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**RECEIVED**

JUL 16 2021

**SC Court of Appeals**

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM SOUTH CAROLINA  
Workers' Compensation Commission

Commissioners T. Scott Beck, R. Michael Campbell, II, and Gene McCaskill

WCC File No. 1514359

Rachel J. Turner, Employee, ..... Appellant-Respondent,

v.

Medustrial Healthcare Staffing Service and Condustrual, Inc.;  
Guarantee Insurance Company; Countrywide Staffing Solutions  
Group, Inc.; South Carolina Department of Corrections; State  
Accident Fund; and South Carolina Uninsured Employer's Fund, ..... Respondents

of which Condustrual, Inc. F/k/a Medustrial Healthcare Staffing  
Service, Employer, is the Respondent-Appellant.

**MOTION FOR PARTIAL REMAND**

Appellant-Respondent Rachel Turner hereby moves for an Order of Partial Remand to allow the Workers' Compensation Commission to rule on the Motion to Submit Additional and Newly Discovered Evidence filed by Turner with the Commission on May 4, 2021. As grounds for granting the Motion, Appellant-Respondent would show the following:

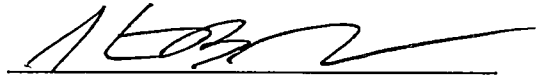
1. On April 6, 2021, the Appellate Panel of the South Carolina Workers' Compensation Commission issued a Decision and Order.
2. On April 12, 2021, Respondent-Appellant Condustrual filed a Motion for Rehearing.
3. On May 4, 2021, Appellant-Respondent Turner filed a Motion to Submit Additional and Newly Discovered Evidence. [Exhibit 1].

4. On May 14, 2021, Condustrial filed a Response to Turner's Motion.
5. On May 17, 2021, the Appellate Panel issued an Order denying Condustrial's Motion for Rehearing.
6. On June 15, 2021, Appellant-Respondent Turner filed a Notice of Appeal.
7. On June 18, 2021, Respondent-Appellant Condustrial filed a Notice of Appeal.
8. On June 23, 2021, the Appellate Panel issued an Order denying the Motion to Submit Additional and Newly Discovered Evidence as the Commission "lack[ed]" jurisdiction" due to the appeal to this Court. [Exhibit 2].
9. The Motion concerns newly discovered evidence that would, if accepted by the Commission, change the result on a central issue in this appeal, to wit: Turner's entitlement to temporary total disability compensation. Specific details are set forth in the Motion itself.
10. Under Rule 204, SCACR, the Notice of Appeal divested the Commission of jurisdiction over issues affected by the appeal. This includes the issue of additional temporary total disability addressed in the Order under appeal and raised in the Motion.
11. There is no rule governing this specific situation. Rule 241, SCACR, contemplates an order lifting a stay or supersedeas to avoid injustice. Rule 241 implicitly supports granting the relief requested in this motion. Furthermore, the Court has broad authority to provide equitable relief to avoid injustice and promote judicial economy.
12. As the Order on appeal was a final order, the parties were compelled to appeal within 30 days. Unlike a motion for reconsideration, the motion to submit additional evidence would not have stayed the time to appeal.
13. The Commission's finding that it lacks jurisdiction confirms that the issues raised in the motion and in the Notice of Appeal are interrelated. Granting the motion will promote judicial economy as once the Commission rules on the motion, all issues can be joined on appeal. Furthermore, the substantial needs of justice would be promoted by a partial remand as the Commission will be able to address whether the additional evidence changes the result and provides Turner with additional temporary total disability compensation so long as she remains disabled. As the Appellate Panel is likely to rule on the motion within 30-60 days, this appeal will not be significantly delayed.

THEREFORE, Appellant-Respondent Turner requests the Court grant the Motion for Partial Remand and issue an Order stating: (1) this matter is remanded to the Appellate Panel for the limited purpose of ruling on the Motion to Submit Additional and Newly Discovered Evidence, and if appropriate, issuing a modified Order on the merits; and (2) staying the time for filing initial briefs

until 30 days after the Commission issues its Orders.

Respectfully submitted,



Stephen B. Samuels  
SAMUELS REYNOLDS LAW FIRM, LLC  
1320 Richland Street  
Columbia, SC 29201  
(803) 779-4000  
Stephen@SamuelsReynolds.com

ATTORNEY FOR APPELLANT

July 13, 2021  
Columbia, South Carolina

# Exhibit

1



STEPHEN B. SAMUELS  
P. JASON REYNOLDS  
ATTORNEYS AT LAW

May 4, 2021

Amy Bracy, Judicial Director  
South Carolina Workers' Compensation Commission  
Post Office Box 1715  
Columbia, South Carolina 29202-1715

**Re: Rachel Turner v. SC Department of Corrections  
W.C.C. File Number: 1514359**

Dear Ms. Bracy:

Attached for filing please find *Claimant's Motion to Submit Additional and Newly Discovered Evidence* which we hereby submit on behalf of the Claimant, Ms. Rachel Turner. We have also enclosed our law firm's check made payable to the SCWCC in the amount of \$50.00 as payment for the filing fee.

By copy of this letter and attachment, we are hereby serving defense counsel with *Claimant's Motion to Submit Additional and Newly Discovered Evidence* as indicated by the attached Certificate of Service.

Thank you for your assistance in this matter. Please call us with any questions or if additional information is needed.

With kindest regards, I am

Yours very truly,

  
Stephen B. Samuels

SBS/wp

Attachment(s) as stated

cc: Erin Farthing, Esquire  
Lisa C. Glover, Esquire  
Grady L. Beard, Esquire  
George D. Gallagher, Esquire  
Gregory M. Alford, Esquire  
T. Jeff Goodwyn, Esquire  
Beth Richardson, Esquire  
James P. Newman, Jr. Esquire

WE WORK FOR THE PEOPLE WHO WORK

1320 RICHLAND STREET, COLUMBIA, SC 29201 | P: (803) 779-4000 | F: (803) 779-4004 | WWW.SAMUELSREYNOLDS.COM

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 1514359

Rachel J. Turner,

Claimant,

v.

SC Department of Corrections - Kirkland,  
Medustrial Healthcare Staffing Service,  
Condustral, Inc., and/or Countrywide  
Staffing Solutions,

Employer(s),

and

State Accident Fund, South Carolina Property  
and Casualty Guaranty Association on behalf  
of the Guarantee Insurance Company, and/or  
SC Workers' Compensation Uninsured  
Employers' Fund,

Carrier(s),

Defendants,

**CLAIMANT'S MOTION TO SUBMIT  
ADDITIONAL AND NEWLY  
DISCOVERED EVIDENCE**

Claimant, by and through her undersigned attorney, hereby submits her **CLAIMANT'S  
MOTION TO SUBMIT ADDITIONAL AND NEWLY DISCOVERED EVIDENCE**

in support of her claim for workers' compensation benefits. As grounds for granting rehearing, Claimant would show the following:

1. The Appellate Panel issued its Decision and Order on April 6, 2021 in which the Panel Affirmed in Part and Reversed in Part the Decision and Order of the Single Commissioner.
2. Defendant Condustral timely filed a MOTION TO RECONSIDER on April 12, 2021. As that motion has not been ruled upon, this matter is still pending before the Appellate Panel.

3. In the Decision and Order of the Appellate Panel, the Panel affirmed the Single Commissioner's ruling that Claimant Rachel Turner was entitled to temporary total disability compensation through September 30, 2015. The Panel denied additional compensation because this finding was based on a SOVA form filled out by Turner's family doctor stating "Patient will be totally unable to work from 09/16/2015 through 09/30/2015." [Claimant's APA page 291]. The Decision and Order further stated: "There are no other out of work notes from her family doctor, and no further SOVA forms in the record that address work ability or disability" [Order, pages 27-28, Findings of Fact G 7-8].

4. The Panel further found:

The Claimant was treated at Palmetto Day Treatment from October 21, 2015 until November 20, 2015. The Claimant asked her therapist at Palmetto on October 21, 2015 if she would be able to get a note to give to her employer excusing her from work. (Claimant's APA page 38) The counseling note states that the LMSW told patient that program therapist could provide a note signed by the doctor. The record in this case does not contain such note.

[Order, pages 29-30, Finding of Fact G 12].

5. Claimant's Counsel had previously obtained what was believed to be the entire SOVA file directly from SOVA. As noted by the Appellate Panel, that file did not contain the work note referenced in the note from the LMSW.

6. At the hearing, Turner testified that other work notes existed and that she had in fact submitted additional work notes to SOVA. She testified:

They gave me 'til my follow-up appointment. Then they would say, okay, she's still not ready to go back to work, and they would issue another one. . . . I received many of these. I received all the way until \$7,000 worth of these. Do you see what I'm saying. They maximized me out at [\$7,000]. South Carolina Association for Victim's assistance has a max out of \$7,000. But up until then I had to provide those proving that I was unable to work in order to continue funds from them.

[Tr. I, page 323, lines 8-19].

7. Turner lost all her records when she was evicted because she could not pay her rent.

She testified “I’ve lost everything.” [Tr. I, page 299, line 10]. “A lot of my stuff – most of my stuff got lost. I lost pictures of my children when they were babies, too. . . . Pretty much left with the clothes on my back and a few boxes. . . Furniture lost, car lost, everything lost.” [Tr. I, page 300, lines 4-13].

8. Upon learning of the Single Commissioner’s ruling as to the lack of additional records from SOVA, Turner personally contacted SOVA to obtain the missing out of work slips. On August 20, 2020, Turner received an email from the Compensation Recovery Coordinator at the Department of Crime Victim Compensation of the South Carolina Office of Attorney General. Attached to the email were various documents.

9. Turner reasonably presumed these documents had been sent to her attorney. However, the Compensation Recovery Coordinator misspelled the email address for her attorney’s office. The email was addressed to *records@samuelreynolds.com*. The correct address is *records@samuelsreynolds.com*. The sender left the “s” off “Samuels.” Due to the sender’s error, her attorney was unaware that these records had been sent.

10. On April 19, 2021, Turner learned that her attorney had not been sent the records in question – despite his specific records request to SOVA and her arranging for the Attorney General’s office to email their file to her attorney. She located the email from August 20, 2020 and forwarded it to her attorney on April 19, 2021.

11. The Commission’s regulations allow a party to file a motion to submit “additional evidence necessary for the completion of the record in a case on review.” S.C. Code Ann. § Reg. 67-707 A. The regulation requires:

C. The moving party must establish the new evidence is of the same nature and character required for granting a new trial and show:

(1) The evidence sought to be introduced is not evidence of a cumulative or

impeaching character but would likely have produced a different result had the evidence been procurable at the first hearing; and

(2) The evidence was not known to the moving party at the time of the first hearing, by reasonable diligence the new evidence could not have been secured, and the discovery of the new evidence is being brought to the attention of the Commission immediately upon its discovery.

S.C. Code Ann. § Reg. 67-707 C.

12. The newly discovered evidence received from the AG includes various documents such as incident reports from the Department of Corrections and additional forms from SOVA. Among those forms is a document signed by Dr. Berg stating: "Patient will be totally unable to work from 10/21/15 through 11/20/15. [Exhibit page 4]. These dates coincide with the date of Turner's next appointment with her psychiatrist and counselors. An image of this statement is shown below:

Date of crime related injury 04/05/15 (must be completed)

Briefly describe the injury/injuries sustained as a direct result of the crime: diagnosed with PTSD

**\*Treating Physician must provide a start and end date of the disability period\***

Patient will be totally unable to work from: 10/21/15 through 11/20/15

Check all that applies in accordance to the patient's ~~physical~~ <sup>mental</sup> ability:

- May resume work immediately without restrictions
- May resume work immediately with the following restrictions \_\_\_\_\_
- Patient may return to work at full capacity on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_
- Patient may return to work at partial capacity on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_
- Patient has a return appointment on (date) 11/19/15 - MD 11/20/15 - therapist  
follow up appointments with therapist/MD

Type or print Treating Physician's name Stephanie Beva MD

Phone (803) 896-87105

13. The newly discovered evidence would entitle Turner to a new trial on the issue of ongoing entitlement to TTD. The evidence is neither cumulative or impeaching. As the Commission specifically based its denial of TTD on there being no such note in the record at trial, this new evidence would likely have produced a different result had it been procurable at the first hearing.

14. The evidence was unknown to the moving party at the time. While there was testimony that this record existed from Turner and it is consistent with Dr. Berg's medical records (which state "Due to incident 9/15/15, patient had not worked since that date"), this particular work note was not included in the materials Claimant's attorney obtained from SOVA.

15. As SOVA did not provide this specific note to Claimant's attorney through the normal discovery process, the new evidence could not have been secured by reasonable diligence. Furthermore, even when Turner on her own initiative obtained the records from the Attorney General's office, the records were not sent to her attorney due to the mistake by the Attorney General. As soon as Turner learned of the error in the email address by the Attorney General, she forwarded the evidence to her attorney.

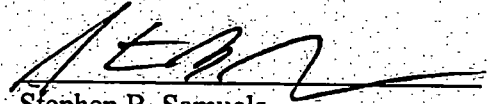
16. The new evidence is being brought to the Commission's attention immediately upon discovery.

THEREFORE, As the elements of Regulation 67-707 are satisfied, Claimant moves the Appellate Panel to receive and consider this additional evidence. Claimant consents to the evidence being forwarded via remand to the Single Commissioner or for consideration by the Appellate Panel.

**CONCLUSION**

For the foregoing reasons, the Appellate Panel should grant the Motion to Submit Additional and Newly Discovered Evidence. The evidence should be considered by the Appellate Panel or by the Single Commissioner on Remand. Following review, the Appellate Panel should also reverse in part and hold TTD must be paid on a running award from the date of the assault.

Respectfully Submitted,



Stephen B. Samuels  
SAMUELS REYNOLDS LAW FIRM, LLC  
1320 Richland Street  
Columbia, SC 29201  
(803) 779-4000

May 4, 2021  
Columbia, South Carolina

ATTORNEY FOR CLAIMANT

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO.: 1514359

Rachel J. Turner,

Claimant,

v.

SC Department of Corrections - Kirkland,  
Medustrial Healthcare Staffing Service,  
Condustral, Inc., and/or Countrywide  
Staffing Solutions,

Employer(s),

and

State Accident Fund, South Carolina Property  
and Casualty Guaranty Association on behalf  
of the Guarantee Insurance Company, and/or  
SC Workers' Compensation Uninsured  
Employers' Fund,

Carrier(s),

Defendants,

**SWORN AFFIDAVIT OF  
STEPHEN B. SAMUELS**

PERSONALLY appeared before me, Stephen B. Samuels, who first being duly sworn, deposes and says that on the 4<sup>th</sup> day of May, 2021, that he gave the following statement:

1. My name is Stephen Samuels. I am an attorney in good standing and admitted to practice in the State of South Carolina. I was admitted to the South Carolina Bar on May 11, 1997. I am an attorney with the firm of Samuels Reynolds Law Firm, LLC, with my office located at 1320 Richland Street, Columbia, SC, 29201.

2. I represent Rachel Turner in a workers' compensation case arising out of injuries Ms. Turner sustained when she was assaulted at her place of employment on September 5, 2015. I was

retained by Ms. Turner on April 14, 2016.

3. As part of my investigation of her case, records were requested from multiple sources including SOVA. At the trial of the case, we submitted the entire file from SOVA in our possession. Specifically, this included a form filled out by Turner's family doctor stating she was unable to work from September 15, 2015 through September 30, 2015. This was the only out of work document we received from SOVA.

4. At the hearing, Turner testified that other work notes existed and that she had in fact submitted additional work notes to SOVA. She testified:

They gave me 'til my follow-up appointment. Then they would say, okay, she's still not ready to go back to work, and they would issue another one. . . . I received many of these. I received all the way until \$7,000 worth of these. Do you see what I'm saying. They maximumed me out at [\$7,000]. South Carolina Association for Victim's assistance has a max out of \$7,000. But up until then I had to provide those proving that I was unable to work in order to continue funds from them.

[Tr. I, page 323, lines 8-19].

5. Turner lost all her records when she was evicted because she could not pay her rent. She testified "I've lost everything." [Tr. I, page 299, line 10]. "A lot of my stuff—most of my stuff got lost. I lost pictures of my children when they were babies, too. . . . Pretty much left with the clothes on my back and a few boxes. . . Furniture lost, car lost, everything lost." [Tr. I, page 300, lines 4-13].

6. I informed my client of the rulings from both the Single Commissioner and Appellate Panel. Upon learning of the Single Commissioner's ruling as to the lack of additional records from SOVA, Turner personally contacted SOVA to obtain the missing out of work slips. On August 20, 2020, Turner received an email from the Compensation Recovery Coordinator at the Department of Crime Victim Compensation of the South Carolina Office of Attorney General. Attached to the email were various documents.

8. Although the email containing these document was supposed to have been sent to my office, it was not received. The Compensation Recovery Coordinator misspelled the email address for my office. The email was addressed to *records@samuelreynolds.com*. The correct address is *records@samuelsreynolds.com*. The sender left the "s" off "Samuels." Due to the sender's error, both me and my client were unaware that these records had been sent.

9. On April 19, 2021, Turner learned that my office had not been sent the records in question – despite my previous specific records request to SOVA and my client arranging for the Attorney General's office to email their file to her attorney. Ms. Turner located the email from August 20, 2020 and forwarded it directly to me on April 19, 2012.

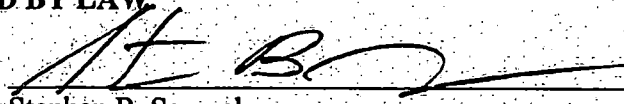
10. I reviewed the documents in question. I discovered that many of the documents had not been produced to me previously despite my due diligence in attempting to obtain them through the normal channels and methods used to obtain such documents. Among these documents is a form filled out by Dr. Stephanie Berg stated Turner was completely unable to work from October 21, 2015 through November 20, 2015. This was the first time I had seen this document and become aware that it did actually exist.

11. Upon receiving the document, I realized that it was of the nature and character that it would entitle my client to a new trial of the issue of TTD payable to her. This is true because the Commission rejected her statement that the document did exist due to its unavailability at trial. I therefore drafted and filed a Motion to Submit Additional and Newly Discovered Evidence immediately upon discovery of this evidence.

12. The new evidence is necessary to ensure a fair and just result in this case.

13. Having satisfied the elements of Regulation 67-707, I request that the Motion be granted.

"A FALSE STATEMENT CONCERNING THE FACTS CONTAINED IN THIS AFFIDAVIT MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL PENALTIES AS PROVIDED BY LAW."

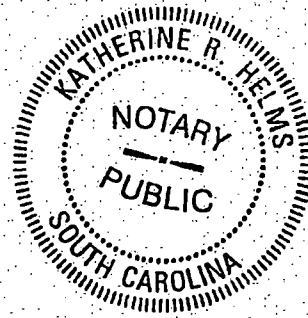
  
Stephen B. Samuels

Sworn before me this 4th

day of May, 2021

  
Katherine R. Helms  
Notary for South Carolina

My Commission Expires: 8.19.29



SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
WCC FILE NO.: 1514359

Rachel Turner,  
Claimant,  
v.

SC Department of Corrections - Kirkland,  
Medustrial Healthcare Staffing Service,  
Condustrial, Inc., and/or Countrywide Staffing  
Solutions Group, Inc.,  
Employer,

and

State Accident Fund, South Carolina Property  
and Casualty Insurance Guaranty Association on  
behalf of the Guarantee Insurance Company,  
and/or SC Workers' Compensation Uninsured  
Employers' Fund,  
Carrier,  
Defendants,

**CERTIFICATE OF SERVICE**

This is to certify that I, Wanda Powell, paralegal for the Samuels Reynolds Law Firm, LLC, have caused a copy of the following described document to be served on the following parties via electronically on the date indicated below:

Document served: **Claimant's Motion to Submit Additional and Newly Discovered Evidence**

Person(s) served: Amy Bracy, Judicial Director  
SC Workers' Compensation Commission  
Post Office Box 1715, Columbia, SC 29202-1715  
*Via US Mail*  
[abracy@wcc.sc.gov](mailto:abracy@wcc.sc.gov)  
[judicialanalysts@wcc.sc.gov](mailto:judicialanalysts@wcc.sc.gov)  
[judicial@wcc.sc.gov](mailto:judicial@wcc.sc.gov)

Erin Farthing, Esquire  
State Accident Fund  
PO Box 1166  
Lexington, SC 29071  
[efarthing@saf.sc.gov](mailto:efarthing@saf.sc.gov)  
*Via email and US Mail*

Gregory M. Alford, Esquire  
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Hilton Head Island, SC 29938  
[gregg@alfordlawsc.com](mailto:gregg@alfordlawsc.com)  
*Via email and US Mail*

Lisa C. Glover, Esquire  
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PO Box 1815  
Lexington, SC 29071  
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*Via email and US Mail*

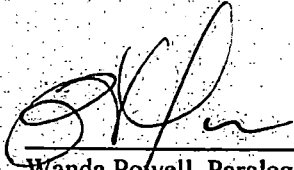
Page Two  
May 4, 2021

Beth Richardson, Esquire  
Robinson Gray Stepp & Laffitte, LLC  
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*Via email and US Mail*



---

Wanda Powell, Paralegal

May 4, 2021

## Stephen Samuels

---

**From:** rachel turner <shellyt34@gmail.com>  
**Sent:** Monday, April 19, 2021 9:37 AM  
**To:** Stephen Samuels  
**Subject:** Fwd: Rachel Turner  
**Attachments:** image001.jpg; 2014 Tax return.pdf; application.pdf; DMH letters.pdf; Incident report.pdf; Lost wages 2nd file.pdf; Lost wages.pdf; Mental Health and Lost wages report.pdf; Mental Health Counselors Report 2.pdf; Mental Health Counselors Report.pdf; Physicians Disability Report LW.pdf; Tax return 2014.pdf

----- Forwarded message -----

**From:** Armando Pons <APons@scag.gov>  
**Date:** Thu, Aug 20, 2020, 10:53 AM  
**Subject:** Rachel Turner  
**To:** [records@samuelreynolds.com](mailto:records@samuelreynolds.com) <[records@samuelreynolds.com](mailto:records@samuelreynolds.com)>  
**Cc:** [Shellyt34@gmail.com](mailto:Shellyt34@gmail.com) <[Shellyt34@gmail.com](mailto:Shellyt34@gmail.com)>

Good morning,

As per requested, if you have any question please let me know. My contact information is below.

Armando Pons

Compensation Recovery Coordinator

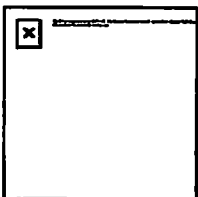
Department of Crime Victim Compensation

South Carolina Office of Attorney General

[Apons@Scag.gov](mailto:Apons@Scag.gov)

803.734.1920

803.734.1708 Fax





T R A N S M I T T A L

DATE: 11/16/15

TO: Christy

DEPARTMENT: Last wages

COMPANY: SOVA

FAX: 803-734-2261

TELEPHONE: 803-734-1900

FROM: Lauren King, LPC/I

DEPARTMENT: Day Treatment

ADDRESS: 720 Gracern Rd, Suite 120,  
Columbia SC 29210

FAX: (803) 551-1254

TELEPHONE: (803) 296-8765

PAGES INCLUDING COVER SHEET: 3

MESSAGE: \_\_\_\_\_

Rachel Turner  
# 805267

\* URGENT !!! \*

P.O. BOX 2266  
COLUMBIA, SC 29202-2266

[www.palmettohealth.org](http://www.palmettohealth.org)

NOTE: The information contained in this facsimile message is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the address at left via the U.S. Postal Service.

State Office of Victim Assistance 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 Phone: (803) 734-1900 Fax: (803) 734-2261

Today's Date 11 / 12 / 15Victim's Legal Name Rachel Jane Turner Claimant (if a different person) \_\_\_\_\_SS # (last 5 digits) 1 - 6 3 9 1Crime Date 09 / 05 / 15

To the Provider: This form is used for consideration with the initial 14 mental health session's limit. To request approval/preauthorization for payment of additional sessions, the 'Additional Counseling Sessions Request Form' must be submitted.

This form must be submitted to request approval/preauthorization for payment of counseling sessions. The treatment must be directly related to the crime on which the claim is based. The information provided must include a goal-directed treatment plan and a summary of your assessment toward meeting those goals.

Approval/preauthorization is contingent upon the rationale behind the need and the details provided.

Is the trauma and the treatment a direct result of this crime? YES  NO 

Presenting Issue: Patient was admitted into the program after (per her report) she was assaulted and held hostage at a correctional facility. Patient was diagnosed with PTSD per MD on 10/11/15.

Description of psychological trauma as related to victimization: depressed mood, anxiety with panic attacks, hypervigilance, isolating/withdrawing, crying spells, decreased sleep with nightmares, avoiding social situations and triggers (doors closing, crowds), decreased ADLs, inability to work

Type of evidence based treatment model being used: Cognitive Behavioral therapy, Dialectical Behavioral therapy, mindfulness techniques, Exposure Therapy, group therapy, individual therapy, medication management by MD.

**Payer of Last Resort Status:**

The State Office of Victim Assistance is the payer of last resort. If the victim has insurance, and the victim elects not to use his/her insurance for treatment, SOVA will not cover the cost. It is the provider's responsibility to ensure that other avenues of payments are explored and used. unlucky coverage due to lack of funds per patient report.

**The following question must be answered:** Does this victim have health insurance coverage? YES  NO  ?

If the victim has health insurance, SOVA will pay after the insurance pays. Please provide the following information along with a copy of the EOB for each DOS:

Health Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Jam King  
Authorized Signature of Treating Therapist/Counselor

LPC-1 # 5978  
License Type and Number

Margory S. [Signature]  
Supervisor's Signature

\_\_\_\_\_  
Printed Name of Payee

720 Gracorn Rd Suite 120  
Mailing Address

# 4680 LPC-5/c  
License Type and No.

(803) 296-2716  
Telephone No./Extension

Columbia, SC 29210  
City/State/Zip Code

11/16/15  
Date

FAX 803-734-2261

2015 Edition

SOVA Physician's Disability Report - Lost Wages

State Office of Victim Assistance 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 Fax#: 803.734.4022 WWW.SOVA.SC.GOV Click on payment and reimbursement guide under the "For Providers" tab for more information

Criteria for Lost Wages

There are four criteria that must be met:

- (1) Employment (2) Missed time from work (3) Reportable income & (4) Disability

Your Treating Physician must complete this form to confirm your inability to work as a direct result of the incident. Your Physician should return this form directly to our office by fax 803-734-2261 for US mail (see below for address). For questions please contact us at 803-734-1900.

Legal name of (crime victim) injured patient Rachel Jane Turner

Social Security # (Last 5 digits) 116391 Date of Birth 10/13/72

Date the patient (crime victim) was first seen by you in relation to the crime 10/21/15

Date of crime related injury 09/05/15 (must be completed)

Briefly describe the injury/injuries sustained as a direct result of the crime: diagnosed with PTSD

Treating Physician must provide a start and end date of the disability period. Patient will be totally unable to work from 10/21/15 through 11/20/15

Check all that applies in accordance to the patient's physical ability:

- May resume work immediately without restrictions
May resume work immediately with the following restrictions
Patient may return to work at full capacity on (date)
Patient may return to work at partial capacity on (date)
Patient has a return appointment on (date) 11/19/15 - MD 11/20/15 - therapist
Follow up appointments with therapist/MD

Type or print Treating Physician's name Stephanie Berg MD Phone (803) 296-8765

Signature of Treating Physician Stephanie Berg MD Date 11/16/15

Name and Address of Facility Palmetto Health Day Treatment 720 Gwacorn Rd Suite 120 Columbia, SC 29210

State Office of Victim Assistance 1205 Pendleton Street, Brown Bldg., Room 401 Columbia, South Carolina 29201

TIME RECEIVED  
November 5, 2015 11:16:37 AM EST

REMOTE CSID  
8035511254

DURATION  
286

PAGES  
9

STATUS  
Received

8035511254

10:23:27 a.m.

11-05-2015

1/9



T R A N S M I T T A L

DATE: November 5, 2015  
TO: ~~Ms. Hart~~ ms. Hart/ms. Laneau  
DEPARTMENT: \_\_\_\_\_  
COMPANY: SOVA  
FAX: 803-734-2261  
TELEPHONE: 803-734-1900

FROM: Lauren King, LPC/I  
DEPARTMENT: Day Treatment  
ADDRESS: 720 Gracern Rd. Suite 120,  
Columbia SC 29210  
FAX: (803) 551-1254  
TELEPHONE: (803) 298-8765

PAGES INCLUDING COVER SHEET: 9

MESSAGE: \_\_\_\_\_  
\_\_\_\_\_  
Rachel Turner  
\_\_\_\_\_  
Claim # 805267  
\_\_\_\_\_  
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P.O. BOX 2268  
COLUMBIA, SC 29202-2268  
[www.palmettohealth.org](http://www.palmettohealth.org)

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# SOVA Physical's Disability Report - Lost Wages Rev. 6/06

State Office of Victim Assistance • 1205 Pendleton St., Brown Bldg. Room 401, Columbia, SC 29201 • Phone: (803) 734-1900 • Fax: (803) 734-1708

An application for assistance has been filed with our office for the crime victim listed below. Please complete this form and return it to us as soon as possible; a fax is acceptable.

Full name of injured patient Rachel Jane Turner

Social Security No. ~~1 1 6 3 9 1~~ 1 1 6 3 9 1

Date of Birth 10 13 1972

Date the patient was first seen by you 09 16 2015

Diagnosis: Multiple contusions on back (middle) above left elbow on right

upper arm. Pt states hurts + back are tender + still. She is having  
issues with night sweats, sleeping and small plantar warts being difficult to  
Briefly describe extent and location of injuries: see above.

Did the patient sustain any disability?

Yes

No

(Please circle one.) NOT PERMANENT PHYSICAL  
but appears to be annoying + tender.

If yes, is the disability solely a result of this injury?

Yes

No

(Please circle one.)

Please explain: however pt states she is having mental health issues due  
to her altercation she is to file with RR in 2 weeks as well as H&C

Patient will be totally unable to work from 09 16 2015 through 09 30 2015

Patient will be partially unable to work from     through    

Has the patient been discharged from your care?

Yes

No

(Please circle one.)

Has payment been filed with any of the following?

Medicaid Yes No Policy # \_\_\_\_\_

Medicare Yes No Policy # \_\_\_\_\_

Workers' Compensation  Yes No \_\_\_\_\_

Other insurance or program Yes No Company or Agency \_\_\_\_\_

Address \_\_\_\_\_

Type or print physician's name Mary Ward AGNP-BC Phone (803) 716-1501

Signature of physician Mary Ward MD BC Date 09 16 2015

Address of physician 3316 Platt Springs RD A201A 29170

**SOVA** Employer's Report - Lost Wages / Support Rev. 6/06

State Office of Victim Assistance • 1205 Pendleton St., Brown Bldg. Room 401, Columbia, SC 29201 • Phone: (803) 734-1900 • Fax: (803) 734-1708

SOVA Claimant/Applicant filing for benefits (print full name) Rachel Jane Turner

Job Type lec. nurse Social Security No. 000000000 1 1 6 39 1 Date of Birth 10 1 13 19 72

**Employer:** An application for assistance has been filed for the person listed above.  
Please complete this form and return it to SOVA as soon as possible; a fax is acceptable.

Date the above person was first employed by you 05 1 2012

Date he/she was first absent due to crime related injuries 09 10 2015

Date he/she returned to work part time, if applicable NA

Date he/she returned to work full time NA

Date he/she was terminated, if no longer employed by you NA

**Insurance Type and Policy No.**  
Health/Medical # Consumer's Choice Disability # \_\_\_\_\_

Was this employee compensated for time absent from work? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Daily Work Schedule: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Average work hours per week \_\_\_\_\_

Average overtime per week \_\_\_\_\_

Average hourly wage \_\_\_\_\_

Overtime hourly wage \_\_\_\_\_

Gross salary per week \_\_\_\_\_

Average commissions per week \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Person Completing Form (print) \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Comments? \_\_\_\_\_

\*\*Further documentation may be required to receive lost wages/support, i.e., W-2, pay stubs, or tax returns. Wages will be offset by other sources such as annual or sick leave, social security or disability.

# SOVA Mental Health Counselor's Report

Rev. 6/06

State Office of Victim Assistance • 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 • Phone: (803) 734-1900 • Fax: (803) 734-1708

Refer to instructions and stipulations on reverse side.

Today's Date 9/18/15

Victim's Legal Name Rachel Turner Claimant (if a different person) \_\_\_\_\_

Social Security No. ~~XXXXXXXXXX~~ 116391 Crime Date 9/15/15

Is the trauma and the treatment a direct result of this crime? YES  NO

Presenting Complaint Assault

Diagnosis of Record Sleepiness, night sweats, problems in confined spaces

Description of injury and/or psychological trauma as related to victimization \_\_\_\_\_

Multiple contusion on back in middle above left elbow on right upper arm (cannot completely straighten)

HEALTH INSURANCE CARRIER	<u>ST0042294</u>
Policy #	<u>Consumer's Choice</u>
Company Name	<u>P.O. Box 91608</u>
Mailing Address or P.O. Box	<u>Wubbock, TX 79490-1606</u>
City/State/Zip Code	
(800) 580-8736	
Telephone No.	

Authorized Signature of Treating Therapist/Counselor \_\_\_\_\_ Printed Name of Payee \_\_\_\_\_ Telephone No./Extension \_\_\_\_\_

License Type and No. \_\_\_\_\_ Mailing Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ License Type and No. \_\_\_\_\_ Date \_\_\_\_\_

NOTE: SOVA does NOT act as guarantor for any services rendered.

State Office of Victim Assistance 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 Phone: (803) 734-1900 Fax: (803) 734-2261

Today's Date 11 / 12 / 15

Victim's Legal Name Rachel Jane Turner Claimant (if a different person) \_\_\_\_\_

SS # (last 5 digits) 1 - 6 3 9 1

Crime Date 09 / 05 / 15

**To the Provider: This form is used for consideration with the initial 14 mental health session's limit. To request approval/preauthorization for payment of additional sessions, the 'Additional Counseling Sessions Request Form' must be submitted.**

This form must be submitted to request approval/preauthorization for payment of counseling sessions. The treatment must be directly related to the crime on which the claim is based. The information provided must include a goal-directed treatment plan and a summary of your assessment toward meeting those goals.

Approval/preauthorization is contingent upon the rationale behind the need and the details provided.

Is the trauma and the treatment a direct result of this crime? YES  NO

Presenting Issue: Patient was admitted into the program after (per her report) she was assaulted and held hostage at a correctional facility. Patient was diagnosed with PTSD per MD on 10/11/15.

Description of psychological trauma as related to victimization: depressed mood, anxiety with panic attacks, hypervigilance, isolating/withdrawing, crying spells, decreased sleep with nightmares, avoiding social situations and triggers (doors closing, crowds), decreased ADLs, inability to work

Type of evidence based treatment model being used: Cognitive Behavioral therapy, Dialectical Behavioral therapy, mindfulness techniques, Exposure therapy, group therapy, individual therapy, medication management by MD.

**Payer of Last Resort Status:**

The State Office of Victim Assistance is the payer of last resort. If the victim has insurance, and the victim elects not to use his/her insurance for treatment, SOVA will not cover the cost. It is the provider's responsibility to ensure that other avenues of payments are explored and used. unlucky coverage due to lack of funds per patient report.

**The following question must be answered:** Does this victim have health insurance coverage? YES  NO

If the victim has health insurance, SOVA will pay after the insurance pays. Please provide the following information along with a copy of the EOB for each DOS:

Health Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Ram King  
Authorized Signature of Treating Therapist/Counselor

LPC-1 # 5978  
License Type and Number

Mary Jo S. [Signature]  
Supervisor's Signature

\_\_\_\_\_  
Printed Name of Payee

720 Graearn Rd Suite 120  
Mailing Address

# 4680 LPC-5/C  
License Type and No.

(803) 296-2716  
Telephone No./Extension

Columbia, SC 29210  
City/State/Zip Code

11/16/15  
Date

# SOVA Employer's Report - Lost Wages / Support Rev. 6/06

State Office of Victim Assistance • 1205 Pendleton St., Brown Bldg. Room 401, Columbia, SC 29201 • Phone: (803) 734-1900 • Fax: (803) 734-1708

SOVA Claimant/Applicant filing for benefits (*print full name*) Rachel Jane Turner

Job Type loc. nurse Social Security No. 000000000 1 1 6 391 Date of Birth 10 1 13 1972

**Employer:** *An application for assistance has been filed for the person listed above.  
Please complete this form and return it to SOVA as soon as possible; a fax is acceptable.*

Date the above person was first employed by you 05 1 2012  
Date he/she was first absent due to crime related injuries 09 10 2015  
Date he/she returned to work part time, if applicable NA  
Date he/she returned to work full time NA  
Date he/she was terminated, if no longer employed by you NA

**Insurance Type and Policy No.**  
Health/Medical # Consumer's Choice Disability # \_\_\_\_\_

Was this employee compensated for time absent from work? \_\_\_\_\_ If so, how much? \_\_\_\_\_  
Daily Work Schedule: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
Average work hours per week \_\_\_\_\_ Average overtime per week \_\_\_\_\_  
Average hourly wage \_\_\_\_\_ Overtime hourly wage \_\_\_\_\_  
Gross salary per week \_\_\_\_\_ Average commissions per week \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Person Completing Form (*print*) \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Comments? \_\_\_\_\_

**\*\*Further documentation may be required to receive lost wages/support, i.e., W-2, pay stubs, or tax returns. Wages will be offset by other sources such as annual or sick leave, social security or disability.**

# SOVA Mental Health Counselor's Report

Rev. 6/06

State Office of Victim Assistance ♦ 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 ♦ Phone: (803) 734-1900 ♦ Fax: (803) 734-1708

Refer to instructions and stipulations on reverse side.

Today's Date 9/18/15

Victim's Legal Name Rachel Turner Claimant (if a different person) \_\_\_\_\_

Social Security No. ~~000000~~ 116397 Crime Date 4/5/15

Is the trauma and the treatment a direct result of this crime? YES  NO \_\_\_\_\_

Presenting Complaint Assault

Diagnosis of Record Sleepiness, night sweats, problems in confined spaces

Description of injury and/or psychological trauma as related to victimization \_\_\_\_\_

Multiple contusion on back (middle) above left elbow on right upper arm (cannot completely straighten)

HEALTH INSURANCE CARRIER	<u>ST0042294</u>	
Policy #		
Company Name	<u>Consumer's Choice</u>	
Telephone No.	<u>(800) 590-8736</u>	
Mailing Address or P.O. Box	<u>P.O. Box 91609</u>	
City/State/Zip Code	<u>Wubbock, TX 79490-1606</u>	

_____ Authorized Signature of Treating Therapist/Counselor	_____ Printed Name of Payee	( ) _____ Telephone No./Extension
_____ License Type and No.	_____ Mailing Address	_____ City/State/Zip Code
_____ Supervisor's Signature	_____ License Type and No.	_____ Date

NOTE: SOVA does NOT act as guarantor for any services rendered.

Employee: Rachel Turner

135 Villa Court  
 #A  
 25170  
 W. Columbia SC  
 (707) 603-1863  
 10/13/1972  
 LPN  
 Female  
 Caucasian

TURNFACT  
 Single  
 Weekly  
 Hourly  
 In House

21099  
 \$22.00 \$27.50  
 \$33.00 \$44.00  
 \$0.00  
 0.00%  
 \$0.00



# ***Mental Health Counseling Reimbursement***

## **DEFINITION**

803-896-7250 Dana Williams

Mental health counseling for compensation purposes means "the assessment, diagnosis and treatment of an individual's mental and emotional functioning that is required to alleviate psychological trauma resulting from a compensable crime." This definition is in accordance with state statutes that afford reimbursement for medical expenses on behalf of eligible victims.

## **SUPPORTING DOCUMENTS REQUIRED**

- ◆ Mental Health Counselor's Report form must be completed by the victim's counselor and must certify whether the psychological trauma being addressed is a direct result of the crime.
- ◆ **Itemized bill in the victim's name** from the mental health counselor detailing the actual dates of service, type provided (i.e. individual, group, medication management); the CPT code assigned, and the amount charged.

## **LICENSED PROFESSIONAL**

This office provides reimbursement for trauma treatment (generally considered as a medical expense) only when such service is rendered by a professional who is licensed in a specialty which includes mental health counseling; this includes medical doctors, psychiatrists, and psychologists.

## **LIMITATIONS**

- ◆ Reimbursement amount is based on a fixed fee scale determined by this office.
- ◆ Financial aid is limited to any number of sessions within 180 days of the first charged visit (up to the allowable recovery amount including other benefits) or 20 sessions scheduled as needed for resurfacing trauma, whichever is greater.
- ◆ This office pays the outstanding balance from bills not fully covered by existing medical insurance; if a victim has private or public medical insurance, bills must first be filed with applicable companies/ carriers before submission to this office for possible payment.

State Office of Victim Assistance 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 Phone: (803) 734-1900 Fax: (803) 734-2261

Today's Date 12 / 11 / 15

Victim's Legal Name Rachel Turner Claimant (if a different person) \_\_\_\_\_

SS # (last 5 digits) <sup>(NS)</sup> 1 - 6391

Crime Date 9 / 5 / 2015

**To the Provider: This form is used for consideration with the initial 14 mental health session's limit. To request approval/preauthorization for payment of additional sessions, the 'Additional Counseling Sessions Request Form' must be submitted.**

This form must be submitted to request approval/preauthorization for payment of counseling sessions. The treatment must be directly related to the crime on which the claim is based. The information provided must include a goal-directed treatment plan and a summary of your assessment toward meeting those goals.

Approval/preauthorization is contingent upon the rationale behind the need and the details provided.

Is the trauma and the treatment a direct result of this crime? YES  NO

Presenting Issue: Post-traumatic stress disorder - generalized anxiety, fear of closed spaces and being trapped, low appetite, hopelessness, low appetite, startle response, flashbacks, nightmares + night sweats

Description of psychological trauma as related to victimization: Rachel was held hostage for 5 hours while working. She was beaten, threatened, and forced to take drugs found. Since she has lost her job and medical insurance, this furthers trauma because:

Type of evidence based treatment model being used: financial stress

trauma focused-cognitive behavioral therapy

**Payer of Last Resort Status:**

The State Office of Victim Assistance is the payer of last resort. If the victim has insurance, and the victim elects not to use his/her insurance for treatment, SOVA will not cover the cost. It is the provider's responsibility to ensure that other avenues of payments are explored and used.

**The following question must be answered:** Does this victim have health insurance coverage? YES  NO

If the victim has health insurance, SOVA will pay after the insurance pays. Please provide the following information along with a copy of the EOB for each DOS:

Health Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Mawaly Burgett, MA  
Authorized Signature of Treating Therapist/Counselor

n/a

License Type and Number

or's Signature

Susan K. Harris, EdS., LPC SC 2752

Printed Name of Payee

301 Palmetto Park Blvd

Mailing Address

License Type and No. P14

(803) 996-1500  
Telephone No./Extension

Columbia, SC 290

City/State/Zip Code

Date

12/11/15

# SOVA Physician's Disability Report - Lost Wages Rev. 6/06

State Office of Victim Assistance • 1205 Pendleton St., Brown Bldg. Room 401, Columbia, SC 29201 • Phone: (803) 734-1900 • Fax: (803) 734-1708

An application for assistance has been filed with our office for the crime victim listed below. Please complete this form and return it to us as soon as possible; a fax is acceptable.

Full name of injured patient Rachel Jane Turner

Social Security No. ~~XXXXXXXXXX~~ 1 1 6391

Date of Birth 10 113 11972

Date the patient was first seen by you 09 116 2015

Diagnosis: Multiple contusions on back (middle) above left elbow on right

upper arm. Pt. states hands + back are tender + sore. states she is having  
issues with night sweats, sleeping and small plaques that are being treated with  
 Briefly describe extent and location of injuries. see above.

Did the patient sustain any disability?

Yes  No

(Please circle one.) NOT PERMANENT PHYSICAL  
but appears to be associated + fearful.

If yes, is the disability solely a result of this injury?

Yes  No

(Please circle one.)

Please explain: however pt states she is having mental health issues due  
to her altercation she is to file with P.P. in 2 weeks. As well as H&C

Patient will be totally unable to work from 09 116 2015 through 09 130 2015

Patient will be partially unable to work from      through     

Has the patient been discharged from your care?

Yes  No

(Please circle one.)

Has payment been filed with any of the following?

Medicaid Yes No Policy # \_\_\_\_\_

Medicare Yes No Policy # \_\_\_\_\_

Workers' Compensation  Yes No

Other insurance or program Yes No Company or Agency \_\_\_\_\_

Address \_\_\_\_\_

Type or print physician's name Mary Ward AGNP-BC Phone (803) 776-1521

Signature of physician Mary Ward MD-BC Date 09 116 2015

Address of physician 3316 Platt Springs RD A201A 29170



T R A N S M I T T A L

DATE: 11/17/15

TO: \_\_\_\_\_

DEPARTMENT: Case management

COMPANY: SOVA

FAX: 803-734-2261

TELEPHONE: 803-734-1900

FROM: Lauren King, LPC/I

DEPARTMENT: Day Treatment

ADDRESS: 720 Gracem Rd, Suite 120,  
Columbia SC 29210

FAX: (803) 551-1254

TELEPHONE: (803) 296-8765

PAGES INCLUDING COVER SHEET: 6

MESSAGE: \_\_\_\_\_

\_\_\_\_\_

Rachel Turner

# 805267

\_\_\_\_\_

\* URGENT!! \*

\_\_\_\_\_

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P.O. BOX 2286

COLUMBIA, SC 29202-2286

[www.palmettohealth.org](http://www.palmettohealth.org)

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*State of South Carolina  
Department of Mental Health*

**MENTAL HEALTH COMMISSION:**

Alison Y. Evans, PsyD, Chair  
Joan Moore, Vice Chair  
Jane B. Jones  
Everard Rusledge, PhD  
J. Gordon Teay

**STATE DIRECTOR**  
John M. Magill

Lexington County Community  
Mental Health Center  
201 Palmetto Park Blvd.  
Lexington, SC 29072  
Information: (803) 696-1800  
Richard L. Acton, ACSW, Executive Director

12/11/2015

To whom it may concern:

This letter is to verify that Rachel Turner, DOB: 10/13/1972, has been a client with Lexington County Mental Health Clinic since 11/25/2015. She has seen the counselor and care coordinator since her admission date. LCCMHC is currently trying to employ another psychiatrist. The earliest appointment for the psychiatrist or nurse practitioner is 4/27/2015. Rachel has an appointment on that date at 2pm. She has been added to the emergency list for cancelled appointments. If someone were to cancel his/her appointment she will be contacted to replace their appointment time.

Thanks

*Mandy Burgett*

Mandy Burgett, Case Manager  
Mental Health Therapist II



Claim#	8052101
County	Richland
Status	PROCESSED
Owner	Cent. Location

December 28, 2015

RE: Rachel Turner

Rachel Turner attended the Palmetto Health Day Program from 10/21/15 to 11/20/15 under the care of Dr. Stephanie Berg for PTSD. At discharge, patient was recommended for continued outpatient care: Lexington County Community Mental Health.

Sincerely,

A handwritten signature in cursive script, appearing to read "Stephanie Berg".

Stephanie Berg, MD

TIME RECEIVED  
November 5, 2015 11:16:37 AM EST

REMOTE CSID  
8035511254

DURATION  
286

PAGES  
9

STATUS  
Received

8035511254

10:23:27 a.m.

11-05-2015

1/9



T R A N S M I T T A L

DATE: November 5, 2015  
TO: ~~Ms. Hart~~ ms. Hart / ms. Laneau  
DEPARTMENT: \_\_\_\_\_  
COMPANY: SOVA  
FAX: 803-734-2261  
TELEPHONE: 803-734-1900

FROM: Lauren King, LPC/I  
DEPARTMENT: Day Treatment  
ADDRESS: 720 Gracern Rd. Suite 120,  
Columbia SC 29210  
FAX: (803) 551-1254  
TELEPHONE: (803) 296-8765

PAGES INCLUDING COVER SHEET: 9

MESSAGE: \_\_\_\_\_  
\_\_\_\_\_  
Rachel Turner  
\_\_\_\_\_  
Claim # 805267  
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P.O. BOX 2266  
COLUMBIA, SC 29202-2266

[www.palmettohealth.org](http://www.palmettohealth.org)

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# SOVA Physician's Disability Report Lost Wages Rev. 6/06

State Office of Victim Assistance • 1205 Pendleton St., Brown Bldg. Room 401, Columbia, SC 29201 • Phone: (803) 734-1900 • Fax: (803) 734-1708

An application for assistance has been filed with our office for the crime victim listed below.  
Please complete this form and return it to us as soon as possible; a fax is acceptable.

Full name of injured patient Rachel Jane Turner

Social Security No. ~~000000~~ 1 1 6391

Date of Birth 10 13 1972

Date the patient was first seen by you 09 16 2015

Diagnosis: Multiple contusions on back (middle) above left elbow on right

upper arm. Pt states hands + back are tender + still sore. She is having  
trouble with right shoulder, sleeping and small plastic bags being difficult to use.  
Briefly describe extent and location of injuries: See above.

Did the patient sustain any disability? Yes  No  (Please circle one.) NOT permanent physical  
but appears to be annoying + painful.  
If yes, is the disability solely a result of this injury? Yes  No  (Please circle one.)

Please explain: however pt states she is having mental health issues due  
to her altercation she is to file with PC in 2 weeks. As well as H&K

Patient will be totally unable to work from 09 16 2015 through 09 30 2015  
Patient will be partially unable to work from     through    

Has the patient been discharged from your care? Yes  No  (Please circle one.)

Has payment been filed with any of the following?

Medicaid	Yes	No	Policy #	_____
Medicare	Yes	No	Policy #	_____
Workers' Compensation	<input checked="" type="radio"/>	No	Company or Agency	_____
Other insurance or program	Yes	No	Address	_____

Type or print physician's name Mary Ward AGNP-BC Phone (803) 736-1504

Signature of physician Mary Ward MD-BC Date 09 16 2015

Address of physician 3316 Platt Springs RD A201A 29170



# Employer's Report - Lost Wages / Support

Rev. 6/06

State Office of Victim Assistance • 1205 Pendleton St., Brown Bldg. Room 401, Columbia, SC 29201 • Phone: (803) 734-1900 • Fax: (803) 734-1708

SOVA Claimant/Applicant filing for benefits (print full name) Rachel Jane Turner

Job Type Lic. Nurse Social Security No. ~~XXXXXXXX~~ 1 1 6 3 9 1 Date of Birth 10 / 13 / 1972

**Employer: An application for assistance has been filed for the person listed above.  
Please complete this form and return it to SOVA as soon as possible; a fax is acceptable.**

Date the above person was first employed by you 05 / 1 / 2012

Date he/she was first absent due to crime related injuries 09 / 06 / 2015

Date he/she returned to work part time, if applicable NA

Date he/she returned to work full time NA

Date he/she was terminated, if no longer employed by you NA

<b>Insurance Type and Policy No.</b>	
Health/Medical # <u>Consumers Choice</u>	Disability # _____

Was this employee compensated for time absent from work? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Daily Work Schedule: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Average work hours per week \_\_\_\_\_

Average overtime per week \_\_\_\_\_

Average hourly wage \_\_\_\_\_

Overtime hourly wage \_\_\_\_\_

Gross salary per week \_\_\_\_\_

Average commissions per week \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Person Completing Form (print) \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Comments? \_\_\_\_\_

\*\*Further documentation may be required to receive lost wages/support, i.e., W-2, pay stubs, or tax returns. Wages will be offset by other sources such as annual or sick leave, social security or disability.

# SOVA Mental Health Counselor's Report

Rev. 6/06

State Office of Victim Assistance • 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 • Phone: (803) 734-1900 • Fax: (803) 734-1708

Refer to instructions and stipulations on reverse side.

Today's Date 9/18/15

Victim's Legal Name Rachel Turner Claimant (if a different person) \_\_\_\_\_

Social Security No. ~~000000~~ 11 6391 Crime Date 9/15/15

Is the trauma and the treatment a direct result of this crime? YES  NO \_\_\_\_\_

Presenting Complaint Assault

Diagnosis of Record Sleepiness, night sweats, problems in confined spaces

Description of injury and/or psychological trauma as related to victimization \_\_\_\_\_

Multiple contusion on back (middle) above left elbow on right upper arm (cannot completely straighten)

HEALTH INSURANCE CARRIER	<u>ST0042294</u>
Policy #	<u>Consumer's Choice</u>
Company Name	<u>P.O. Box 91608</u>
Mailing Address or P.O. Box	<u>Hubbard, TX 79490-1606</u>
City/State/Zip Code	
(800) 580-8736	
Telephone No.	

Authorized Signature of Treating Therapist/Counselor \_\_\_\_\_

Printed Name of Payee \_\_\_\_\_

Telephone No./Extension \_\_\_\_\_

License Type and No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

License Type and No. \_\_\_\_\_

Date \_\_\_\_\_

NOTE: SOVA does NOT act as guarantor for any services rendered.

State Office of Victim Assistance . 1205 Pendleton St., Brown Building Room 401, Columbia, SC 29201 . 1(800) 220-5370 or (803) 734-1900
Use a separate form for each person filing a claim.

SECTION 1 Person Receiving Services: Victim of family member's criminal act. Check one: Mr, Mrs, Ms. Full Legal Name of Individual Receiving Services/Benefits: Rachel Turner. Social Security #: [redacted] 6391. Date of Birth: 10-13-72. Sex: Male, Female. The person receiving services is the: Victim (as identified on the incident report upon which this claim is based) OR the Victim's: Spouse, Parent, Sibling, Child, Other. Check services requested: Medical, Counseling, Lost Wages / Support, Burial, Other.

SECTION 2 Victim Information: The Victim is the same person listed as a victim on the law enforcement incident report. Check one: Mr, Mrs, Ms. Name as it appears on the incident report: Rachel Turner. Social Security #: [redacted] 1-6391. Date of Birth: 10-13-72. Victim is: deceased, incompetent, under 17, disabled. Home Mailing Address: 135 Villas crt #A . w. Col SC 29170. Home phone #: 707-803-1963. Sex: Female, Male. Race: Caucasian, African American, Hispanic, Native American, Asian or Pacific Islander.

SECTION 3 Criminal Information: Complete only if: The Claimant is the adult assuming responsibility for crime-related bills and/or the adult that has physical custody of the victim. Check one: Mr, Mrs, Ms. Full Legal Name: Rachel Turner. Relationship to Victim: SELF. Social Security #: [redacted] 1-6391. Date of Birth: 10-13-72. Home Mailing Address: 135 Villas Crt #A . w. Col SC 29170. Home phone #: 707 803 1963.

SECTION 4 Crime Information: Attach a copy of the law enforcement incident report. If law enforcement was not contacted, an incident report was not written within 48 hours of the crime, or if you are not filing this claim with SOVA within 180 days of the crime, please explain why. Date of Crime: 9/5/15. Date Reported: 9/5/15. Law Enforcement Agency: SLED. Address of Crime: Kirland Correctional Inst. City/County: Col. SC. State: SC. Incident Report #: [redacted]. Name(s) of Offender(s): Tessler, Floyd. Was suspect arrested? Yes, No. Type of Crime and Injury Sustained: Hostage, Assault - Physical, Emotional. Relationship of Offender(s) to Victim: I'm patients. Warrant (s): [redacted]. Has this case gone to court? Yes, No. Please indicate the type of court: Magistrate, Municipal, General Sessions, PTJ. If yes, how much restitution was ordered: None or Amount Ordered \$, Amount Paid to Date \$.

**SECTION 5 Crime-Related Expense Information\*** Attach copies of itemized bills (including bills for dental services) (Form SOVA-1500)

Name of Doctor/Provider <b>Dalmetto Health &amp; Richmond EP</b>	Services Provided from (date) to (date) <b>09/05/15</b>	Phone	Fax
Counselor <b>Springdale Family Practice</b>	Services Provided from (date) to (date) <b>09/19/15</b>	Phone	Fax
General Home	Services Provided from (date) to (date)	Phone	Fax

**SECTION 6 Health Insurance / Benefits Information** Life insurance policies including Medicaid and Medicare Health Insurance must be submitted to provider.

<b>Consumers Choice</b>	<b>270642294</b>	<b>800-530-8734</b>

**SECTION 7 Lost Wages / Support Information\*** If you have not been able to work for at least two weeks in a row, submit last two paystubs. If self-employed, submit prior year's tax return.

Employer's Name <b>Modustrial</b>	Phone # <b>803-454-1378</b>	Fax #	Employee's Name <b>Rachel Turner</b>
Name & Address of Company/Business (List other employers on additional sheets)			
If injured on the job, does your employer have Workers' Compensation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Have you, or will you, file for Social Security Disability (SSDI)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is your household losing income/paychecks due to the crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Are you missing work to care for the victim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**SECTION 8 Civil Action Information** Have you hired a lawyer to settle with insurance or file a lawsuit?  Yes  No


If yes, please provide: Name of Lawyer <b>Jeremy Canape Todd Rutherford</b>	
Mailing Address	Phone # <b>770-803-2563003</b>

**SECTION 9 Referral Source Information**  Solicitor  LEVA  Hospital/Dr.  Counselor  Other

Name/Title of Professional Assisting with Application <b>SPECIAL AGENT GIANNA WILLIAMS</b>	
Phone # <b>816-7250</b>	Fax # <b>816-7259</b>
Agency/Office <b>SLFD</b>	
Mailing Address (P.O. Box or Street) <b>P.O. Box 21398</b>	
City and County <b>COLUMBIA, RICHLAND COUNTY</b>	State <b>SC</b> Zip <b>29221</b>

**SECTION 10 Legal Authorization & Signature** This document is in compliance with the HPAAs guidelines.

I understand that I am responsible for all bills and the compensation program is designated to pay certain costs not covered by another source. Submitting this application does not entitle me to benefits. I authorize the State Office of Victim Assistance (SOVA) to request, obtain, and release any information or records to determine the eligibility of my claim or to obtain restitution for a period not to exceed the full processing of this application. I further understand that there is a potential for me to no longer be protected by the Privacy Rule, and that I have the right to revoke this authorization in writing at any point I so desire. I agree to repay SOVA if I receive money from another source, up to the amount paid on my behalf. This includes any payment I may receive from the offender, any insurance policy or settlements, judgements, or civil law suits. I authorize SOVA to request and obtain any information including settlement disbursements, negotiated medical bills, and all other records related to subrogation from myself or representatives acting on my behalf. I agree to notify SOVA of any changes, such as address or phone numbers, to maintain accuracy in the processing of this claim. This information I have provided is true and correct to the best of my knowledge under penalty of law (§16-3-1280).

Original Signature of Victim/Claimant 	Date <b>9/18/15</b>
[Legal representative must sign if the Victim is under 18, legally declared incompetent or deceased.]	
Print Name of Above Victim/Claimant <b>Rachel Turner</b>	

\* See Supplemental Forms booklet ([http://www.oapp.sc.gov/sova\\_suppforms.pdf](http://www.oapp.sc.gov/sova_suppforms.pdf)) to request counseling or Lost Wages/Support

**Victim Support Checklist**

Name: Rachel Turner Claim #: 805267

County: Richland

Date Received: 9.28.15 Data Entry Date: 10.1.15

Date Screened/Reviewed: 10.5.15 Date ROA Letter Mailed: 10.5.15

Date App Returned: \_\_\_\_\_ Date Returned App Received: \_\_\_\_\_

**INCIDENT REPORT REQUEST**

Incident Report/TR-310/MAIT Included

Incident Report/TR-310/ Not Included:

1<sup>st</sup> Request Victim/Claimant Date: \_\_\_\_\_

2<sup>nd</sup> Request Date: \_\_\_\_\_ Agency/Name: \_\_\_\_\_

3<sup>rd</sup> Request Date: \_\_\_\_\_ Agency/Name: \_\_\_\_\_

MAIT Report Not Included

1<sup>st</sup> Request-Victim/Claimant Date: \_\_\_\_\_

2<sup>nd</sup> Request- 3 Months  Victim  SCHK Date: \_\_\_\_\_

3<sup>rd</sup> Request- 6 Months  SCHK Troop Date: \_\_\_\_\_

7<sup>th</sup> Month Reassign to ES Date: \_\_\_\_\_

**DOCUMENTS INCLUDED: (Check All That Apply)**

- Incident Report  TR-310  MAIT Report  Supplemental IR  Affidavit
- Warrants  LE/Referral Letters  Pictures  Voluntary Statement  Death Certificate
- Funeral Bill  Guardianship Documentation  Power of Attorney  Letter of Authorization
- Insurance Information If Applicable  Medical Claim Forms/Medical Bills

# VICTIM SUPPORT CHECKLIST

## SUPPLEMENTAL REPORTS INCLUDED: (Check All That Apply)

- Mental Health Counselors Report *(Incomplete) RB 10.11.15*     Employers Report *(Incomplete) RB 10.11.15*     Paystubs  
 Physician's Disability Report     Funeral Bill Case Status Form  
 Memorandum of Understanding     Self Employment  
 Additional Counseling Sessions Request Form     Certificate of Clinical Necessity

Other Documents Included with Application: IR from Dept. of Corrections (Victim's Employer)

Errors

## COMPANION/CROSS REFERENCE CLAIMS INFORMATION:

Name: \_\_\_\_\_ Claim #: \_\_\_\_\_  
Name: \_\_\_\_\_ Claim #: \_\_\_\_\_  
Name: \_\_\_\_\_ Claim #: \_\_\_\_\_  
Name: \_\_\_\_\_ Claim #: \_\_\_\_\_

## RETURNED APPLICATION:

\*Was the application returned?  Yes  No

If yes, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

Lead CSR Initials: \_\_\_\_\_ (If Returned)

CSR: RB

Checked by CSR Initials: RB

**McDuffie, LaToya**

---

**From:** Tom Sears <tsears@condustral.com>  
**Sent:** Tuesday, October 06, 2015 12:35 PM  
**To:** McDuffie, LaToya  
**Cc:** 'Ishoemaker'; 'Tony Durham'  
**Subject:** FW: Scanned image from Condustral Inc.  
**Attachments:** 20151006\_043446.pdf

Ms. McDuffie,

We are sending this e-mail to you at the request of Barbara Grissom with SCDC, concerning the incident with the inmates at Kirkland on 9/5/15, involving one of our contractors, Rachel Turner.

Please be advised that Ms. Turner has always been an Independent Contractor with us, since she signed up with our company in February 2013. She reaffirmed this Independent Contractor Status when she signed a SECOND Independent Contractor Agreement when she renewed her credentials in October 2014.

At no time has she ever been an employee of Medustrial or Condustral, where she has been free to turn down assignments and work with other agencies during her entire tenure.

Please advise if you need further discussion or information.  
Thank you.

Thomas M. Sears, Jr.  
General Counsel and  
Vice President of Administrative Services Condustral, Inc.  
514 E. North Street  
Greenville, SC 29601  
864-235-3619 (ofc), ext. 1102  
864-517-8845 (cell)  
864-235-4042 (fax)

The preceding e-mail message (including any attachments) contains information that may be confidential, be protected by the attorney-client or other applicable privileges, or constitute non-public information. It is intended to be conveyed only to the designated recipient(s). If you are not an intended recipient of this message, please notify the sender by replying to this message and then delete it from your system. Use, dissemination, distribution, or reproduction of this message by unintended recipients is not authorized and may be unlawful.

-----Original Message-----

**From:** [copier@condustral.com](mailto:copier@condustral.com) [mailto:[copier@condustral.com](mailto:copier@condustral.com)]  
**Sent:** Tuesday, October 06, 2015 11:35 AM  
**To:** [tsears@condustral.com](mailto:tsears@condustral.com)  
**Subject:** Scanned Image from Condustral Inc.



**Reply to:** [copier@condustral.com](mailto:copier@condustral.com) <[copier@condustral.com](mailto:copier@condustral.com)> Device Name:  
MX-2600N @ Condustral Inc.  
Device Model: MX-2600N  
Location: Copy Room

File Format: PDF MMR(G4)

Resolution: 200dpi x 200dpi

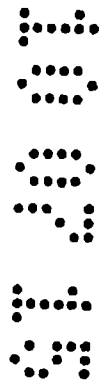
Attached file is scanned image in PDF format.

Use Acrobat(R)Reader(R) or Adobe(R)Reader(R) of Adobe Systems Incorporated to view the document.

Adobe(R)Reader(R) can be downloaded from the following URL:

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<http://www.adobe.com/>



**SOVA Compensation Claim File Log**  
**Victim: Rachel Turner**  
**Claim Number: 805267**

Created On: 10/1/2015  
Closed On:  
Created By: Regina Bynum  
Status: OPEN  
Old Claim Number:

**Victim/Claimant Information:**

Victim Address Information:  
135 Villas Court, Apartment A  
West Columbia, SC 29170-1384

Claimant Name:

What is the Claimant's Relationship to the Victim: Victim  
Services Requested: Medical, Counseling, Lost Wages/Support

**Crime Information:**

Offense: Kidnapping  
Date of Incident From: 9/5/2015 Date of Incident To: 9/5/2015 Incident Time: 02:50  
Injuries Sustained: lost wages/medical/emotional  
Premise: Other/Unknown  
Law Enforcement Agency: SC DEPT OF CORR COLUMBIA(SCD0C0000)  
Responding Officer:  
Incident Report #:  
Date Incident Report: 9/5/2015  
Incident Type: Kidnapping

**Suspect Information:**

Suspect: Wesley Floyd Dob: Sex: Male Race: Caucasian  
Relationship: Identified:  
Arrested:  
Warrant #:

**Direct/Indirect Victim Information:**

Direct Victim's Name: Rachel Turner  
Indirect Victim's Name:  
Relationship:

**Waiver Reasons:**

48 Hour Waiver Reason:  
180 Day Filing Requirement Waiver:  
Waiver Requirement Reason:  
\$100,000 Threshold:

*JS* 10.15.15

**Incident Narrative:**

-The Department of Corrections & SLED responded to a hostage situation at Kirkland R&E Center which is part of the Department of Corrections. This victim (Rachel Turner) & another employee were held hostage by the two above inmates. The officers at DOC observed nurse Rachel Turner being held by one suspect & the other suspect was trying to get into the pill room. The suspect had a sharp object held to the victims (Turners) throat. The inmates were later captured by law enforcement.

A news article in Turners file states that the officers responded to a hostage situation at Kirkland Correctional Institute. The suspects held two employees hostage at the location. The article states the employees were not seriously hurt.

(10/15/15) Talked with Sled Agent Williams who stated the above info was correct. She is not sure about the charges since these subjects have long sentences. (subjects not in the PI)

**SUBROGATION:** There is an attorney listed on the application.

**Workers Compensation:** Barbara Grissiom (advocate) left LaToya a voice message that the victim was an independent contractor & is not covered under the workers compensation program. There is a note in the file that this victim is not entitled to benefits. The application states the victim does not have workers compensation.

**NOTE:** Multiple suspects are attached to this file, but did not print. Please view the suspects screen in the system for additional suspects.

CWL

**Outcome:**

**Recommendation:** Eligible Claim

**Other:**

**Reduction:**

**Denial Code:**

**Denial Reason:**

**SOVA Information:**

**Investigator:** Charles Long

**Date:** 10/15/2015

**Approved:** Genita L. Snipes

**Date:** 10/15/2015



**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INCIDENT REPORT**

Institution/Center: Kirkland R&E Center				Date of Report: September 05, 2015	
Reporting Official (Full Name): Sgt. Kyle Betterly				Time of Report: approx. 2:30pm	
Employee ID #: 053688				Date of Incident: September 05, 2015	
Location of Incident: Unit 2 Hallway				Time of Incident: approximately 10:00am	
Inmate(s)/Resident:	SCDC#	Age	Sex	Race	Employee(s)/Witnesses Involved:
1. Clowney, Tilton	324687	BM			1. Ofc. Richard Sims
2.					2. Ofc. Tony Thomas
3.					3.
4.					4.
5.					5.
<p>On the above date and approximate time: Sgt. Kyle Betterly while responding to unit F2 arrived in the unit to see Inmate Clowney, Tilton SCDC #324687 in front of the pill room with an edged weapon in his hand. I Sgt. Betterly heard Inmate Clowney state, ya'll can't be taking those nurses", as he tried to enter the pill room. I Sgt. Betterly then approached Inmate cautiously and grabbed ahold of the inmate's right hand and I was able to subdue the inmate. I then gave him a directive to drop the weapon in which he complied. Ofc. Richard Sims picked the weapon up and secured it at this time. Inmate Clowney was then escorted to the holding cell with the assistance of Ofc. Tony Thomas.</p>					
Signature: <i>Kyle Betterly</i>			Title: <i>Sgt.</i>		
Evidence:					
Disposition of Evidence:					
Supervisor's Comments: <i>Inmate Clowney should be charged accordingly</i>					
Printed Name: <i>Yplanda Brown</i>		Date/Time: <i>approx 4:00 pm 9/5/15</i>			
Signature: <i>[Signature]</i>		Title: <i>Cpt</i>			
Major/Responsible Authority:					
Printed Name:					
Signature:		Title:		Date:	

**STG Related - Refer to STG Committee**

Yes     No     Unknown

**This incident is DRUG related**

Yes     No     Unknown

**Responsible Authority Action Taken**

Informal Resolution  
 Administrative Resolution  
 Refer to Disciplinary Hearing

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INCIDENT REPORT**

Institution/Center: Kirkland R&E Center		Date of Report: September 05, 2015
Reporting Official (Full Name): Ofc. Richard Sims		Time of Report: 10:45am
Employee ID #: 014960		Date of Incident: September 05, 2015
Location of Incident: Unit F2 Hallway		Time of Incident: approximately 10:00am
Inmate(s)/Resident: SCDC#	Age	Sex
Race		Employee(s)/Witnesses Involved:
1. Tilton, Clowney 324687	BM	1. Sgt. Kyle Betterly
2.		2. Ofc. Tony Thomas
3.		3. Ofc. Kristian James
4.		4.
5.		5.
<p><b>On the above date and approximate time:</b> While cleaning the hallway of unit F2, Inmate Tilton, Clowney SCDC #324687 attempted to get to the inmates in the pill room. Inmate Clowney showed me a weapon in his hand. At this time Sgt. Betterly took hold of Inmate Clowney while I, Ofc. Sims took the weapon from Inmate Clowney. Inmate Clowney was handcuffed and escorted to the holding cell.</p>		
<p>Signature: <i>Richard Sims</i> Title: <i>Ofc.</i></p>		
<p>Evidence:</p>		
<p>Disposition of Evidence:</p>		
<p>Supervisor's Comments: <i>DM Clowney should be charged accordingly</i></p>		<p align="center"><b>STG Related – Refer to STG Committee</b></p> <p align="center"> <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown         </p> <p align="center"><b>This incident is DRUG related</b></p> <p align="center"> <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown         </p>
<p>Printed Name: <i>Hlanda Brown</i> Title: <i>Capt</i> Date/Time: <i>9/5/15 1:00 pm</i></p>		
<p>Major/Responsible Authority:</p>		<p align="center"><b>Responsible Authority Action Taken</b></p> <p align="center"> <input type="checkbox"/> Informal Resolution  <input type="checkbox"/> Administrative Resolution  <input type="checkbox"/> Refer to Disciplinary Hearing         </p>
<p>Printed Name:</p>		
<p>Signature:                      Title:                      Date:</p>		

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INCIDENT REPORT**

Institution/Center: Kirkland R&E Center				Date of Report: September 05, 2015	
Reporting Official (Full Name): Ofc. Kristian James				Time of Report: approx. 2:15pm	
Employee ID #: 055731				Date of Incident: September 05, 2015	
Location of Incident: Unit F2 Hallway				Time of Incident: approximately 10:00am	
Inmate(s)/Resident: SCDC#		Age	Sex	Race	Employee(s)/Witnesses Involved:
1. Floyd, Wesley 147442		WM			1. Ofc. Richard Sims
2. Tessner, Eric Dale 317137		WM			2. Ofc. Tony Thomas
3. Clowney, Tilton 324687		BM			3. Sgt. Kyle Betterly
4.					4. Lt. Travis Pressley
5.					5. Nurse Rachel Turner
<p>On the above date and approximate time, Ofc. Kristian James after conducting a security check in unit F2 A-wing was alerted by inmates screaming that I needed to report to the hallway. I Ofc. K. James ran into the hallway and observed Inmate Tessner, Eric Dale SCDC #317137 holding Nurse Rachel Turner in a choke hold with a long sharp object to her throat. At this time Inmate Clowney, Tilton SCDC #324687 was trying to gain entrance to the pill room with a sharp object in his hand stating, "It's not going down like this". Sgt. Betterly then subdued the inmate and myself along with Ofc. Tony Thomas assisted in restraining inmate Clowney. Once Inmate Clowney was removed from the area. Lt. Travis Pressley to report back on the wing because Inmate Floyd, Wesley SCDC #147442 had requested that only Lt. Pressley be in the hallway. ---End of Report---</p>					
Signature: <i>Ofc. Kristian James</i>				Title: <i>Correctional Officer - 2</i>	
Evidence:					
Disposition of Evidence:					

Supervisor's Comments: *The above listed DM should be charged*

Printed Name: *Yolanda Brown* Title: *Cpt* Date/Time: *approx 1:30p 9/5/15*

Signature: *[Signature]*

Major Responsible Authority:

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**STG Related - Refer to STG Committee**

Yes     No     Unknown

**This incident is DRUG related**

Yes     No     Unknown

**Responsible Authority Action Taken**

Informal Resolution  
 Administrative Resolution  
 Refer to Disciplinary Hearing



**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INCIDENT REPORT**

Institution/Center: Kirkland R&E Center		Date of Report: September 05, 2015
Reporting Official (Full Name): Sgt. Kyle Betterly		Time of Report: approx. 2:50pm
Employee ID #: 053688		Date of Incident: September 05, 2015
Location of Incident: Unit F2 Hallway		Time of Incident: approx. 10:05am
Inmate(s)/Resident: SCDCH	Age	Sex
		Race
1. Floyd, Wesley 147442 WM	Employee(s)/Witnesses Involved:	
2. Tessner, Eric 317137 WM	1. Lt. Travis Pressley	
3.	2.	
4.	3.	
5.	4.	
	5.	
<p><b>On the above date and approximate time:</b> After the hallway of F2 was cleared of inmates I, Sgt. Kyle Betterly observed 2 inmates had taken control of the F2 pillroom with 2 nurses. Lt. Travis Pressley was in front of the pill room speaking with the inmates. I then contacted the control room to inform them of the situation when I heard one of the inmates state that he did not want to see anyone in the hallway but Lt. Pressley. Lt. Pressley then instructed me to step on the a-wing. I then confirmed the names of the 2 inmates involved. The inmates were: Wesley Floyd SCDCH #147442 and Eric Tessner SCDCH #317137.</p>		
<p align="right">•••••</p> <p align="right">•••••</p> <p align="right">•••••</p> <p align="right">•••••</p> <p align="right">•••••</p> <p align="right">•••••</p> <p align="right">•••••</p> <p align="right">•••••</p>		
Signature: <i>K Betterly</i>	Title: Sgt.	
Evidence:		
Disposition of Evidence:		
Supervisor's Comments: <i>Forwarded to Major Jackson</i>		
Printed Name: <i>Wanda Brown</i>		
Signature: <i>[Signature]</i>	Title: <i>Cpt</i>	Date/Time: <i>9/5/15</i>
Major/Responsible Authority:		
Printed Name:		
Signature:	Title:	Date:

**STG Related - Refer to STG Committee**

Yes     No     Unknown

**This incident is DRUG related**

Yes     No     Unknown

**Responsible Authority Action Taken**

Informal Resolution  
 Administrative Resolution  
 Refer to Disciplinary Hearing



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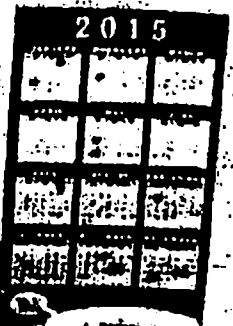
2015/09/05



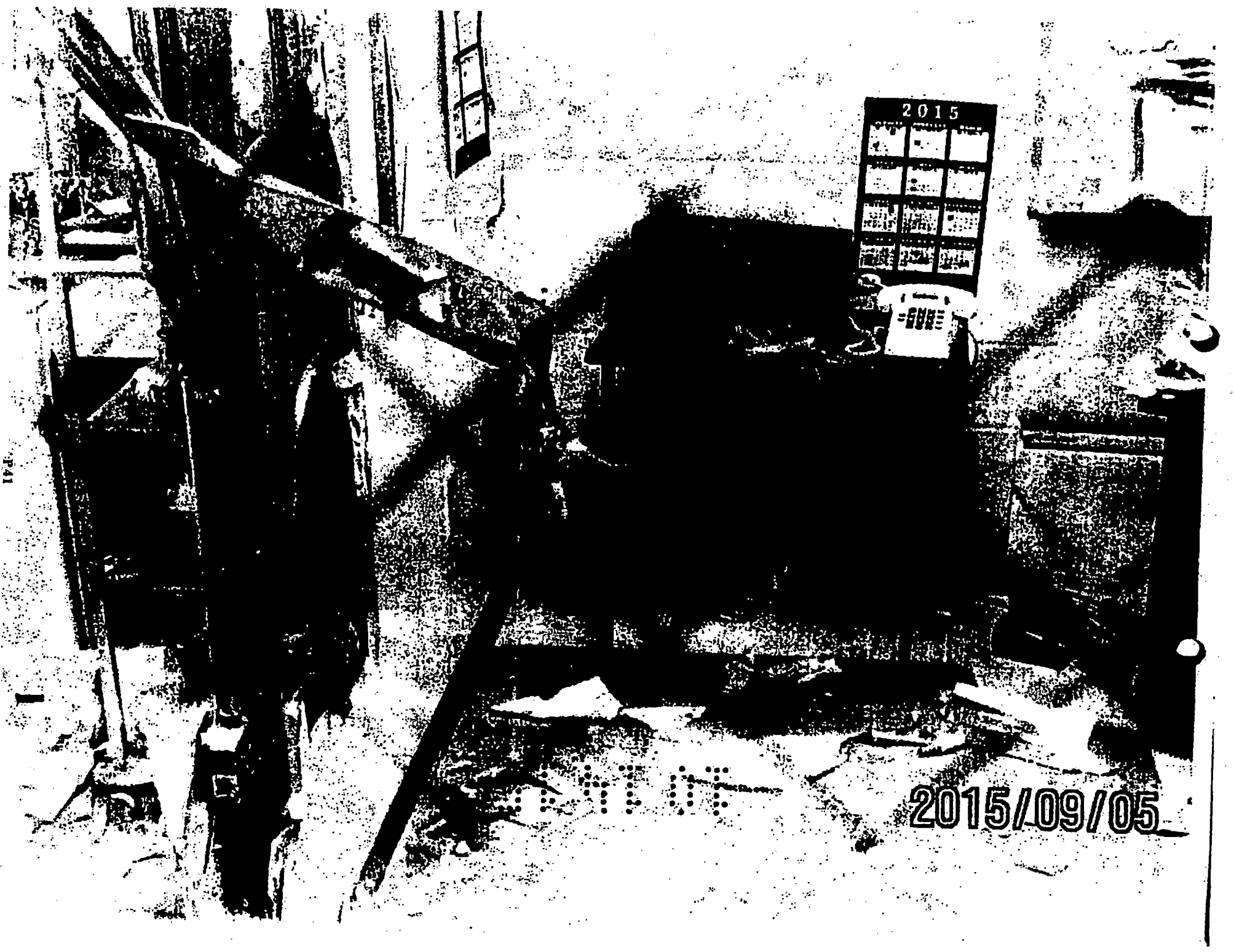
P39

2015/09/05

P40



2015/09/05




441

2015

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31					

666

2015/09/05



Evidence

2015/09/05

**SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
JUDICIAL CONFERENCE DECISION AND ORDER**

**Rachel Turner v SC Dept. of Correction**

**SCWCC: 1514359**

**Commissioner: James**

**Panel : Beck, Campbell, McCaskill**

This matter was heard before the South Carolina Workers' Compensation Full Commission in Judicial Conference on a **Motion to Submit Additional and Newly Discovered Evidence**. The Commissioners considered the matter and ordered the matter handled in the following manner:

**IT IS, THEREFORE, ORDERED** the pending appeal of the Administrative Order of the Commission is hereby;  
\_\_\_\_\_ Dismissed as Interlocutory. \_\_\_\_\_ Set for Oral Argument.

**IT IS, THEREFORE, ORDERED** the pending motion be, and hereby is;  
\_\_\_\_\_ Granted.  Denied. \_\_\_\_\_ Dismissed \_\_\_\_\_ Preserved for hearing

*Lack Jurisdiction*

**BEFORE THE;**  
\_\_\_\_\_ Hearing Comm. \_\_\_\_\_ Jurisdictional Comm. \_\_\_\_\_ Full Commission.


**IT IS, THEREFORE, ORDERED** this matter be, and hereby is; remanded to take such action and enter an Order consistent with the Court's directive.

\_\_\_\_\_ Remand to Panel as indicated below.  
\_\_\_\_\_ Barden \_\_\_\_\_ James \_\_\_\_\_ Taylor  
\_\_\_\_\_ Beck \_\_\_\_\_ Campbell \_\_\_\_\_ Wilkerson  
\_\_\_\_\_ McCaskill

\_\_\_\_\_ Remand for Order consistent with the Order of the Court.  
\_\_\_\_\_ Remand to the Hearing Commissioner.  
\_\_\_\_\_ Remand to the Jurisdictional Commissioner.  
\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Remand: \_\_\_\_\_ Panel Oral Argument. \_\_\_\_\_ En Banc Oral Argument.

**AND IT IS SO ORDERED.**

  
**T. Scott Beck, Chair  
For the Commission**

Columbia, South Carolina  
*6/21/2021*  
Date

**CONCURRING:**

Commissioner Susan S. Barden  
Commissioner Melody James  
Commissioner Aisha Taylor  
Commissioner Avery Wilkerson  
Commissioner Michael Campbell  
Commissioner Gene McCaskill

**NOT PARTICIPATING:**

\_\_\_\_\_  
x  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISSENTING:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF SERVICE**

**THIS IS TO CERTIFY THE UNDERSIGNED HAS THIS DATE SERVED THIS ORDER IN THE ABOVE ENTITLED ACTION UPON ALL PARTIES ELECTRONICALLY OR BY DEPOSITING A COPY HEREOF, POSTAGE PAID, IN THE UNITED STATES MAIL**

This *4* day of *June*, 2021.

By: *Valerie A. Seltzer*  
SCWCC Judicial Department

**Order Served via E-Mail:**

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**Order Served via USPS:**

<p>MEDUSTRIAL HEALTHCARE STAFFING SERVICE 810 DUTCH SQUARE BLVD STE 119 COLUMBIA, SC 29210</p>	
<p>CONUSTRIAL, INC. 514 E N ST GREENVILLE, SC 29601</p> <p>Stephen B. Samuels Samuels Reynolds Law Firm 1320 Richland Street Columbia, SC 29201</p>	
<p>Erin Farthing State Accident Fund PO Box 1166 Lexington, SC 29071</p> <p>Beth Richardson Robinson Gray Stepp &amp; Laffitte, LLC PO Box 11449 Columbia, SC 29211</p> <p>Grady L. Beard Robinson Gray Stepp &amp; Laffitte, LLC PO Box 11449 Columbia, SC 29211</p> <p>Lisa C. Glover SC Uninsured Employers' Fund P:O Box 1815 Lexington, SC 29071</p>	

James P. Newman, Jr  
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PO Drawer 8008  
HILTON HEAD ISLAND, SC 29938

T. Jeff Goodwyn Jr  
Attorney at Law  
2309 Devine Street  
COLUMBIA, SC 29205

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

**RECEIVED**

JUL 16 2021

**SC Court of Appeals**

APPEAL FROM SOUTH CAROLINA  
Workers' Compensation Commission

Commissioners T. Scott Beck, R. Michael Campbell, II, and Gene McCaskill

WCC File No. 1514359

Rachel J. Turner, Employee, . . . . . Appellant-Respondent,

v.

Medustrial Healthcare Staffing Service and Condustrual, Inc.;  
Guarantee Insurance Company; Countrywide Staffing Solutions  
Group, Inc.; South Carolina Department of Corrections; State  
Accident Fund; and South Carolina Uninsured Employer's Fund, . . . Respondents

of which Condustrual, Inc. F/k/a Medustrial Healthcare Staffing  
Service, Employer, is the Respondent-Appellant.

**PROOF OF SERVICE**

I certify that I, Wanda Powell, Paralegal to Stephen B. Samuels have caused  
the **Proof of Service** to be served on the parties below, by placing a copy of the same  
in the United States mail, with sufficient postage affixed thereto and return address  
clearly marked on the date indicated below, addressed as follows:

Erin Farthing, Esquire  
State Accident Fund  
PO Box 1166  
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[efarthing@saf.sc.gov](mailto:efarthing@saf.sc.gov)

Gregory M. Alford, Esquire  
PO Drawer 8008  
Hilton Head Island, SC 29938  
[gregg@alfordlawsc.com](mailto:gregg@alfordlawsc.com)

Lisa C. Glover, Esquire  
SC Uninsured Employers' Fund  
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[lglover@saf.sc.gov](mailto:lglover@saf.sc.gov)

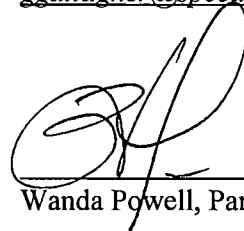
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[ggallagher@speed-seta.com](mailto:ggallagher@speed-seta.com)

A handwritten signature in black ink, appearing to be 'Wanda Powell', written over a horizontal line.

Wanda Powell, Paralegal

July 13, 2021



STEPHEN B. SAMUELS  
P. JASON REYNOLDS  
ATTORNEYS AT LAW

July 13, 2021

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JUL 16 2021

**SC Court of Appeals**

The Honorable Jenny Abbott Kitchings  
Clerk of the South Carolina Court of Appeals  
1220 Senate Street  
Columbia, South Carolina 29201

RE: Rachel J. Turner v. Medustrial Healthcare Staffing Service and Condustrual, Inc.  
WCC File No.: 1514359

Dear Ms. Kitchings:

Attached for filing please find Appellant-Respondent's *Motion for Partial Remand* regarding the above referenced matter. I have also attached our firm's check for Fifty (\$50.00) Dollars as payment of the required filing fee.

By copy of this letter, we are hereby serving counsel of record as indicated by the attached Proof of Service. Please have your staff return to us a clocked-in copy of the *Motion for Partial Remand*.

Thank you for your consideration in this matter. Please contact us with any questions or if further information is needed from our office.

With kindest regards, I am

Respectfully,

Stephen B. Samuels

SBS/wp

Enclosure(s) as stated

cc: Erin Farthing, Esquire  
James P. Newman, Jr., Esquire  
Lisa C. Glover, Esquire  
Grady L. Beard, Esquire  
Gregory M. Alford, Esquire  
George D. Gallagher, Esquire  
Beth Richardson, Esquire  
T. Jeff Goodwyn, Esquire

WE WORK FOR THE PEOPLE WHO WORK

1320 RICHLAND STREET, COLUMBIA, SC 29201 | P: (803) 779.4000 | F: (803) 779.4004 | WWW.SAMUELSREYNOLDS.COM



1320 RICHLAND STREET  
COLUMBIA, SC 29201

**RECEIVED**  
JUL 16 2021  
SC Court of Appeals

The Honorable Jenny Abbott Kitchings  
Clerk of the South Carolina Court of Appeals  
1220 Senate Street  
Columbia, South Carolina 29201

