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SC Court of Appeals

IN THE SOUTH CAROLINA APPEALS
APPEAL FROM GREENVILLE COUNTY

The Honorable **J. Mark Hayes, II**,
Presiding Circuit Judge, Thirteenth Judicial Circuit
Court of Common Pleas

Appellate Case No. 2020-001361

Oshaun J. Robinson, #327798

Respondent,

v.

State of South Carolina,

Petitioner

PETITION FOR AN APPEAL BOND
PENDING A DECISION ON PETITIONER'S
PENDING APPEAL FROM THE ORDER OF THE LOWER COURT
GRANTING RESPONDENT A NEW TRIAL

NOW COMES the Respondent in the above captioned PCR Appeal, acting by and through his undersigned appellate counsel, seeking this Honorable Court's Order granting him an appeal bond pursuant to **Rule 243 (k), SCACR, and *State v. Whitener*, 225 S.C. 244, 81 S.E.2d 784(1954)**. In support of this prayer, he would show unto this Court the following.

I.

PROCEDURAL HISTORY

This case involved an appeal by the State from an Order granting Respondent relief in a Post-Conviction action. This Application for Post-Conviction Relief (hereafter PCR) was filed on April 25, 2017 and docketed at 2017-CP-23-02653. Respondent served its Return and Motion

to Dismiss on November 2, 2018. A Conditional Order of Dismissal was entered on that PCR action on November 9, 2018. Respondent filed a timely Response to said Conditional Order of Dismissal on December 12, 2018. By way of a Form 4 Order issued by the Court on December 27, 2018, Respondent was granted a hearing. Said Order did not specify whether the matter was to be set for an evidentiary hearing on the merits of Respondent's claims, or, whether the sole issue before the Court was to be whether Respondent should be allowed to proceed with a full PCR action at some point in the future. *See*, Form 4 Order dated December 27, 2018, entered by the Honorable Perry H. Gravely, Chief Administrative Judge. **App. pp. 610 – 611.** Following that order, a hearing was convened before the Honorable Alex Kinlaw, presiding circuit court judge, on this matter on April 15 and 17, 2019. **App. pp. 612 – 676.** Respondent was present at these proceedings and was represented by undersigned counsel, Tara Dawn Shurling, of the Richland County Bar. Petitioner was represented by Samuel L. Key, then Assistant Attorney General. Respondent testified on his own behalf at this hearing and additionally presented testimony from Plea Counsel, Andrew Burke Moorman. As previously noted, Attorney Moorman had also represented Respondent at his jury trial approximately seven (7) weeks prior to the guilty pleas at issue in this PCR action. In addition to that testimony, Judge Kinlaw had before him a copy of the records of the Greenville County Clerk of Court regarding the subject's convictions and sentences, a copy of Respondent's records from the South Carolina Department of Corrections and the pleadings in this matter and the orders previously filed in connection with this PCR action. Judge Kinlaw also had before him copies of the exhibits introduced by Respondent during the April, 2019, proceedings held on Respondent's Motion to Dismiss. The records of the Greenville County Clerk of Court indicate that the exhibits introduced during the April, 2019, proceedings were filed on April 17, 2019. By Order filed

August 22, 2019, the Conditional Order of Dismissal in this matter was vacated. Respondent's Motion to Dismiss was denied. **App. pp. 815 – 823.**

An evidentiary hearing was convened before this Court on January 22, 2020. Respondent was present for this proceeding and was once again represented by undersigned counsel, Tara Dawn Shurling, Esquire. Likewise, Respondent was again represented by Samuel L. Key, Assistant Attorney General. At the outset of this proceeding, the parties requested that this Court incorporate by reference the testimony heard at the previous hearing before Judge Kinlaw. The parties further agreed that, with certain minor exceptions, that testimony would be accepted by this Court in lieu of testimony from Respondent and Plea Counsel, Andrew Morton. Exhibits introduced during that proceeding were filed on January 22, 2020 and included a transcript of the April, 2019, proceedings. On February 6, 2020, a Form 4 Order was entered directing both sides to file Proposed Orders in this matter. In said Order, the PCR Judge expressly found that the testimony of both Respondent and Plea Counsel appeared believable and was consistent with the transcript of the testimony heard at the April, 2019 proceedings. **App. pp. 815 – 823.**

Respondent's current Application for PCR addressed his claims that he received ineffective assistance of counsel prior to and during his guilty pleas approximately seven weeks after his jury trial. He further asserted that he was advised by Defense Counsel to plead guilty to the charges addressed in this Application, but that he was given very limited advice concerning the terms of his pleas, and the potential consequences of his pleas in relation to the judgments and sentences entered at his jury trial. He sought a reversal of the judgments and sentences entered pursuant to his pleas of guilty, entered March 4, 2009, on Indictments No. 2008-GS-23-5385 (assault and battery with intent to kill); 2008-GS-23-5386 (armed robbery) and 2008-GS-23-5387,(possession of a weapon during the commission of a violent crime).

An evidentiary hearing was held in this matter on January 22, 2020, before the Honorable J. Mark Hayes, II, presiding circuit judge. Following the submission of proposed Orders by both sides, Judge Hayes granted Respondent a new trial by Order filed May 20, 2019. **App. pp. 893 – 908.** The State filed a Motion to Alter or Amend said Order pursuant to Rule 59(e), SCRCP, on June 3, 2020. **App. pp. 910 – 915.** Following the filing of a Reply (**App. pp. 917 – 922**), and a Supplemental Reply (**App. pp. 923 – 926**) to the Rule 59(e) motion by PCR Counsel, said motion was denied by Order filed on September 9, 2020. **App. pp. 926 – 930.** Therefore, PCR Counsel has prevailed on behalf of Respondent at three different stages of this PCR action decided in Respondent’s favor by three different Circuit Court Judges: the Honorable Perry H. Gravely, Chief Administrative Judge, The Honorable Alex Kinlaw and the Honorable J. Mark Hayes, II.

Petitioner’s Notice of Appeal was served and filed on November 14, 2020. The transcripts required for this appeal were ordered on that same date. The State’s Petition for Writ of Certiorari was filed on March 5, 2021. This Honorable Court issued an Order granting Counsel’s request to file an Amended Return to the Petition for Writ of Certiorari filed by the Petitioner On November 17, 2021. The State’s appeal is currently pending.

II.

ISSUES ADDRESSED ON APPEAL

Respondent submits that the important issues involved in this case are fully set forth in the Order entered by Judge Hayes granting Respondent a new trial. These issues are further addressed in the Petition for Writ of Certiorari filed by the State and the Return submitted to this Honorable Court by Respondent.

PERSONAL INFORMATION

Counsel for Respondent would note that Respondent chose to go forward with this PCR action at considerable risk to himself. He has been adamant about the fact that he pleaded guilty to the charges before this Honorable Court because he believed that, although he maintained his innocence, there was a risk that he could end up with a life without parole sentence due to the sheer number of charges the State had piled on him in an effort to use him to “clear their books” on a large number of otherwise unsolved crimes. His position concerning that fear is at least somewhat supported by the large number of charges against him that were never submitted to the Greenville County Grand Jury and all the other charges made against him, other than those originally disposed of at his jury trial, and those addressed in this PCR, were dismissed on March 9, 2009; five days after he pleaded guilty Indictments 2008-GS-23-05387, 05386 and 05385. Respondent’s PCR testimony reveals that he was not informed that the state had not sought true billed indictments on approximately twenty-four (24) of the charges for which he was arrested.¹

The Respondent is currently thirty-two (32) years old. He is not married, but does have a fourteen (14) year old son for whom he has provided financial support without the requirement of a Family Court Order. Since his incarceration he has, through the assistance of his generous family, continued to provide support for his son. Respondent has served 14 years, 1 month and 14 days toward his current sentence. Respondent’s sentences on the charges showing on his SCDC Inmate Records include the 15 year aggregate sentence he received following his pleas on the charges he originally received after he was found guilty at a jury trial. While he originally

¹ The records of the Greenville County Clerk of Court regarding all the charges discussed herein were introduced in the PCR proceedings held in this case. They are found in the Appendix to the State’s Petition for Writ of Certiorari. A summary of the charging documents and the disposition on each warrant/indictment is attached hereto in a two page spread sheet for the Court’s convenience. *Attachment A.*

received an aggregate term of twenty-five years (25) on those charges, he received an aggregate term of fifteen (15) years after he pleaded following the reversal of those original judgments and sentences. That fifteen year sentence has now been satisfied; specifically he completed his fifteen (15) year aggregate sentence on those charges on *November 14, 2020*. That date has been verified through SCDC Offender records.

During his PCR testimony, Respondent was questioned concerning the fact that she, as his PCR Counsel, had advised him that she had already been in discussions within the Solicitor's Office concerning what offer they might be willing to extend in the event this case was remanded for a new trial. Respondent freely acknowledged that he understood that no promises had been made by the Solicitor's Office and that he could in fact get more time on remand. **App.p.834, lines 4-17**. Later in that the PCR proceedings held in this case, PCR Counsel noted on the record that Assistant Solicitor Mark Mayer had actually contacted her and that during that conversation advised her that if the case were remanded for a new trial, he would be the attorney assigned to handle the case. **App.p. 859, line 24 – p. 860, line 8**. PCR Counsel was in fact told by Solicitor Mayer that his office had discussed this case and, although they were not making any promises at that time, they had discussed offering Respondent a plea deal that would be consistent with what he had testified he thought was what he was going to receive at the time of the pleas; a sentence that would not result in him serving any more time on the judgments from the guilty pleas he entered after his trial than he would have to serve on the set of charges from the trial. PCR Counsel advised Respondent, and the Office of the Attorney General, that the Solicitor's Office had not made any promises; bur rather, had called her and advised her that such a plea was something they had discussed and would consider if these charges were remanded for a new trial. In Respondent's PCR testimony at the PCR proceedings, he clearly testified that he understood

from the advice of counsel, that these discussions did not constitute promises. He clearly acknowledged that he fully understood the risks he was taking by moving forward with this PCR Application. PCR Counsel would note that the PCR hearing records, and the orders entered in this case, clearly indicate that Judge Kinlaw and Judge Hayes found Respondent's testimony to be credible. Respondent would beseech this Honorable Court to note that the Respondent took a great risk to pursue this PCR action in order to try and get the benefit of what he believed was his plea deal at the time of his pleas. He is motivated not only by his desire to be with his grandmother and his mother, but also by his deep desire to spend some time with his son before he is a grown man. Respondent's current projected release date is, according to SCDC records, March 12, 2029. At that time, Respondent's son will be twenty-one (21) years old. The seven years between age fourteen (14) and age twenty-one (21) are crucial in the life of a young person and Respondent hopes to be blessed with the opportunity to spend time with his son during that crucial time in his child's life and furthermore, hopes to have the chance to share some valuable life lessons with his son.

After being blessed with favorable ruling by three different circuit court judges in this case, Respondent has had his faith in the judicial system restored and has been anxious to get a ruling from this Honorable Court in hopes of an opportunity to receive a new chance in life. Although Respondent has been incarcerated for over fourteen (14) years, he is only thirty-two (32) years old. He hopes to be able to use the lessons he has learned as a productive member of society as he starts a new chapter in life. His family has been loyal to him for the last fourteen plus years and has helped take care of his son. If granted the chance to be released on bond, he hopes to be able to help his family and repay them for their support for all the years he has been incarcerated. He comes from a close family. His sister, Keondra McMorris, owns her own

business: Double R Trucking, operating in the Greenville and Simpsonville areas. She has committed to employ Respondent in her business if he is released on bond or when he is released after completing his sentences.

Respondent had originally hoped that a favorable ruling might be forthcoming in the near future and he was therefore simply waiting patiently for this Honorable Court's ruling on the State's appeal. Unfortunately, he now feels he has no choice but to pursue an appeal bond pursuant to Rule 243 (k), SCACR. Respondent's grandmother, who played a major role in his upbringing, is now 104 years old. She has been hospitalized multiple times over the past year, but has now been sent home to spend what time she has left with her family. Respondent is now afraid that even if he is blessed to prevail in the State's appeal, and is able to receive a plea agreement that would result in his release, it may be too late for him to say goodbye to his beloved grandmother. To add to his distress, his mother, Judy Hudson, is now extremely ill as well. She has history of a form of vertigo that results in her constantly losing her balance and falling. That constant risk of falling necessitates that she have constant care to insure she does not fall and seriously injure herself. She has advised Counsel that she genuinely needs her son home so that he will be able to care for her and she respectfully prays that the Court will see fit to allow him the privilege of an appeal bond. Ms. Hudson has a family history of heart related problems. She herself had an abnormal EKG back in January, 2020 and reported problems with extreme fatigue at that time as well. While her medical records from January, 2020, indicate that she denied current symptoms of vertigo, her medical records document a history of that disorder. She and her family now report that she is once again experiencing severe vertigo. Her medical records from January, 2020, indicate that she was receiving "aggressive medical, management for a number of conditions. **See, Attachment B**

If blessed to receive bond pending the outcome of the State's appeal, it is presently the family's plan for Respondent to live with his sister, Keondra McMorris, who lives near Respondent's grandmother. Respondent's mother is currently living with her mother, Respondent's grandmother. When the grandmother passes, as is sadly likely to be imminent, Ms. Hudson is hopeful that she can obtain a place of her own and that Respondent may be able to live with her and take care for her daily needs.

For all the reasons outlined herein, Counsel for Respondent urges this Court to take the rare action of granting him an appeal bond pending the outcome of the state's pending PCR Appeal. Counsel has been practicing law in the area of criminal appeals for forty (42) years and had handled a large number of PCR appeals before this Honorable Court and the Supreme Court of South Carolina. In addition, she has handled countless PCR matters in the circuit court. Counsel has very rarely sought an appeal bond in cases involving a sentence in excess of ten (10) years.² Counsel asks the Court to note that her decision to do so in this matter is a direct reflection of how much she believes this Client deserves the opportunity to be on bond pending the outcome of the State's appeal. This is so, at least in part, based on Counsel's discussions with the Assistant Solicitor who is assigned to handle this case if Judge Hayes' order granting relief is affirmed. Counsel believes Respondent will stand at least a chance of securing his release on time served. That fact is also the reason PCR Counsel believes her client is not a flight risk. He is basically rolling the dice on a potential life sentence over his desired receipt of a sentence that is *ten (10) years shorter* than his current sentence. Since Respondent would be

² Respondent notes that while the sentence overturned by Judge Hayes was *originally* 25 years, Respondent has now served 14 years, 1 month and 14 days of that sentence. His projected max out date is seven (7) years away. Respondent would argue that for that reason he is actually in the position of someone with a sentence of under ten (10) years inasmuch as 85% of ten (10) years would carry an 85% service requirement before an inmate would be eligible for release on a ten (10) year sentence for armed robbery. His current projected max-out date is in fact even shorter than that inasmuch as his current projected release date is 7 years from now, not 8.5 years. S.C. Code §24-13-150 (A) (1995).

required to serve 8.5 years of the ten (10) years in question, 1.5 of which he has already served, the fact is he is risking a potential life sentence for the chance at getting to be with his family approximately seven years sooner. That commitment to family is not consistent with someone who would take off and live on the run as a fugitive at the relatively young age of thirty-two (32).

Respondent asks that this Honorable Court grant him an appeal bond in whatever amount the Court deems reasonable and necessary on the facts of this case. He asks that this Honorable Court consider the fact that he and his family do support his teenaged son and the fact that he has both a mother and grandmother in declining health, in determining the amount of bond to require. He most respectfully asks that the Court consider allowing Respondent, and his family members, to post a surety bond to satisfy any bond amount which may be required in order that they not be forced to deplete family assets in order to raise a cash bond to bring him home. Respondent further asserts that the cost of electronic monitoring would be a great financial burden to his family, however, if due to the facts in Respondent's case, this Honorable Court finds such monitoring to be a necessary requirement for his release from custody pending a decision in the State's appeal, he and his family ask that he be permitted the privilege of release with electronic monitoring rather than be denied bond.

Respectfully submitted,

S/ *Tara D. Shurling*

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ATTORNEY FOR RESPONDENT

This ____ of February, 2022.

OSHAUN ROBINSON V. STATE OF SOUTH CAROLINA
2017-CP-23-02653

Indictment #	Warrant #	Date of Warrant	Date Served	Officer's Name	Magistrate Name	Disposition
2008-GS-23-05387	I-474443	12/18/07 (see alteration on warrant)	12/18/07	C.W. Hanning	James E. Hudson	Pled Guilty
2008-GS-23-05387	I-474519	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Pled Guilty
2008-GS-23-05386	I-474444	12/18/07 (see alteration on warrant)	12/18/07	C.W. Hanning	James E. Hudson	Pled Guilty
2008-GS-23-05385	I-474445	12/14/07 (see alteration on warrant)	12/18/07	C.W. Hanning	James E. Hudson	Pled Guilty
N/A	I-474506	12/27/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474508	12/27/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474509	12/27/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
2008-GS-23-05382	I-474511	12/27/07	12/28/07	C.W. Hanning	James E. Hudson	Other - 5/16
N/A	I-474513	12/27/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474520	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474521	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
2008-GS-23-05384	I-474522	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Other - 5/16
2008-GS-23-05382	I-474523	12/28/07	12/26/07	C.W. Hanning	James E. Hudson	Other - 5/16
2008-GS-23-05383	I-474524	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Other - 5/16
N/A	I-474525	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474526	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474527	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474528	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474529	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474530	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474531	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474532	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474533	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474534	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
	I-474535 (See Judicial Public Index)					
N/A	I-474536	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474538	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474539	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474540	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -

Other = Prior Jury Verdict Reversed

OSHAUN ROBINSON V. STATE OF SOUTH CAROLINA
2017-CP-23-02653

Indictment #	Warrant #	Date of Warrant	Date Served	Officer's Name	Magistrate Name	Disposition
N/A	I-474541	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474542	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
N/A	I-474543	12/28/07	12/28/07	C.W. Hanning	James E. Hudson	Dismissed -
2006-GS-23-08803	I-819244	08/14/16	08/15/06	K.M. Cox	Ralph Putnam	Pled Guilty
2006-GS-23-08802	I-819245	08/14/06	08/15/06	K.M. Cox	Ralph Putnam	Pled Guilty

Other = Prior Jury Verdict Reversed



Hudson, Judy J

63 Y old Female, DOB: 12/22/1956

Account Number: 20438

Home: [REDACTED]

Guarantor: Hudson, Judy J Insurance: [REDACTED]

PART B Payer ID: 00153

Appointment Facility: Peace Medical Center Scuffletown

01/27/2020

Appointment Provider: Naveen R. Saxena

Current Medications

None

Past Medical HistoryVertigo.
loss of hearing (R) side.**Surgical History**

(L) Eye 2010

Family HistoryFather: deceased, diagnosed with Stroke, unspecified site
Mother: alive
Pt. says some grand parents has history of cancer; unsure of which grand parent and what specific category of cancer.**Social History**Tobacco Use:
Tobacco Use/Smoking Ate you a current smoker.
Miscellaneous:
Exercise: yes, occasional. Children: yes.
Caffeine: none. Marital status: single.**Allergies**

N.K.D.A.

Hospitalization/Major**Diagnostic Procedure**

Vertigo 2017

Review of SystemsGeneral/Constitutional:Fatigue **admits**. Hot flashes/Night sweats **denies**. Sleep disturbance **denies**. Weight change **denies**.Allergy/Immunology:Sinus allergies **denies**. Skin allergies **denies**.Ophthalmologic:Blurred vision **denies**. Pain **denies**.ENT:Sinus sx no major sinus related
SX. Allergic Rhinitis **Denies**.Respiratory:**Reason for Appointment**

1. 3 month f/u
2. OFFICE VISIT SIMPLE DICTATION

History of Present Illness* Evaluation / Diagnosis:

Follow up Ms. Hudson was in the office for a followup visit. Her blood pressure manually was 130/80.

I reviewed her labs. Her only abnormality is mild hyperlipidemia. I counseled her on low-cholesterol diet. She does want to take any statins. We will see her back in four months with same labs.

Vital SignsHR 95 /min, BP 150/97 mm Hg, Ht 61 in, Wt 95 lbs, BMI 17.95
Index, Oxygen sat % 97 %.**Examination**General Examination:GENERAL APPEARANCE: Patient is alert and oriented
x3. HEAD: normocephalic, atraumatic. EYES: normal. VISION grossly normal. HEARING normal to whispered voice. SPEECH normal. NECK/THYROID: Left carotid bruit. SKIN: no suspicious lesions, warm and dry. HEART: Heart sounds are normal. LUNGS: Clear. ABDOMEN: Soft. Musculoskeletal Unremarkable. EXTREMITIES: 1+ pedal edema. NEUROLOGICAL EXAM Central nervous system: No focal deficits.**Assessments**

1. Abnormal electrocardiogram [ECG] [EKG] - R94.31 (Primary)
2. Fatigue, unspecified type - R53.83
3. Family history of heart disease - Z82.49
4. Dry eye - H04.129

Treatment**1. Abnormal electrocardiogram [ECG] [EKG]**LAB: **CBC With Differential/Platelet (Ordered for 01/27/2020)
Notes: Will continue aggressive medical management.**2. Fatigue, unspecified type**LAB: **CBC With Differential/Platelet (Ordered for 01/27/2020)
Notes: In view of abnormal ekg, fatigue and family hx of cad. pt was evaluated with echocardiogram showed good LV function, EF 60%.

Patient: Hudson, Judy J DOB: 12/22/1956 Progress Note: Naveen R. Saxena 01/27/2020

Asthma denies. Cough denies.
Hemoptysis denies. Shortness of
breath denies. Wheezing denies.

Cardiovascular:

Chest pain denies. Dizziness denies.
Swelling/Edema denies. Heart
Palpitations denies.

Gastrointestinal:

Abdominal pain denies. Blood in
stool denies. Constipation denies.
Diarrhea denies. Difficulty
swallowing denies. GERD/
Heartburn **denies**. Nausea denies.

Genitourinary:

Dysuria/Difficulty urinating denies.
Frequent urination denies. Urinary
Incontinence denies.

Musculoskeletal:

Joint stiffness denies. Muscle
cramps denies. Painful joints **denies**.
Swollen joints denies. Muscle
Weakness denies.

Skin:

Mole(s) denies change in moles.
Rash denies.

Neurologic:

Balance difficulty denies. Gait
abnormality denies. Headache denies.
Loss of strength denies. Memory
loss denies. Sensory Symptoms-
Tingling/Numbness denies.
Tremor denies.

Psychiatric:

Anxiety denies. Depressed
mood denies.

Nuclear stress test results discussed with pt normal. Will continue
aggressive medical management.

3. Family history of heart disease

LAB: ****CBC With Differential/Platelet (Ordered for 01/27/2020)**

Notes: In view of abnormal ekg, fatigue and family hx of cad. pt was
evaluated with echocardiogram showed good LV function, EF 60%.
Nuclear stress test results discussed with pt normal. Will continue
aggressive medical management.

4. Dry eye

Start Polymyxin B-Trimethoprim Solution, 10000-0.1 UNIT/ML, 1
drop into affected eye, Ophthalmic, Four times a day, 5 day(s), 1.
Refills 0

Follow Up

4 Months w/labs

Appointment Provider: Naveen R. Saxena



Electronically signed by Naveen Saxena , MD on
01/30/2020 at 10:38 AM EST

Sign off status: Completed

Peace Medical Center Scuffletown
220 Scuffletown Rd
Simpsonville, SC 296817202
Tel: 864-233-2744
Fax: 864-331-2896

Patient: Hudson, Judy J DOB: 12/22/1956 Progress Note: Naveen R. Saxena 01/27/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

10/01/2019

Appointment Provider: Naveen R. Saxena

Current Medications

None

Past Medical History

Vertigo.
loss or hearing (R) side.

Surgical History

(L) Eye 2010

Family History

Father: deceased, diagnosed with Stroke, unspecified site

Mother: alive

Pt. says some grand parents has history of cancer; unsure of which grand parent and what specific category of cancer.

Social History

Tobacco Use:

Tobacco Use/Smoking Are you a current smoker.

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

Vertigo 2017

Review of Systems

General/Constitutional:

Fatigue denies. Hot flashes/Night sweats denies. Sleep

disturbance denies. Weight change denies.

Allergy/Immunology:

Sinus allergies denies. Skin allergies denies.

Ophthalmologic:

Blurred vision denies. Pain denies.

ENT:

Sinus sx no major sinus related SX. Allergic Rhinitis Denies.

Respiratory:

HEMOPHYSIS DENIES. COUGH DENIES.

Hemoptysis denies. Shortness of breath denies. Wheezing denies.

Reason for Appointment

1. MDO and review labs; rd;
2. MDO
3. Pt here for discussion about medical issues - diagnosis - meds - lifestyle and prognosis discussion
4. Meds Reconciled
5. Education about health conditions
6. OFFICE VISIT SIMPLE DICTATION

History of Present Illness

Interim History:

Pt here for discussion about medical issues - diagnosis - meds - lifestyle and prognosis discussion - Assessed the validity of all dx and sx related to the diagnosis - educated pt of lifestyle measures that improve outcomes

Meds Reconciled with pts help - pt understands meds and the need for same

Education about health conditions performed.

* Evaluation / Diagnosis:

Follow up Ms. Hudson was in the office for a followup visit.

I have reviewed all her labs, they are within normal limits. I advised her for a flu shot. She does not want to take a flu shot. I counseled her on high protein diet. I will see her back in 2-3 months.

Vital Signs

HR 90 /min, BP 131/77 mm Hg, Ht 61 in, Wt 95 lbs, BMI 17.95
Index, Oxygen sat % 97 %.

Examination

General Examination:

GENERAL APPEARANCE: Patient is alert and oriented
x3. HEAD: normocephalic, atraumatic. EYES: normal. VISION grossly normal. HEARING normal to whispered voice. SPEECH normal. NECK/THYROID: Left carotid bruit. SKIN: no suspicious lesions, warm and dry. HEART: 2/6 systolic murmur. Heart sounds are normal. LUNGS: Clear. ABDOMEN: Soft. Musculoskeletal Unremarkable. EXTREMITIES: 1+ pedal edema. NEUROLOGICAL EXAM Central nervous system: No focal deficits.

Assessments

1. Abnormal electrocardiogram [ECG] [EKG] - R94.31 (Primary)
2. Fatigue, unspecified type - R53.83
3. Family history of heart disease - Z82.49

Cardiovascular:

Chest pain denies. Dizziness denies.
Swelling/Edema denies. Heart
Palpitations denies.

Gastrointestinal:

Abdominal pain denies. Blood in
stool denies. Constipation denies.
Diarrhea denies. Difficulty
swallowing denies. GERD/
Heartburn **denies**. Nausea denies.

Genitourinary:

Dysuria/Difficulty urinating denies.
Frequent urination denies. Urinary
Incontinence denies.

Musculoskeletal:

Joint stiffness denies. Muscle
cramps denies. Painful joints **denies**.
Swollen joints denies. Muscle
Weakness denies.

Skin:

Mole(s) denies change in moles.
Rash denies.

Neurologic:

Balance difficulty denies. Gait
abnormality denies. Headache denies.
Loss of strength denies. Memory
loss denies. Sensory Symptoms-
Tingling/Numbness denies.
Tremor denies.

Psychiatric:

Anxiety denies. Depressed
mood denies.

Treatment

1. Abnormal electrocardiogram [ECG] [EKG]

Notes: Will continue aggressive medical management.

2. Fatigue, unspecified type

Notes: In view of abnormal ekg, fatigue and family hx of cad. pt was
evaluated with echocardiogram showed good LV function, EF 60%.
Nuclear stress test results discussed with pt normal. Will continue
aggressive medical management.

3. Family history of heart disease

Notes: In view of abnormal ekg, fatigue and family hx of cad. pt was
evaluated with echocardiogram showed good LV function, EF 60%.
Nuclear stress test results discussed with pt normal. Will continue
aggressive medical management.

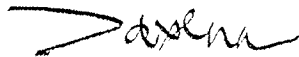
Preventive Medicine

TIME SPENT IN ROOM: Intensity of visit / length of visit --
Lengthy Visit .

Follow Up

2 Months

Appointment Provider: Naveen R. Saxena



Electronically signed by Naveen Saxena , MD on
10/04/2019 at 10:52 AM EDT

Sign off status: Completed

Peace Medical Center Gvl / Internal Medicine And Ca
401 Guess St.
Suite 100
Greenville, SC 296054155
Tel: 864-233-2744
Fax: 864-331-2896

Patient: Hudson, Judy J DOB: 12/22/1956 Progress Note: Naveen R. Saxena 10/01/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Hudson, Judy J

62 Y old Female, DOB: 12/22/1956
Account Number: 30438

Home: [REDACTED]

Guarantor: Hudson, Judy J Insurance: [REDACTED]

PART B

PCP: Naveen Saxena

Appointment Facility: Peace Medical Center Gvl / Internal Medicine And Ca

08/26/2019

Appointment Provider: Deborah Jenkins
Supervising Provider: Vinita Srivastava

Current Medications

None

Past Medical History

Vertigo.
loss or hearing (R) side.

Surgical History

(L) Eye 2010

Family History

Father: deceased, diagnosed with Stroke, unspecified site
Mother: alive
Pt. says some grand parents has history of cancer; unsure of which grand parent and what specific category of cancer.

Social History

Tobacco Use:
Tobacco Use/Smoking
Are you a *current smoker*

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

Vertigo 2017

Review of Systems

General/Constitutional:

Fatigue **admits**. Hot flashes/Night sweats **denies**. Sleep disturbance **denies**. Weight change **denies**.

Allergy/Immunology:

Sinus allergies **denies**. Skin allergies **denies**.

Ophthalmologic:

Blurred vision **denies**. Pain **denies**.

ENT:

Sinus sx no major sinus related sx. Allergic Rhinitis **Denies**.

Respiratory:

Asthma **denies**. Cough **denies**.

Reason for Appointment

1. MCW2; PT is NOT DUE for MCW1 Today, DUE FOR MCW2...as per PGBA...rd - MCW 1 done elsewhere in April 2019
2. Medicare patient Female for physical today
3. Intensive Behavior therapy for Cardiovascular disease risk
4. Depression Screen
5. Alcohol / Smoking history assessment
6. Labs today

Assessments

1. Encounter for screening for malignant neoplasm of colon - Z12.11 (Primary)
2. Body mass index (BMI) 19 or less, adult - Z68.1
3. Encounter for screening mammogram for malignant neoplasm of breast - Z12.31
4. Encounter for screening for malignant neoplasm of cervix - Z12.4
5. Encounter for screening for cardiovascular disorders - Z13.6
6. Encounter for screening for osteoporosis - Z13.820
7. LVH (left ventricular hypertrophy) - I51.7
8. Encounter for screening for other disorder - Z13.89
9. Encounter for immunization - Z23

Treatment

1. Encounter for screening for malignant neoplasm of colon

LAB: Occult Blood, Fecal, IA Negative
Occult Blood, Fecal, IA Negative

Notes :King,Kyle 08/26/2019 03:20:39 PM >

IMAGING: CONSULT GI (Ordered for 09/08/2019)

Notes: Needs colonoscopy. IFOBT negative today.

2. Body mass index (BMI) 19 or less, adult

Notes: BMI-18.25,Body Mass Index: Care Instructions material was printed.

3. Encounter for screening mammogram for malignant neoplasm of breast

IMAGING: MAMMOGRAM, SCREENING (Ordered for 09/08/2019)

Notes: Needs mammogram. Breast exam done today.

Hemoptysis denies. Shortness of breath denies. Wheezing denies.

Cardiovascular:

Chest pain denies. Dizziness denies. Swelling/Edema denies. Heart Palpitations denies.

Gastrointestinal:

Abdominal pain denies. Blood in stool denies. Constipation denies. Diarrhea denies. Difficulty swallowing denies. GERD/Heartburn **denies**. Nausea denies.

Genitourinary:

Dysuria/Difficulty urinating denies. Frequent urination denies. Urinary Incontinence denies.

Musculoskeletal:

Joint stiffness denies. Muscle cramps denies. Painful joints **denies**. Swollen joints denies. Muscle Weakness denies.

Skin:

Mole(s) denies change in moles. Rash denies.

Neurologic:

Balanced difficulty denies. Gait abnormality denies. Headache denies. Loss of strength denies. Memory loss denies. Sensory Symptoms-Tingling/Numbness denies. Tremor denies.

Psychiatric:

Anxiety denies. Depressed mood denies.

4. Encounter for screening for malignant neoplasm of cervix

LAB: *PAP Ages 30 - 64 with STDs

Notes: Vaginal exam and pap done today.

5. Encounter for screening for cardiovascular disorders

Notes: The risk factors for CVD were assessed, life style and habits that affect the risk were noted. Advised Behavior, lifestyle, habit Change to improve the risk profile, advised about negative effects of risk factors especially unattended. Noted agreement by pt of plans. Will assist patient with repeated counselling through the course of next few interactions. Arranging the means for pt to be successful in lifestyle changes. Cardiac testing done 7/2019.

6. Encounter for screening for osteoporosis

Notes: Not due for bone density screening yet; not over 65yrs old.

7. LVH (left ventricular hypertrophy)

Notes: **Stable, no new medical intervention at this time.

8. Encounter for screening for other disorder

PROCEDURE: ANNUAL DEPRESSION SCREEN

PROCEDURE: ANNUAL TOBACCO USE SCREEN

Notes: Depression screening negative. Pt is a current tobacco use.

9. Encounter for immunization

Notes: Pt declines pneumonia vaccine today.

Immunization

*Pneumococcal polysacc 23 (Not administered - Refused: Patient decision) (Encounter for immunization)

Preventive Medicine

TIME SPENT IN ROOM:

Intensity of visit / length of visit 25 - 35 minutes.

Counseling:

BMI below Norm

BMI less than 18 - Diet sheet to improve BMI and education on why a lower BMI is dangerous to health. Provided to pt Yes

Patient Education:

Patient education materials given: Yes

Patient education materials given: Yes

Follow Up

Labs today please. schedule MDO with SAXENA (Reason: MDO and review of labs)

History of Present Illness

* Evaluation / Diagnosis:

Evaluation of .. Encounter for screening for malignant neoplasm of colon

Notes: Needs colonoscopy. IFOBT negative today.

Body mass index (BMI) 19 or less, adult

Notes: BMI-18.25, Body Mass Index: Care Instructions material

was printed.

Encounter for screening mammogram for malignant neoplasm of breast

Notes: Needs mammogram. Breast exam done today.

Encounter for screening for malignant neoplasm of cervix

Notes: Vaginal exam and pap done today.

Encounter for screening for cardiovascular disorders

Notes: The risk factors for CVD were assessed, life style and habits that affect the risk were noted Advised Behavior, lifestyle , habit Change to improve the risk profile , advised about negative effects of risk factors especially unattended Noted agreement by pt of plans Will assist patient with repeated counselling through the course of next few interactions Arranging the means for pt to be successful in lifestyle changes

Cardiac testing done 7/2019.

Encounter for screening for osteoporosis

Notes: Not due for bone density screening yet; not over 65yrs old.

LVH (left ventricular hypertrophy)

Notes: **Stable, no new medical intervention at this time.

Encounter for screening for other disorder

Notes: Depression screening negative. Pt is a current tobacco use.

Encounter for immunization

Notes: Pt declines pneumonia vaccine today.

Communication needs :

Communication needs

Does pt need help communicating? *no*

Depression Screening:

PHQ-2 In last 2 weeks have you been bothered by

Little interest or pleasure in doing things *No*

Feeling down, depressed, or hopeless *No*

Education - Lifestyle issues:

Diet Significance of diet as part of a healthy lifestyle addressed.

Present exercise Regimen same as last year -no change in activity status .

Exercise Need for exercise regimen discussed .

Caffeine advised about the adverse of excessive caffeine.

Fluids Need for water and amount per day discussed.

Alcohol use Counselling about Alcohol use - Ideal amount for pt.

Tobacco use Discussed the adverse effects of smoking.

Health Maintenance Record:

HMR record

HMR record Reviewed and updated today *yes*

Breast Cancer screen in women (50-74yrs) *no*

Pts desires us to order mamogram? *yes*

ColoRectal Cancer screen (50-75 yrs) *yes*

Colonoscopy *no*

Colon Fit *Due today*

Osteoporosis Screen *No not done*

Does pt want us to order BMD? *Due in 3yrs*
Vaccines - Influenza *Unknown*
Vaccines - prevnar *No, did not get it*
Vaccine Pneumovax *No does not want it*

Risk factors for Cardiovascular disease:

Risk factors for CAD

Age *older*

Sex *as listed on Chart*

smoking *as recorded on Chart*

Physical inactivity *Yes active*

History of Diabetes *No, not a diabetic*

Hx of hypertension *no*

Hx of Hyperlipidemia *no*

Family history of Heart Disease *unknown*

Pts risk for heart disease? *unable to quantify*

BMI below 18:

Sub Norm BMI

Counselling provided due to BMI lower than 18 *yes*

Vital Signs

HR 65 /min, BP 134/86 mm Hg, Ht 61 in, Wt 96.6 lbs, BMI 18.25
Index, RR 18 /min, Oxygen sat % 95 %.

Past Orders

Imaging: Echocardiogram (Order Date - 07/12/2019)

Imaging: Stress Cardiolyte (Order Date - 07/12/2019)

Result: normal

Examination

General Examination:

GENERAL APPEARANCE: alert, in no acute distress, Older, female, thin.

EYES: no significant change from previous exam.

EARS: BOTH EARS, normal.

NOSE: nares patent.

THROAT: no erythema, no exudate.

NECK/THYROID: normal, neck supple, no carotid bruit, no jugular venous distention.

SKIN: normal.

HEART: regular rate and rhythm.

LUNGS: clear to auscultation bilaterally.

BREASTS: no masses palpable bilaterally.

ABDOMEN: bowel sounds present.

RECTAL: COLON FIT DONE NEGATIVE.

FEMALE GENITOURINARY: vaginal exam done today.

Genitourinary - Female:

EXTERNAL GENITALS: normal.

URETHRAL MEATUS: normal.

VAGINA: normal.

BLADDER: normal.

ADNEXA: no masses palpated.

ANUS/PERINEUM: normal tone.

CERVIX: no cervical movement tenderness, normal.

UTERUS: normal size, mobile.

OVARIES: no masses felt in adnexa.

PAP SMEAR:

Patient: Hudson, Judy J DOB: 12/22/1956 Progress Note: Deborah Jenkins 08/26/2019

Done with HPV

RECTAL EXAM: Colon FIT done .

6CIT Test:

Six - Item Cognitive Impairment Test (6CIT)

What year is it ? *correct 0 points*

What month is it ? *Correct - 0 points*

Give the patient an address phrase to remember with 5 components *given*

About what time is it ? (within 1 hour) *Correct - 0 points*

Count backwards from 20 - 1 *Correct - 0 points*

Say the months of the year in reverse *Correct - 0 points*

Repeat the address phase *Correct - 0 points*

Total score 6CIT score (from 0-28) *0*

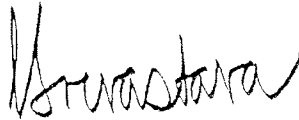
Procedure Codes

G0328 Fecal blood scrn immunoassay, Modifiers: QW

4004F PT TOBACCO SCREEN RCVD TLK



Appointment Provider: Deborah Jenkins



Electronically signed by Vinita Srivastava , MD on
09/09/2019 at 11:51 AM EDT

Sign off status: Completed

Peace Medical Center Gvi / Internal Medicine And Ca
401 Guess St.
Suite 100
Greenville, SC 296054155
Tel: 864-233-2744
Fax: 864-331-2896

Patient: Hudson, Judy J DOB: 12/22/1956 Progress Note: Deborah Jenkins 08/26/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

08/02/2019

Appointment Provider: Naveen R. Saxena

Current Medications

None

Past Medical History

Vertigo.
loss or hearing (R) side.

Surgical History

(L) Eye 2010

Family History

Father: deceased, diagnosed with Stroke, unspecified site
Mother: alive
Pt. says some grand parents has history of cancer; unsure of which grand parent and what specific category of cancer.

Social History

Tobacco Use:
Tobacco Use/Smoking Are you a current smoker.

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

Vertigo 2017

Review of Systems

General/Constitutional:

Fatigue **admits**. Hot flashes/Night sweats **denies**. Sleep disturbance **denies**. Weight change **denies**.

Allergy/Immunology:

Sinus allergies **denies**. Skin allergies **denies**.

Ophthalmologic:

Blurred vision **denies**. Pain **denies**.

ENT:

Sinus sx no major sinus related sx. Allergic Rhinitis **Denies**.

Respiratory:

Asthma **denies**. Cough **denies**. Hemoptysis **denies**. Shortness of breath **denies**. Wheezing **denies**.

Reason for Appointment

1. FOLLOW UP TEST; rd:// PLEASE SCHEDULE MCW 2

History of Present Illness

* Evaluation / Diagnosis:

Follow up Ms. Hudson was in the office for followup of her labs. She was seen on 08/02/2019. Ms. Hudson was here for followup of nuclear stress test, negative, no evidence of ischemia, good LV function. Echo showed mild concentric LVH, mild MR, mild TR, preserved left ventricular function. I advised her to have a Medicare part 2 scheduled in 4 weeks. Follow up for Medicare part 2.

Vital Signs

HR 81 /min, BP 135/84 mm Hg, Ht 61 in, Wt 94 lbs, BMI 17.76
Index, Oxygen sat % 98 %.

Past Orders

Imaging:Echocardiogram (Order Date - 07/12/2019)

Imaging:Stress Cardiolyte (Order Date - 07/12/2019)

Result: normal

Examination

General Examination:

GENERAL APPEARANCE: Patient is alert and oriented x3. HEAD: normocephalic, atraumatic. EYES: normal. VISION grossly normal. HEARING normal to whispered voice. SPEECH normal. NECK/THYROID: Left carotid bruit. SKIN: no suspicious lesions, warm and dry. HEART: Heart sounds are normal. LUNGS: Clear. ABDOMEN: Soft. Musculoskeletal Unremarkable. EXTREMITIES: 1+ pedal edema. NEUROLOGICAL EXAM Central nervous system: No focal deficits.

Assessments

1. Abnormal electrocardiogram [ECG] [EKG] - R94.31 (Primary)
2. Fatigue, unspecified type - R53.83
3. Family history of heart disease - Z82.49

Treatment

1. Abnormal electrocardiogram [ECG] [EKG]

Notes: In view of abnormal ekg, fatigue and family hx of cad. pt was evaluated with echocardiogram showed good LV function, EF 60%.

Cardiovascular:

Chest pain denies. Dizziness denies.
Swelling/Edema denies. Heart
Palpitations denies.

Gastrointestinal:

Abdominal pain denies. Blood in
stool denies. Constipation denies.
Diarrhea denies. Difficulty
swallowing denies. GERD/
Heartburn **denies**. Nausea denies.

Genitourinary:

Dysuria/Difficulty urinating denies.
Frequent urination denies. Urinary
Incontinence denies.

Musculoskeletal:

Joint stiffness denies. Muscle
cramps **denies**. Painful joints **denies**.
Swollen joints denies. Muscle
Weakness denies.

Skin:

Mole(s) denies change in moles.
Rash denies.

Neurologic:

Balance difficulty denies. Gait
abnormality denies. Headache denies.
Loss of strength denies. Memory
loss denies. Sensory Symptoms-
Tingling/Numbness denies.
Tremor denies.

Psychiatric:

Anxiety denies. Depressed
mood denies.

Nuclear stress test results discussed with pt normal. Will continue aggressive medical management.

2. Fatigue, unspecified type

Notes: In view of abnormal ekg, fatigue and family hx of cad. pt was evaluated with echocardiogram showed good LV function, EF 60%. Nuclear stress test results discussed with pt normal. Will continue aggressive medical management.

3. Family history of heart disease

Notes: In view of abnormal ekg, fatigue and family hx of cad. pt was evaluated with echocardiogram showed good LV function, EF 60%. Nuclear stress test results discussed with pt normal. Will continue aggressive medical management.

Follow Up

4 Weeks (Reason: mcw 2)

Appointment Provider: Naveen R. Saxena



Electronically signed by Naveen Saxena, MD on
08/08/2019 at 03:32 PM EDT

Sign off status: Completed

Peace Medical Center Scuffletown
220 Scuffletown Rd
Simpsonville, SC 296817202
Tel: 864-233-2744
Fax: 864-331-2896

Patient: Hudson, Judy J DOB: 12/22/1956 Progress Note: Naveen R. Saxena 08/02/2019

Note generated by aClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

07/10/2019

Progress Notes: Naveen R. Saxena

Current Medications

None

Past Medical History

Vertigo.
loss or hearing (R) side.

Surgical History

(L) Eye 2010

Family History

Father: deceased, diagnosed with Stroke, unspecified site
Mother: alive
Pt. says some grand parents has history of cancer; unsure of which grand parent and what specific category of cancer.

Social History

Tobacco Use:
Tobacco Use/Smoking Are you a **current smoker.**
Miscellaneous:
Caffeine: none. Children: yes. Exercise: yes, occasional. Marital status: single.

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

Vertigo 2017

Review of Systems

Employment issues:

Work Status **Pt is still working.**

General/Constitutional:

Change in appetite **denies.**
Fatigue **denies.** Sicep disturbance **admits.** Weight change **denies.**

Allergy/Immunology:

Congestion **denies.** Sinus allergies **denies.** Skin allergies **denies.**

Ophthalmologic:

Eye symptoms **Denies.**

ENT:

Sinus sx no major sinus related

Reason for Appointment

1. Est Care/physical; rd:
2. ...NEW PATIENT
3. Pt needs new patient education material
4. Berlin Questionarie Done
5. C/o fatigue
6. ...tobacco use counselling needed
7. Pt reports smoking

History of Present Illness

Providers involved in pts care :

PREVIOUS PROVIDERS Previous PCP noted, Records from previous MD, Records from previous MD being retrieved for review. ISSUES BEING TREATED BY PREVIOUS MD Noted, status updated.

New Symptom:

New symptom Pt describes no new sx.

Berlin questionnaire Category 1:

Snoring history yes or no do not know.

Berlin questionnaire Category 2:

Effect of poor sleep on daytime fatigue never or nearly never. During wake time is the pt tired, fatigued, or not to par? never or nearly never. Has the pt fallen asleep or nodded off while driving? never or nearly never. If falling asleep or nodding off How often never or nearly never. Does the pt suffer hypertension No.

Berlin questionnaire Category 3:

Pts BMI over 30? no.

Berlin questionnaire Test result:

Test Result Negative.

* Evaluation / Diagnosis:

Follow up Ms. Hudson is here complaining of extreme exhaustion, tiredness, fatigue. She has been smoking for 10 years. She is having some dizziness and lack of balance. She is walking with a walker. Blood pressure is elevated. I advised her to have an EKG and complete CPE labs. Also advised her to have an echocardiogram to assess for LV systolic and valvular function. EKG is abnormal. She has anteroseptal scar, left ventricular hypertrophy, poor R wave progression in lead V1, V2, and V3. Father died of MI at very young age and she has strong family history. She has some ST elevations in 2 3 aVF, poor R wave anteroseptal scar. I have advised her to have an adenosine Cardiolute because patient cannot exercise and also to get an echo to assess both LV systolic and diastolic function. I will see her back a week after she gets full cardiac evaluation done.

Education - Lifestyle issues:

SX.

Respiratory:

COPD Denies. Asthma denies.
Cough denies. Shortness of
breath denies. Wheezing denies.

Cardiovascular:

Previous CAD / Cardiac disease No
previous CAD known. Chest
pain denies. Dizziness **admits**.
Swelling/Edema denies. Heart
Palpitations denies. Orthopnea denies.

Gastrointestinal:

Abdominal pain denies. Blood in
stool denies. Change in bowel
habits denies. Decreased
appetite denies. GERD/
Heartburn **denies**. Nausea denies.
Vomiting denies.

Genitourinary:

Blood in urine denies.
Dysuria/Difficulty urinating denies.
Urinary Incontinence denies.

Musculoskeletal:

Pain scale No pain. Joint
stiffness denies. Sciatica denies. Muscle
Weakness denies.

Skin:

Rash denies.

Neurologic:

Balance difficulty admits. Gait
abnormality denies. Headache denies.
Memory loss denies. Stroke denies.
Sensory Symptoms-
Tingling/Numbness denies.
Tremor denies.

Psychiatric:

Anxiety denies. Depressed
mood denies.
blurred vision due to cataracts; sun is
bothersome.

Tobacco use Discussed the adverse effects of smoking / tobacco product use- pt advised to stop smoking / tobacco product use.

Smoking Counselling:

Smoking cessation: 5 A 's Are you interested in quitting?
Thinking about quitting, Asked pts details of their smoking habit
Pts tobacco use history noted, Advised about impact of the
smoking on the pts health **both first hand and second hand
smoking is bad for us**, Assessed willingness to quit **pts
tobacco use history is noted**, Assisted the pt in process of
quitting smoking **pts tobacco use history is noted**, Arranging
the interventions requested **pts tobacco use history is
noted**. Smoking Counselling The 5R's of motivation Relevance of
this discussion to pts life **advised pt that people who quit live
longer, advised pt that people who quit live healthier,**
advised pt that people who quit have more money to spare,
**advised pt that people who quit have healthier children and
babies**, Risks of the habit if continued unchanged **people who
continue to smoke develop frequent bronchitis COPD
asthma**, there is significant risk of heart disease and
vascular disease that may require surgery and medication
long term, there is risk of cancer, Rewards if pt were to quit
include the improved self esteem, sense of self worth,
include health Cardiac and respiratory benefit, live longer
healthier, Road blocks to the plan to quit smoking **pts personal
road blocks addressed and how to circumnavigate them
advised**. Treatment tried: Failed many attempts to quit. TIME
SPENT COUNSELLING PATIENT 3- 10 mts.

Vital Signs

HR 89 /min, BP 143/76 mm Hg, Ht 61 in, Wt 93 lbs, BMI 17.57
Index, Oxygen sat % 96 %.

Examination

General Examination:

GENERAL APPEARANCE: Patient is alert and oriented
x3. HEAD: normocephalic,
atraumatic. EYES: normal. VISION grossly normal. HEARING
normal to whispered voice. SPEECH
normal. NECK/THYROID: Left carotid bruit. SKIN: no suspicious
lesions, warm and dry. HEART: 2/6 systolic
murmur. LUNGS: Crackles. ABDOMEN: Soft. EXTREMITIES: 1+
pedal edema. NEUROLOGICAL EXAM Central nervous system: No
focal deficits.

Assessments

1. Sleep disorder, unspecified - G47.9 (Primary)
2. Nicotine dependence, cigarettes, uncomplicated - F17.210
3. Fatigue, unspecified type - R53.83
4. Abnormal electrocardiogram [ECG] [EKG] - R94.31
5. Family history of heart disease - Z82.49

Treatment

1. Nicotine dependence, cigarettes, uncomplicated

Notes: Learning About Benefits From Quitting Smoking material
was printed, Smoking cessation counselling given.

2. Fatigue, unspecified type

LAB: ***LIPID PANEL (CMP/LIPID) (Ordered for 07/10/2019)

LAB: **CBC With Differential/Platelet (Ordered for 07/10/2019)

LAB: **Vitamin D, 25-Hydroxy (Ordered for 07/10/2019)

LAB: **Vitamin B12 and Folate (Ordered for 07/10/2019)

IMAGING: Midmark IG ecg

IMAGING: Echocardiogram (Ordered for 07/10/2019)

due to abnormal ekg, fatigue will proceed with echocardiogram for LV systolic and diastolic function.

Notes: labs ordered to check , vitamin d, b12.

3. Abnormal electrocardiogram [ECG] [EKG]

LAB: ***LIPID PANEL (CMP/LIPID) (Ordered for 07/10/2019)

LAB: **CBC With Differential/Platelet (Ordered for 07/10/2019)

LAB: **Vitamin D, 25-Hydroxy (Ordered for 07/10/2019)

LAB: **Vitamin B12 and Folate (Ordered for 07/10/2019)

IMAGING: Echocardiogram (Ordered for 07/10/2019)

due to abnormal ekg, fatigue will proceed with echocardiogram for LV systolic and diastolic function.

Notes: Due to abnormal EKG, advised patient to have ECHOCARDIOGRAM AND NUCLEAR STRESS TEST.

4. Family history of heart disease

LAB: ***LIPID PANEL (CMP/LIPID) (Ordered for 07/10/2019)

LAB: **CBC With Differential/Platelet (Ordered for 07/10/2019)

LAB: **Vitamin D, 25-Hydroxy (Ordered for 07/10/2019)

LAB: **Vitamin B12 and Folate (Ordered for 07/10/2019)

IMAGING: Midmark IG ecg

IMAGING: Echocardiogram (Ordered for 07/10/2019)

due to abnormal ekg, fatigue will proceed with echocardiogram for LV systolic and diastolic function.

Preventive Medicine

Counseling: Smoking: Patient counselled on the dangers of tobacco use and urged to quit. 07/06/2017, Relapse prevention: Discussed the importance of a supportive environment and helped identify them., Time spent in minutes 5, Patient counselled on the dangers of tobacco use and urged to quit. 05/23/2017, Time spent in minutes 10.

Procedure Codes

93000 EKG ,ELECTROCARDIOGRAM, COMPLETE

Follow Up

echo, ns, labs., 1 Week



Electronically signed by Naveen Saxena , MD on 07/11/2019
at 01:58 PM EDT

Sign off status: Completed

Peace Medical Center Scuffletown
220 Scuffletown Rd
Simpsonville, SC 296817202
Tel: 864-233-2744
Fax: 864-331-2896

Patient: Hudson, Judy DOB: 12/22/1956 Progress Note: Naveen R. Saxena 07/10/2019

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Nov 11, 2020 09:55 AM

Hudson, Judy J, F [REDACTED]

864-907-4589

CUMULATIVE REPORT

***LIPID PANEL (CMP/LIPID)

COLLECTION DATE	12/10/2019	09/26/2019
Order Date	12/10/2019	09/26/2019
Result Date	12/11/2019	09/27/2019
Ordering Physician	Saxena, Naveen	Jenkins, Deborah
eGFR If African Am	109	111
	(>59 mL/min/1.73)	(>59 mL/min/1.73)
eGFR If NonAfrican Am	95	96
	(>59 mL/min/1.73)	(>59 mL/min/1.73)
LDL/HDL Ratio	1.6	1.2
	(0.0-3.2 ratio)	(0.0-3.2 ratio)
Alkaline Phosphatase, S	72	64
	(38-117 IU/L)	(39-117 IU/L)
AST (SGOT)	23	39
	(0-40 IU/L)	(0-40 IU/L)
ALT (SGPT)	15	17
	(0-32 IU/L)	(0-32 IU/L)
Cholesterol, Total	221	185
	H	H
	(100-199 mg/dL)	(100-199 mg/dL)
Triglycerides	93	200
	(0-149 mg/dL)	H
HDL Cholesterol	79	66
	(>39 mg/dL)	(>39 mg/dL)
LDL Cholesterol Calc	123	79
	H	H
	(0-99 mg/dL)	(0-99 mg/dL)
Potassium, Serum	4.4	3.9
	(3.5-5.2 mmol/L)	(3.5-5.2 mmol/L)
Bilirubin, Total	0.3	0.4
	(0.0-1.2 mg/dL)	(0.0-1.2 mg/dL)
VLDL Cholesterol Cal	19	40
	(5-40 mg/dL)	(5-40 mg/dL)
Sodium, Serum	135	136
	(134-144 mmol/L)	(134-144 mmol/L)
A/G Ratio	1.3	1.2
	(1.2-2.2)	(1.2-2.2)
Carbon Dioxide, Total	26	23
	(20-29 mmol/L)	(20-29 mmol/L)
BUN	6	5
	L	L
	(8-27 mg/dL)	(8-27 mg/dL)
BUN/Creatinine Ratio	9	8
	L	L
	(12-28)	(12-28)
Glucose, Serum	90	77
	(65-99 mg/dL)	(65-99 mg/dL)
Chloride, Serum	96	97
	(96-106 mmol/L)	(96-106 mmol/L)

COLLECTION DATE	12/10/2019	08/26/2019
Calcium, Serum	9.6 (8.7-10.3 mg/dL)	9.1 (8.7-10.3 mg/dL)
Protein, Total, Serum	7.5 (6.0-8.5 g/dL)	7.8 (6.0-8.5 g/dL)
Albumin, Serum	4.2 (3.6-4.8 g/dL)	4.2 (3.6-4.8 g/dL)
Globulin, Total	3.3 (1.5-4.5 g/dL)	3.6 (1.5-4.5 g/dL)
Creatinine, Serum	0.67 (0.57-1.00 mg/dL)	0.64 (0.57-1.00 mg/dL)

**CBC With Differential/Platelet

COLLECTION DATE	12/10/2019	08/26/2019
Order Date	12/10/2019	08/26/2019
Result Date	12/11/2019	08/27/2019
Ordering Physician	Saxena, Naveen	Jenkins, Deborah
Immature Granulocytes	0 (Not Estab. %)	0 (Not Estab. %)
Immature Grans (Abs)	0.0 (0.0-0.1 x10E3/uL)	0.0 (0.0-0.1 x10E3/uL)
Baso (Absolute)	0.1 (0.0-0.2 x10E3/uL)	0.1 (0.0-0.2 x10E3/uL)
Eos (Absolute)	0.2 (0.0-0.4 x10E3/uL)	0.1 (0.0-0.4 x10E3/uL)
RBC	4.13 (3.77-5.28 x10E6/uL)	4.35 (3.77-5.28 x10E6/uL)
Lymphs (Absolute)	1.9 (0.7-3.1 x10E3/uL)	2.1 (0.7-3.1 x10E3/uL)
WBC	5.6 (3.4-10.8 x10E3/uL)	6.7 (3.4-10.8 x10E3/uL)
Monocytes(Absolute)	0.8 (0.1-0.9 x10E3/uL)	0.6 (0.1-0.9 x10E3/uL)
Hemoglobin	12.2 (11.1-15.9 g/dL)	12.6 (11.1-15.9 g/dL)
Hematocrit	37.3 (34.0-46.6 %)	39.6 (34.0-46.6 %)
MCV	90 (79-97 fL)	91 (79-97 fL)
MCH	29.5 (26.6-33.0 pg)	29.0 (26.6-33.0 pg)
MCHC	32.7 (31.5-35.7 g/dL)	31.8 (31.5-35.7 g/dL)
Platelets	512 H (150-450 x10E3/uL)	499 H (150-450 x10E3/uL)
Neutrophils	47 (Not Estab. %)	58 (Not Estab. %)
Lymphs	35 (Not Estab. %)	31 (Not Estab. %)
Monocytes	14 (Not Estab. %)	9 (Not Estab. %)
Eos	3 (Not Estab. %)	1 (Not Estab. %)
Basos	1 (Not Estab. %)	1 (Not Estab. %)

COLLECTION DATE	12/10/2019	08/26/2019
Neutrophils (Absolute)	2.7	3.9
	(1.4-7.0 x10E3/uL)	(1.4-7.0 x10E3/uL)
RDW	13.8	16.8
	(12.3-15.4 %)	H (12.3-15.4 %)

****Vitamin B12 and Folate**

COLLECTION DATE	08/26/2019
Order Date	08/26/2019
Result Date	08/27/2019
Ordering Physician	Jenkins, Deborah
Folate (Folic Acid), Serum	18.3
	(>3.0 ng/mL)
Vitamin B12	671
	(232-1245 pg/mL)

****Vitamin D, 25-Hydroxy**

COLLECTION DATE	08/26/2019
Order Date	08/26/2019
Result Date	08/27/2019
Ordering Physician	Jenkins, Deborah
Vitamin D, 25-Hydroxy	24.1
	L (30.0-100.0 ng/mL)

Occult Blood, Fecal, IA

COLLECTION DATE	08/26/2019
Order Date	08/26/2019
Result Date	08/26/2019
Ordering Physician	Deborah M Jenkins
Occult Blood, Fecal, IA	Negative

***PAP Ages 30 - 64 with STDs**

COLLECTION DATE	08/26/2019
Order Date	08/26/2019
Result Date	08/30/2019
Ordering Physician	Jenkins, Deborah
CICD10	Comment
HPV Aptima	Negative
DIAGNOSIS:	(Negative)
Chlamydia, Nuc. Acid Amp	Comment
	Negative
	(Negative)
Note:	Comment
Gonococcus, Nuc. Acid Amp	Negative
	(Negative)
Trich vag by NAA	Negative
Test Methodology:	(Negative)
Specimen adequacy:	Comment
Performed by:	Comment
	Comment

Progress Notes

Patient: Hudson, Judy J
Account Number: 30438
DO [REDACTED] **Age:** 62 Y **Sex:** Female
Phone: [REDACTED]
Address: [REDACTED]

Provider: Naveen R. Saxena
Date: 07/12/2019

Subjective:

Chief Complaints:

1. Here for Echocardiogram. 2. Pt is here for ECHO study.

Medical History:

Objective:

Assessment:

Assessment:

1. Fatigue, unspecified type - R53.83 (Primary)
2. Abnormal electrocardiogram [ECG] [EKG] - R94.31
3. Family history of heart disease - Z82.49

Plan:

1. Fatigue, unspecified type

Imaging: Echocardiogram

due to abnormal ekg, fatigue will proceed with echocardiogram for LV systolic and diastolic function.

2. Abnormal electrocardiogram [ECG] [EKG]

Imaging: Echocardiogram

due to abnormal ekg, fatigue will proceed with echocardiogram for LV systolic and diastolic function.

3. Family history of heart disease

Imaging: Echocardiogram

due to abnormal ekg, fatigue will proceed with echocardiogram for LV systolic and diastolic function.

Procedures:

Echocardiogram:

Echocardiogram Details of study **as below**. Chambers Good LV function, left ventricle mass 103 grams,, all chambers within normal limits . Valves Mild Mitral Regurgitation, Mild Tricuspid regurgitation. Wall motion no abnormality seen. Left Ventricular function Normal, , approximately 60%. Pericardial space no effusion. Other findings Aortic Root normal.

Procedure Codes: A4556 EKG ELECTRODES PER PAIR, A4557 EKG LEAD WIRES PER PAIR, 93306 ECHO W/DOPPLER, COMPLETE

Follow Up: 1 Week

Provider: Naveen R. Saxena

Patient: Hudson, Judy J **DOB:** 12/22/1956 **Date:** 07/12/2019

Electronically signed by Naveen Saxena , MD on 07/15/2019 at 10:25 AM EDT
Sign off status: Pending

Progress note

Patient: Hudson, Judy J
Account Number: 30438
DOB: 12/22/1956 **Age:** 62 Y **Sex:** Female
Phone: 261-230-2217
Address: 14 E C... Ill 60064

Provider: Naveen R. Saxena
Date: 07/12/2019

Subjective:

Chief Complaints:

1. Here for Nuclear Stress Test (rest only).
2. Pt is here for Nuclear Exercise / Persantine Stress test.

Medical History:

Objective:

Assessment:

Assessment:

1. Abnormal electrocardiogram [ECG] [EKG] - R94.31 (Primary)

Plan:

1. Abnormal electrocardiogram [ECG] [EKG]

Imaging: Stress Cardiolyte

Procedures:

*NUCLEAR Imaging with Stress / Persantine:

Procedure: Nuclear Stress Test. Diagnosis: Same as Assessment, Consent: Obtained . Indications for Test: Evaluation of Cardiac Status, Same as the indication for Stress testing . Pharmaceuticals: Tc-99m Cardiolite:, Rest 9.8 mCi, Stress 22 mCi. Raw Data: Acceptable. RESTING IMAGES No defect, normal uptake. STRESS IMAGES No defect, normal uptake. STRESS GATED LV FX normal. STRESS EF % EF normal at 60-65. Wall Motion: Abnormalities not noted. SPECT MYOCARDIAL PERFUSION IMAGES Normal Spect images - no defects. Response to the Procedure: The patient tolerated the procedure well without complications. IMP - ISCHEMIA Normal. IMPRESSION ARRHYTHMIA No arrythmia noted . IMP LV FUNCTION Good LV function.

*Persantin Stress test:

CONSENT Obtained. INDICATION Evaluation of Cardiac status. RESTING BP Systolic 120, Diastolic 80. RESTING HR 70 -80 per mt. PROCEDURE Adenosine was injected over 4 minutes intravenously. PROCEDURE HEART RATE RESPONSE As expected . PROCEDURE BP RESPONSE normal response . PROCEDURE EKG CHANGES Non specific ST - T changes. CONCLUSIONS Normal Adenosine stress test.

Procedure Codes: 93015 CARDIOVASCULAR STRESS TEST, A9500 RADOPHRM TECHTUM TC 99M SESTAMIBI 659450,660704, Units: 2.00 , 78452 Nuclear Stress Test

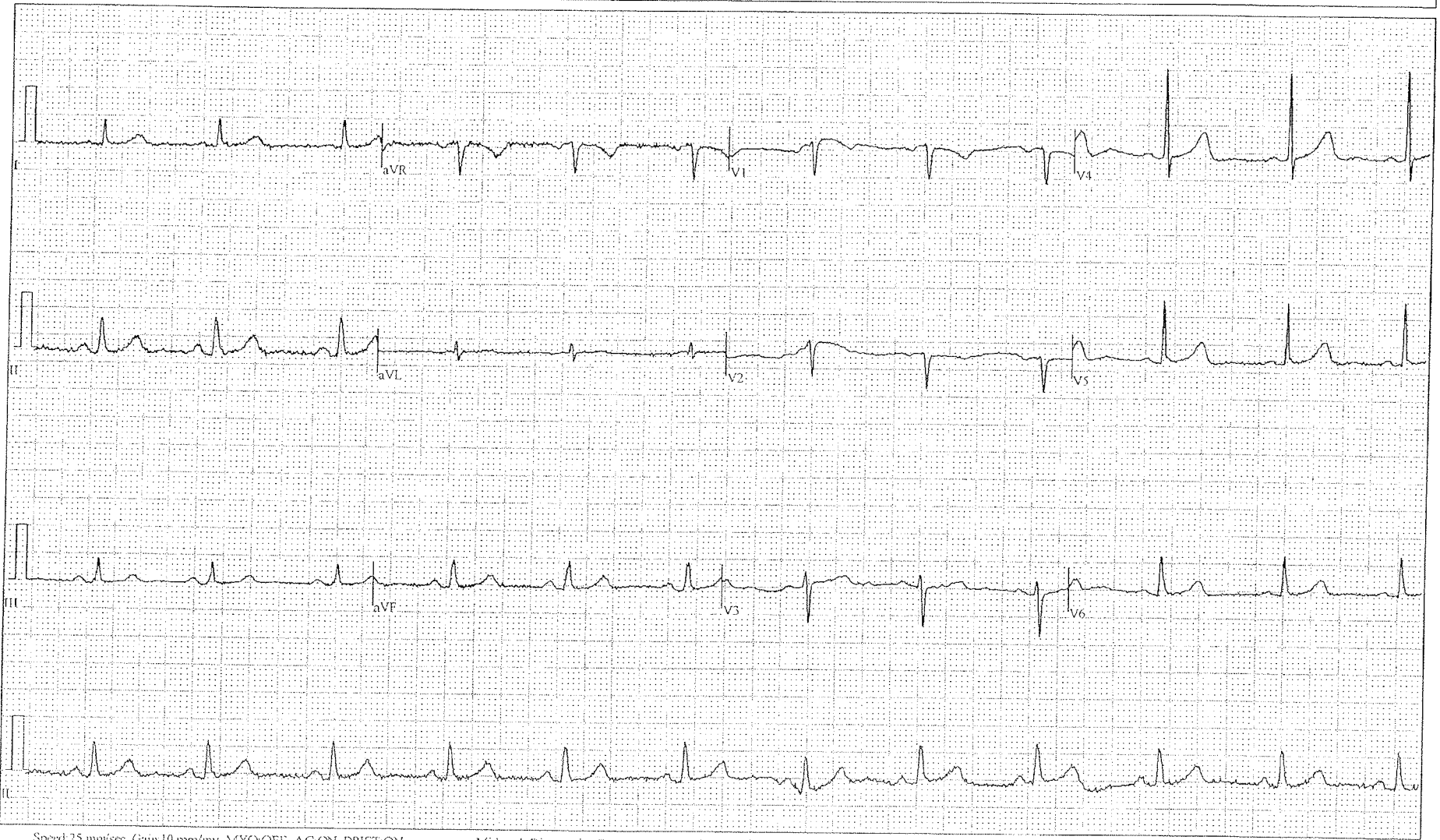
Follow Up: 1 Week

Provider: Naveen R. Saxena

Patient: Hudson, Judy J **DOB:** 12/22/1956 **Date:** 07/12/2019

Electronically signed by Naveen Saxena , MD on 07/17/2019 at 10:25 PM EDT
Sign off status: Pending

Name: Judy Hudson	Midmark Diagnostics Group	Rate: 70	BPM	Interpretation:
ID: 30438	Req. Physician: Saxena, Naveen	PR: 144	msec	Sinus Rhythm
Sex: Female	Technician: Vee	QT/QTc: 380/397	msec	- Negative precordial T-waves
BP:	History:	QRSD: 84	msec	Poor R wave progression V1, V2, V3
Weight: lbs	Medication:	P Axis: 69		Anteroseptal scar
Height: inches	Date of Report: 07/10/19 16:27:13	QRS Axis: 49		
DOB: [REDACTED]	Reviewed By: Dr. Saxena	T Axis: 53		
Comments:	Review Date: 07/10/19 17:02:06			



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Feb 03 2022

SC Court of Appeals

IN THE SUPREME COURT OF SOUTH CAROLINA
APPEAL FROM GREENVILLE COUNTY

Appellate Case No. 2020-001361

Oshaun J. Robinson, #327798

Respondent,

v.

State of South Carolina, Petitioner,

Petitioner

CERTIFICATE OF SERVICE
FOR
PROPOSED AMENDED RETURN
AND
PETITION FOR LEAVE TO FILE AMENDED RETURN

The undersigned Counsel for Respondent hereby certifies that a copy of her Petition for Appeal Bond, with attachments, has been digitally served on opposing counsel, Lillian Loch Meadows, Assistant Attorney General, on September 20, 2021. Attorney Meadows was copied on the transmittal email to the Court along with the attached Return. This document was digitally served upon opposing counsel at the email address listed below.

Tara D. Shurling

Tara Dawn Shurling
Attorney at Law
S.C. Bar No. 5099

ATTORNEY FOR RESPONDENT

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