware of any fraudulent act or any potential illegal or unethical act is encouraged to report it to his or her supervisor via the reporting process outlined above or the Compliance Hotline.

Stephen Smoak

From: Kelly Stone <KStone@Agapehospice.com>
Sent: Tuesday, March 06, 2018 11:55 AM
To: DeeDee Henderson; Betsy Sippel
Subject: FW: Judy, RN conversation.

This is the statement from Greg during his interaction with Judy Johnson. Betsy I will call you today to discuss. Greg shared this with me Friday out of concern and I told him this would be something I did need to follow up on. He of course is new with the company and doesn't want his feedback to get misconstrued as gossiping or starting issues with current employees. I told him the feedback he shared would stay between Dee Dee, myself and Betsy. Any further action with this employee would not involve his name and no one past us would know he shared these comments with me.

From: Gregory Charlton
Sent: Tuesday, March 6, 2018 11:48 AM
To: Kelly Stone <KStone@Agapehospice.com>
Subject: Judy, RN conversation.

Good afternoon Kelly – As per our conversation today;

Subject (Judy, RN) conversation,

During my ride along with Sara (SSA) we stopped by our Hospice House in Lexington. Goal was to give me a tour as well as introduce me to the staff.

While touring we went into one of the offices in the back where Judy (RN) was entering data for medication reconciliation into her laptop.

These are some of the things that Judy verbally expressed/communicated while Sara and I were in the office;

- Agape will not give me time off or workers comp for my shoulder injury – I am so sore and overworked
- Agape has me driving all over creation and I have to use one hand to drive
- They should close this place down – their inventory is so screwed up – cant imagine what I find at the other locations
- How many more people is Scott going to fire? Every body is fearful of their jobs
- People are walking out the door left and right – surprised you (meaning me) didn't do my research before coming on board
- Scott is so stupid – hires all these young people and friends who know nothing about what we do
- There is way too much change and it is no longer the Agape it used to be
- This company is going to Hell in a handbasket
- Closing all the ALF's was the dumbest thing anybody could have done and it really killed Agape's reputation

The statements made above is what I can remember verbatim.

Greg Charlton.

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM RICHLAND COUNTY
South Carolina Workers' Compensation Commission

R. Michael Campbell, II, Commissioner; Aisha G. Taylor, Commissioner; Susan S. Barden,
Commissioner

W.C.C. File No.: 1802954
APPELLATE CASE NO.: 2019-000869

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SC Court of Appeals

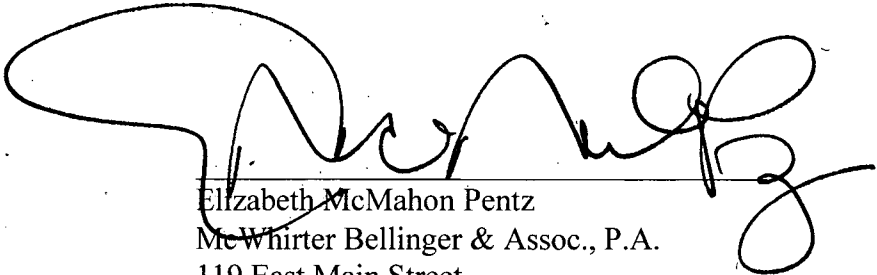
Judy Johnson, Employee, Appellant,

v.

Agape Hospice, Employer; MagMutual Insurance Company, Carrier; Respondents.

CERTIFICATE OF COUNSEL

The undersigned Counsel for the Appellant certifies that the November 19, 2019,
Record on Appeal contains all material proposed to be included by any of the parties
and not any other material.



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Attorney for Appellant, Judy Johnson

Lexington, South Carolina
November 19, 2019