any antibiotics or pain meds. So he started writing out the prescriptions. Then the dentist showed up and acted like oh now a doctor is involved and she asked him to get Sinius X-Rays done on me. Thus MR. Wade ordered the antibiotics, pain med and X-Rays. The X-Ray showed up an infection. I told the dentist how the X-Rays came back today 11-3-10 and she said it's up to MR. Wade to treat me. I told her that the tooth hole was still opened and sore. She said to tell MR. Wade as its out of her hands and MR. Wade may send me out to specialist. I feel the dentist is still upset over my grievance on her. She ordered me to leave because I threatened to write her up for not dealing with my dental problems she caused on 9.22.10. She is a dentist and she states everything is normal, but even a lay person can see I need dental attention. I have painful dental problems, but the dentist wont do anything for me. She allowed the infection to get to this point by not treating it on 9-28-10 when it first started, but even then she said it was normal.

Remedy Sought: To be given the dental treatment I need to stop my pain and suffering. I want my sinus fixed and the open tooth hole that goes through my sinus cavity. Also I want acts of retaliation stopped. I don't want to have to write grievances, but I can only grieve issues when dentist wont help me.

11-3-10

166314

PART B - RESPONSE

Curtis, James	166314	10-1289	SBCF	A2-210U
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

YOUR REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL HAS BEEN RECEIVED AND REVIEWED.

YOUR COMPLAINT IS THAT YOU ARE NOT RECEIVING THE DENTAL TREATMENT THAT YOU NEED IN ORDER TO STOP YOUR PAIN AND SUFFERING.

YOU WERE SEEN FOR A DENTAL SICK-CALL ON OCTOBER 26, 2010. AT THAT TIME YOU WERE PRESCRIBED LEVAQUIN 500MG PO DAILY. YOUR TOOTH WAS PULLED ON THE LEFT SIDE AND THE INFECTION YOU HAD WAS ON THE RIGHT SIDE.

YOU ARE BEING TREATED APPROPRIATELY BY MEDICAL. HOWEVER, IF YOU SHOULD EXPERIENCE ANY OTHER DENTAL PROBLEMS, PLEASE FILL OUT A SICK-CALL REQUEST.

BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS DENIED.

YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007 AND FORWARDING TO THE OFFICE OF INMATE GRIEVANCE APPEALS, 2601 BLAIRSTONE ROAD, TALLAHASSEE, FLORIDA 32399-2500.

Q. Ford, M.S.N., B.S.N., R.N.

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	11/22/2010 DATE

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

INMATE REQUEST

Mail Number:
Team Number: 1
Institution: SBCF

Grievance Coordinator

TO: (Check One) ☐ Warden ☐ Asst. Warden ☐ Classification ☐ Security ☐ Medical ☐ Mental Health ☐ Dental ☒ Other Grievance Coordinator

FROM:	Inmate Name	DC Number	Quarters	Job Assignment	Date
	James Curtis	166314	A2-210	H/m / Comp.	4-25-11

REQUEST

Check here if this is an informal grievance ☐

I'm writing you because I have A[illegible] dealing with dental that I gave to your office by placing in the box [redacted] to date I've not recieved responses back! one FDoc Sent me a reciept with Log# 106-35224 from Nov 8th 2010. Also I never got any reciept or response from the appeal of grievance Log# 10-1289. Will you find out whats going on with these Appeals. Will you provide me a Log# for the Appeal from 10-1289 and if at all possible a FDoc Log#. If these Appeals have been responded to then I've still not recieved any copies. Will you Send me copies if you have them. I believe over six months is way to long. Thank you.

James Curtis
166314

All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All informal grievances will be responded to in writing.

DO NOT WRITE BELOW THIS LINE

RESPONSE

DATE RECEIVED:

[redacted]

Grievance Log# 10-0387 was inadvertently placed in your Master file. I am also attaching Grievance Log # 10-0304 which was received on 4/13/2011. The Original copy was not in your Master File. A response to 10-1289 was returned to you on 11/22/2010. There were no Grievances filed for Tallahassee Through this office within 15 days concerning Dental

[The following pertains to informal grievances only:

Based on the above information, your grievance is _____. (Returned, Denied, or Approved). If your informal grievance is denied, you have the right to submit a formal grievance in accordance with Chapter 33-103.006, F.A.C.]

Official (Signature): B. M. Williams Date: 5/4/2011

Original: Inmate (plus one copy)
CC: Retained by official responding or if the response is to an informal grievance then forward to be placed in inmate's file

This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 10 days, following receipt by the appropriate person.

DC6-236 (Effective 10/19/09) (Technical Change 1/6/10)
Incorporated by Reference in Rule 33-103.019, F.A.C.

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

11-0095

RECEIVED
MAY 27 2011

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO: ☐ Warden ☐ Assistant Warden ☒ Secretary, Florida Department of Corrections

From. Curtis, James J	166314	South Bay
Last First Middle Initial	Number	Institution

11-6-11-0006

Part A – Inmate Grievance

I'm appealing my medical grievance now after finding out it never was sent to your office which I found out on 5-4-11. (See Attached Request). I'm appealing Grievance Log# 10-1289 on dental. on 10-26-10 I went to dental sick-call because I had a foul smelling yellowish brown puss with blood coming out of my left nostrel and dripping from where tooth #14 was pulled I told dentist of my severe pain. She said everything looked good/fine. I reminded her, its been over month and tooth socket not healing only getting worse. Dentist gave me cold med and told me to wait two weeks for call out to address pain/problem. ARNP Wade gave me Antibiotics and pain meds because dentist veteranarian wouldn't do anything. X-Rays showed Sinusitis and dentist admits in dental records wouldn't do anything for my dental pain and suffering told addressed in 2 weeks. Still not [illegible] treatment due to my grievances on dental. Remedy Sought: To be given dental care needed.

5-14-11
DATE

166314
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: Ø / None
Signature

PART B – RESPONSE

SEE ATTACHED RESPONSE

405
07B
10-1289

A2-2104

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

DATE

ORIGINAL: TO BE RETURNED TO GRIEVANT AFTER COMPLETION OF ACTION.

TEAR ON PERFORATION

MAILED/FILED WITH AGENCY CLERK
JUL 0 1 2011
Department of Corrections
Bureau of Inmate Grievance Appeals

PART B - RESPONSE

CURTIS, JAMES	166314	11-6-16006	SOUTH BAY C.F.	A2210U
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Appeal Denied:

Your request for administrative remedy was received at this office and it was carefully evaluated. Records available to this office were also reviewed.

In addition, the institution was contacted and they provided this office with information regarding the issues you presented.

It is determined that the response made to you by the Institution on 11/22/10 appropriately addresses the issues you presented.

It is the responsibility of the Dentist to determine the appropriate treatment regimen for the condition you are experiencing.

Records reviewed indicate that you have been seen by dental on 5/6/11, 5/9/11, and 6/1/11.

You are encouraged to cooperate with your dental staff by following the treatment regimen prescribed.

Should you experience problems, sick call is available so that you may present your concerns to your dental staff.

CONFIDENTIAL HEALTH RECORD/CARE INFORMATION INTENDED FOR ADDRESSEE(S) ONLY.
UNAUTHORIZED RELEASE OR DISCLOSURE MAY VIOLATE STATE AND FEDERAL LAW.

Pilar Tournay IISC

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	6/29/11 DATE

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10-13884-Ford

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED
NOV 30 2010
GRIEVANCE COORDINATOR

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO: ☑ Warden ☐ Assistant Warden ☐ Secretary, Florida Department of Corrections

From. Curtis, James T | 166314 | SBCF
Last First Middle Initial | Number | Institution

Part A – Inmate Grievance

This grievance is against dental. Now the dentist told me that DOC doesn't allow for her to do Root Canals and a tooth she pulled she said could have had a Root Canal to save it, but I was forced to allow it to be pulled. Now F.A.C. Chp - 33-402.101(7)(c)(5)(c) clearly state Root Canals are allowed and available. Yet the dentist her states they aren't allowed. Now dental staff are not following 33-402 Rules on dental procedures. Even as a private facility they got to honor the dental rules and standards offered by FDOC.

Remedy: To make dental at SBCF comply with 33-402.101 completely and offer Root Canals and other dental services as stated in this Rule.

11-24-10
DATE

166314
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: Ø1 NON
Signature

PART B – RESPONSE

A2-2104

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING | SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE | DATE

ORIGINAL: TO BE RETURNED TO GRIEVANT AFTER COMPLETION OF ACTION.

PART B - RESPONSE

Curtis, James	166314	10-1384	S. B. C. F.	A2-210U
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

YOUR REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL HAS BEEN RECEIVED AND REVIEWED.

YOUR COMPLAINT IS THAT THE DENTAL DEPARTMENT AT SOUTH BAY C. F. SHOULD COMPLY WITH 33-402.101 AND OFFER ROOT CANALS AND OTHER DENTAL SERVICES AS STATED IN THE RULE.

ACCORDING TO HEALTH SERVICES BULLETIN 15.04.13 SUPPLEMENT C-NON-EMERGENCY ENDODONTIC (ROOT CANAL) THERAPY IS AVAILABLE TO LEVEL III INMATES AT THE DISCRETION OF THE TREATING DENTIST.

BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS DENIED.

YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007 AND FORWARDING TO THE OFFICE OF INMATE GRIEVANCE APPEALS, 2601 BLAIRSTONE ROAD, TALLAHASSEE, FLORIDA 32399-2500.

Q. Ford, M.S.N., B.S.N., R. N.

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	12/22/2010 DATE

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(1 Copy) Retained by Official Responding

November 10, 2010

Inmate Curtis, James IM 166314 was seen on 10/26/2010 for a dental sick call. The inmate was given 15 packs of onset forte (antihistamine). He was also seen by the ARNP who ordered an X Ray of the sinus and prescribed the antibiotic Levaquin 500mg PO daily for 14 days. On 10/28/2010 the X Ray of the sinus was taken and the results were given to him on 11/1/2010 in which it was normal. The inmate verbalized understanding. Medical has no idea about any transfers of this inmate or retaliation. If you have any further concerns feel free to fill out a sick call request form.

Thank you,

Mrs. Brown, Acting HSA

"A"

Referred to Health Serv

405
090
07B
S

Office of Citizens' Services
OCT 15 2010
Log #: 10-706212

SECRETARY WALTER A. McNEIL — JAMES CURTIS DC#166314
Florida Dept. of Corrections — South Bay Correctional Facility
2601 Blair Stone Road — P.O. Box 7171
Tallahassee, FL 32399 — South Bay, FL 33493-7171

RE: Notice of Complaint seek Assistance

DEAR MR. McNeil: 10-7-10

I'm writing you as the Secretary over all Florida Dept. of Corrections. I'm hoping you can do Something about my issue to help me or you'll forward it to the Right Person or Agency who Can do Something. The problem is that staff at this facility retaliate for your use of the grievance process. Those actions violate the First Amendment of the Federal Constitution. Now I've gone to Senior Staff, but my pleas go unheard and your always brushed off. I've had problems with recieving needed care from medical for my chronic conditions. Thus I wrote grievances and state Agencies like Private Prison Monitoring and The Governor's office seeking help. Regional Director Ms Villacorta got involved along with Mr. Sherrod the contract monitor here and I got Some care by medical, but they didn't follow the Specialist Instructions and retaliated by taking away my medications, medical passes, and providing needed care. So on 9-22-10 I went to dental and got a tooth pulled. The dentist told me the tooth could be saved by a root canal but they don't do them. So my only option was to have tooth pulled. The dentist just wants to pull teeth not even fill them as it's cheaper and less work. Anyway when she pulled my tooth she broke the bone around my tooth and those bones are sharpe and jagged and sticking into and out of my gums, Thus Causing the wound to not heal. Also I got an infection and a hole goes to my Sinus Cavity and it drained into my Mouth. The area was and still is Swollen, Red, infected and very painful. So on 9-28-10 went to dental Sickcall, but dentist and Asst. Said my conditions were normal. They would not do any examination or anything for me. So I Said I was going to grieve the matter. So they got upset and kicked me out of dental and told me not to return. It's been two weeks and I'm Still having problems and Severe pain and suffering. I Can't get treatment out of retaliation because I Said I would grieve them.

to Sue. You were sent a copy of that by U.S. Mail and should have it by now. Well staff have like to retaliate by retaliatory transfers, bogus disciplinary Reports and no treatment. Ms. Villacorta called Mr. Wilson here in classification about the Retaliation back in August 2010. Dental staff is good friends with the Senior staff and Classification and are in the process to get me transferred. My prison record speaks for it's self. I've been in FDOC since 2001 and have no disciplinary Reports on my record. I've done vocational classes and want to take more. I'm no trouble maker sir, but the trouble makers get to stay here. But if you write grievances on a serious matter your put on the bus for transfer. Yet numerous dirty urines, drugs, and other serious disciplinary problems get to stay here. I've been here only since August 2009. Some guys over Ten years many over five even the trouble makers. I'm asking you to please get someone to investigate this and stop the reprisal. Also the staff here aren't trained in dealing with inmates like myself who have mental disabilities which we recieve treatment for. They go out of their way to harass you and make you go off. Mental health staff states the Security staff have no training in dealing with mental health inmates. Why does FDOC require training, but here at private prison they don't got to be trained and this is a mental health facility for inmates? I'm doing good with my mental health issues with my counselor who sees me every two weeks. I don't understand why I get punished for having to use my grievance system because of staff's misconduct. They tell you to write it up, but then retaliate once you do. The HSA got fired for falsifying documents. That should show how things operate. Please help me. I've gone to my classification officer Ms. Rivers who tells me classification is aware of the Reprisal against me. But no one will talk to my family and your always threatened by reprisal. You can't even get grievances to the warden here and Mr. Wilson you never get your request back from him. I need your help please sir, I may be moved by the time you get this letter if so it will prove my retaliation claims. There is no reasons for a transfer. I'm minimum custody, get all Above Satisfactory Ratings, No trouble on my record, and I don was write grievance. I get out in June 2012 I should be able to do my time here to take programs. I'm not any disciplinary problem. Please help and send copy of this to the warden here and head of classification Office.

Sincerely

10-0387

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED
JAN 06 2011
DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCES

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO: ☐ Warden ☐ Assistant Warden ☒ Secretary, Florida Department of Corrections

From. Curtis James T — 166314 — SBCI
Last First Middle Initial — Number — Institution

11-6-00697

Part A – Inmate Grievance

I'm Appealling my medical grievance given Log # 10-1384. Now dental staff here forced me to get a tooth pulled because the dentist stated they don't do Root Canals as FDOC don't allow them nor does GEO Group Inc. Now 33-402.101(7)(c) Rules state they are offered. The dentist doesn't want to follow or honor FDOC dental guidelines, policies and procedures to save time and money and support her policy of pulling teeth instead of fixing them even small cavities cause the tooth to be pulled. The doctor Mr. Wade referred me to dental months ago due to a open hole in my mouth from where a tooth was pulled and still hasn't taken place. Remedy Sought: To enforce FDOC Dental Guidelines, policies and procedures as required even if it's a private facility. Referral done months ago still no follow up. Follow FAC Rule 33-402.101(7)(c)(5)(c) Rule on Root Canals.

12-30-10
DATE

166314
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: Ø1 None
Signature

PART B – RESPONSE

SEE ATTACHED RESPONSE

405
OTB
10-1384 A2-2102

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

DATE

ORIGINAL: TO BE RETURNED TO GRIEVANT AFTER COMPLETION OF ACTION.
TEAR ON PERFORATION

FEB 2 8 2011
Department of Corrections
Bureau of Inmate Grievance Appeals

PART B - RESPONSE

CURTIS, JAMES	166314	11-6-00697	SOUTH BAY C.F.	A2210U
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Appeal Denied:

Your request for administrative remedy was received at this office and it was carefully evaluated. Records available to this office were also reviewed.

In addition, the institution was contacted and they provided this office with information regarding the issues you presented.

The Director of Dental Services, Dr. Shields also reviewed your appeal.

It is determined that the response made to you by the institution on 12/22/10 appropriately addresses the issues you presented.

It is the responsibility of the Dentist to determine the appropriate treatment regimen for the condition you are experiencing.

You are encouraged to cooperate with your dental staff by following the treatment regimen prescribed.

Should you experience problems, dental sick call is available so that you may present your concerns to your dental staff.

CONFIDENTIAL HEALTH RECORD/CARE INFORMATION INTENDED FOR ADDRESSEE(S) ONLY.
UNAUTHORIZED RELEASE OR DISCLOSURE MAY VIOLATE STATE AND FEDERAL LAW.

Pilar Tournay IISC

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	2/24/11 DATE

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EXHIBIT - F

11-0444-Finisse

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

RECEIVED
MAY 20 2011
GRIEVANCE COORDINATOR

TO: ☒ Warden ☐ Assistant Warden ☐ Secretary, Florida Department of Corrections

From. Curtis, James T — 166314 — South Bay
Last First Middle Initial — Number — Institution

Part A – Inmate Grievance

on 5-16-11 had meeting with H.S.A. Finisse. I told her of my dental problems and showed her two cavities. I explained how dentist Veeramachaneni refuses to do anything for me out of reprisal for my grievance & Notice of Intent to Sue Served on her. Ms. Finisse said GEO ordered my file for review. She said she cannot make dentist do anything and has to go with what dentist tells her. I explained my pain & Suffering due to dental conditions and she told me to wait on results from GEO Group Inc.'s investigation. GEO Cannot See my mouth And I'm unable to explain my problems. Thus I've placed Ms. Finisse on Notice of my problems and need for dental care which she has Power to order, but at this time wont do anything so I get to suffer in pain and she allows dentist & Asst. to Continue their retaliation and denial of needed dental Services. (Remedy Sought) To be given needed dental treatment to stop all pain & Suffering and stop all reprisal by denial of dental Care to fix dental Conditions. Veeramachaneni's Statement "Nothing wrong is not dental Care".

5-18-11
DATE

James Curtis 166314
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: Ø / NONE
Signature

PART B – RESPONSE

SEE ATTACHED RESPONSE

A2-2104

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

DATE

ORIGINAL: TO BE RETURNED TO GRIEVANT AFTER COMPLETION OF ACTION.

TEAR ON PERFORATION

PART B - RESPONSE

Curtis, James	166314	11-0444	South Bay C. F.	A2-210U
39118	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

YOUR REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL HAS BEEN RECEIVED AND REVIEWED.

YOUR COMPLAINT IS THAT YOU NEED DENTAL TREATMENT FOR TWO CAVITIES BUT DENTAL IS REFUSING TO DO ANYTHING FOR YOU BECCAUSE OF REPRISAL FOR WRITING GRIEVANCES AND NOTICE OF INTENT TO SUE THAT WAS SERVED ON HER.

THE DENTIST WAS CONSULTED AND INFORMED ME THAT DURING YOUR VISIT THERE WAS NO CLINICAL INDICATION THAT YOU REQUIRED ANY DENTAL WORK. A CONSULTATION REFERRAL REQUEST HAS BEEN INITIATED BY THE DENTIST. MEDICAL IS AWAITING A DECISION ON THE REQUEST.

BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS DENIED.

YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007 AND FORWARDING TO THE OFFICE OF INMATE GRIEVANCE APPEALS, 501 SOUTH CALHOUN STREET, TALLAHASSEE, FLORIDA 32399-2500.

N. Finisse, Health Services Admin.

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

6/6/2011
DATE

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED
JUN 22 2011
DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCES

11-0110

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO: ☐ Warden ☐ Assistant Warden ☒ Secretary, Florida Department of Corrections

From. Curtis, James T — 166314 — South Bay C.F
Last First Middle Initial — Number — Institution

11-6-18759

Part A – Inmate Grievance

I'm Appealing the denial of my dental grievance Log# 11-0444. My grievance was on the fact that the new Health Service Admin. N. Finisse saw me on 5-16-11 and saw my cavities and I told her how dentist Veeramachaneni refused to provide any dental care out of Retaliation for my grievances on dental and how I had Notice of Intent to Sue Notices served on her and dental Asst. Boldin. Ms. Finisse told me GEO was reviewing my file as my family complained to them and so did I by letter. Ms. Finisse told me she couldn't make the dentist do anything and has to go with what dentist tells her. I clearly exsplained my pain, suffering and daily misery since June 2010 when I first saw dental. Ms. Finisse would not do anything for me even after I showed her problems and she saw cavities. She has the power to make dentist do something to relieve my pain & suffering she also can stop all

6-7-11
DATE

"Continued"

James Curtis Dc # 166314
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: Ø / NONE
Signature

PART B – RESPONSE

SEE ATTACHED RESPONSE

76 11-0444

A2-2100

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

DATE

ORIGINAL - TO BE RETURNED TO GRIEVANT AFTER COMPLETION OF ACTION.

Forms of retaliation by SBCF dental staff if she so chooses to do so as she is over all health services at SBCF. Yet she is taking the position that dentist is providing properly needed dental care by simply stating always nothing is wrong. Its stated by responder that a consultation referral request has been initiated by dentist and waiting a decision. That decision is to not send me anywhere but keep stating nothing is wrong and state GEO and other dentist who comes to SBCF on fridays reviewed my file and feel all needed treatment is being done properly. And my pain & suffering cannot be dealt with as they dont find any reason for my pain. Ive never seen any other dentist, but Veeramachaneni period. I showed Ms. Finisse numerous parts of my dental file where things were not wrote in file, but stated in grievance response. Also how the two contradict each other. I also showed how tooth #14 being pulled on 9-22-10 and still over a month later on 10-26-10 she keeps saying its healing good. My pain, suffering and misery could be stopped, but Ms. finisse, dental staff refuse to do anything and purposely want to cause me torment and misery thats unbearable to punish me for my grievances. The dentist flat out refuses to provide needed dental care to stop my pain, suffering and misery. She has known about since June 2010 all the dentist wants to do is pull teeth.

Remedy Sought: To have all forms of reprisal stopped and to be given the needed dental care ~~for~~ to stop my pain, suffering and misery.

166314

6-9-11

MAILED/FILED
WITH AGENCY CLERK
AUG 15 2011
Department of Corrections
Bureau of Inmate Grievance Appeals

PART B - RESPONSE

CURTIS, JAMES	166314	11-6-18759	SOUTH BAY C.F.	A2210U
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Appeal Denied:

Your request for administrative remedy was received at this office and it was carefully evaluated. Records available to this office were also reviewed.

It is determined that the response made to you by the Institution on 6/6/11 appropriately addresses the issues you presented.

It is the responsibility of the dental staff to determine the appropriate treatment regimen for the condition you are experiencing.

Should you experience problems, sick call is available so that you may present your concerns to your health care staff.

CONFIDENTIAL HEALTH RECORD/CARE INFORMATION INTENDED FOR ADDRESSEE(S) ONLY.
UNAUTHORIZED RELEASE OR DISCLOSURE MAY VIOLATE STATE AND FEDERAL LAW.

Ebony O. Harvey IISC

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	8/11/11 DATE

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EXHIBIT - G

11-0447-Finish

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED
MAY 20 2011
GRIEVANCE COORDINATOR

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO: ☑ Warden ☐ Assistant Warden ☐ Secretary, Florida Department of Corrections

From. Curtis James T | 166314 | South Bay
Last First Middle Initial | Number | Institution

MEDICAL GRIEVANCE.

Part A – Inmate Grievance

on 11-10-10 Ms. Q. Ford the old H.S.A. responded to FDOC on my letter to them saying my Sinus X-Rays Come back normal when they clearly didnt and showed Right Maxillary Sinusitis. See Attached Copy of X-Ray Report which I just recieved. This shows clearly false statement and documentation to FDOC. This clear of face of the records.

Remedy Sought: To Stop this practise and notify FDOC of this error Also all forms of Reprisal by dental & all staff Stopped to include denial of needed dental care.

5-18-11
DATE

166314
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: Ø1 NONE
Signature

PART B – RESPONSE

SEE ATTACHED RESPONSE

A2-2101

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING | SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE | DATE

ORIGINAL: TO BE RETURNED TO GRIEVANT AFTER COMPLETION OF ACTION.

PART B - RESPONSE

Curtis, James	166314	11-0447	South Bay C. F.	A2-210U
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

YOUR REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL HAS BEEN RECEIVED AND REVIEWED.

YOUR COMPLAINT IS THAT THE PREVIOUS H.S.A. FALSIFIED DOCUMENTS BY STATING THAT YOUR SINUS X-RAY CAME BACK NORMAL. YOU WANT THE ERROR CORRECTED AND ALL FORMS OF REPRISAL BY DENTAL AND ALL STAFF TO STOP.

RECORDS INDICATE YOUR X-RAY REPORT OF 10/28/2010 CONCLUDED THAT YOU HAD RIGHT MAXILLARY SINUSITIS; OTHERWISE YOUR X-RAY WAS NEGATIVE. FURTHER REVIEW INDICATED YOU WERE SEEN BY MEDICAL ON 11/1/2010 AND IT WAS NOTED THAT YOU WERE BEING TREATED WITH ANTIBIOTICS.

THERE IS NO EVIDENCE TO SUBSTANTIATE YOUR CLAIM THAT THE PREVIOUS H.S.A. FALSIFIED DOCUMENTS NOR REPRISAL BY DENTAL OR ANY OTHER STAFF.

BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS DENIED.

YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007 AND FORWARDING TO THE OFFICE OF INMATE GRIEVANCE APPEALS, 501 SOUTH CALHOUN STREET, TALLAHASSEE, FLORIDA 32399-2500.

N. Finisse, Health Services Admin.

N. FINISSE, MSM
HEALTH SERVICE ADMINISTRATOR
S.B.C.F.

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

6/14/2011
DATE

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PART B - RESPONSE

Curtis, James	166314	10-1161	SBCF	A2-210U
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

YOUR REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL HAS BEEN RECEIVED AND REVIEWED.

ON 8/31/10, YOU WERE SEEN ON SICK-CALL WITH A COMPLAINT OF PAIN ON LOWER -LEFT. X-RAY AND CLINICAL EXAM REVEALED NOTHING ABNORMAL. YOU WERE GIVEN AN IN OFFICE ANTIMICROBIAL RINSE AND ADVISED TO DO WARM SALT WATER RINSES AND ORAL HYGIENE INSTRUCTIONS WERE REVIEWED. On 9/3/10- YOU WERE SEEN FOR A FOLLOW-UP. SINCE YOU INDICATED YOU DID NOT FIND ANY RELIEF WITH THE RINSES, YOU WERE PRESCRIBED ANTIBIOTICS AND PAINKILLERS FOR A POSSIBLE ACUTE PERIODONTAL INFECTION. ON 9/21/10- A DEEP CLEANING (SCRP) WAS PERFORMED ON LOWER LEFT QUADRANT. AT THIS TIME, YOU INDICATED YOU WERE ACTUALLY HAVING PAIN ON THE UPPER LEFT POINTING #14 AND THAT YOU WERE UNABLE TO BITE ON THE TOOTH. SINCE THIS IS A CLASSIC SIGN FOR A FRACTURED TOOTH, AN X-RAY AND CLINICAL EXAM WAS PERFORMED. YOU WERE ADVISED THAT THE #14 IS NON-RESTORABLE DUE TO THE FRACTURE AND NEEDED TO BE EXTRACTED. ALL OPTIONS WERE DISCUSSED AT THAT TIME. ON 9/22/10-AFTER YOU SIGNED THE CONSENT DC4-763, (WHICH CLEARLY STATES ALL THE RISKS PRIOR TO PERFORMING THE PROCEDURE), A SIMPLE EXTRACTION OF #14 WAS DONE. YOU WERE ADVISED THAT THERE WAS A MINIMAL FRACTURE OF BUCCAL BONE AND IF LEFT ALONE WOULD HEAL BY ITSELF AND IF IT WAS TAKEN OUT IT WOULD CREATE A BONE DEFECT. ON 9/28/10-YOU CAME TO SICK-CALL WITH COMPLAINTS OF PAIN ON EXTRACTION SITE AND DRAINING FROM THE SINUS WALL AND THAT YOU WERE BLOWING AIR THROUGH THE SOCKET. YOU WERE TOLD THAT SINCE THE EXTRACTION HAD BEEN LESS THAN A WEEK, YOU WERE NOT SUPPOSED TO BLOW AIR THROUGH THE SOCKET AS IT WOULD DELAY THE HEALING PROCESS. YOU WERE TOLD THAT YOU WOULD RECEIVE A FOLLOW-UP APPOINTMENT WITH DENTAL 2 WEEKS POST EXTRACTION AND THAT YOUR PAIN SYMPTONS WOULD BE ADDRESSED AS NEEDED. YOU WERE TOLD THE EXTRACTION SITE WAS HEALING AND THAT YOU NEEDED TO GIVE IT SOME TIME. YOU WERE UPSET AND LEFT DENTAL SAYING YOU WOULD GRIEVE IT.

IN REGARDS TO YOUR OTHER ALLEGATIONS OF DENTAL NOT PROVIDING CARE FOR YOU, PER TII5.04.13 SUPPLEMENT H SECTION R, INMATES SHOULD SUBMIT WRITTEN REQUEST UPON REACHING ELIGIBILITY TO OBTAIN DENTAL CARE. WHEN A REQUEST IS RECEIVED, THE NAME SHALL BE PLACED ON A LIST OF INDIVIDUALS AWAITING SERVICES ON A FIRST COME FIRST SERVED BASIS. DENTAL HAS NOT RECEIVED A REQUEST FROM YOU FOR COMPREHENSIVE CARE TO DATE.

DENTAL-SICK CALL IS AVAILABLE MONDAY-FRIDAY FROM 8:00 A.M. - 9:00 A.M. FOR YOUR CONVENIENCE. IF YOU ARE IN PAIN, YOU CAN SIGN UP FOR SICK-CALL OR DECLARE AN EMERGENCY.

BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS DENIED.

YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007 AND FORWARDING TO THE OFFICE OF INMATE GRIEVANCE APPEALS, 2601 BLAIRSTONE ROAD, TALLAHASSEE, FLORIDA 32399-2500.

Dr. Veeramachaneni, DDS

"C"

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	10/7/2010 DATE

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(1 Copy) Inmate

(1 Copy) Inmate's File - Inst./Facility

(1 Copy) C.O. Inmate File

(1 Copy) Retained by Official Responding

"C"

PEN

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

DATE AND TIME	DENTAL TREATMENT RECORD
8/31/10 0900	DSSC Visit - HQR-NSC. CC: "Pain on LL between the molars both ever since I ate beans in my tray & bit down on a rock." IPA done. #18, 19 past restorations intact, no pathology noted. Pocket depths of 4mms noted. Pt tender in the gingiva in the proximal to #18 & #19. Adv. pt to do warm salt water rinses. Chlorexeridine gluconate rinse given, OHI reviewed. Nothing abnormal noted at this time. Adv. pt the same. To FU c̄ pt. in 3 days after the rinses. NV: FU in 3 days. DR. VEERAMANCHANENI, DDS SBCF
9/3/10 0920	DS07/FU Visit - HQR-NSC. Pt still feels pain on LL posterior and did not find any relief after doing warm salt water rinses. Possible acute periodontitis on LL. Prescribed Erythromycin 500 mgm po TID for 10 days, Ibuprofen 800 mgm po TID for 10 days prn pain. NV: FU/SCRP LL quadrant. DR. VEERAMANCHANENI, DDS SBCF
9/21/10 1000	DS07/FU Visit - HQR-NSC. Pt here for localized SCRP of LL. Pt says he feels fine on LL & the pain actually is coming from UL posterior & he is not able to bite on it. IPA done. Recurrent distal decay noted on #14. Pt not able to bite on #14. Possible fracture on #14, & pt doesn't grade. Adv. the pt the same. Poor prognosis on #14 due to possible fracture & is non restorable. Adv. Ext of #14. NV: Ext #14. NO SCRP performed on LL at this time. DR. VEERAMANCHANENI, DDS SBCF
9/22/10 1500	DS07/FU Visit - HQR-NSC. Obtained consent for ext of #14. Pre rinse, 1 carpule septocaine c̄ 1:100,000 Epi infiltration given on UL posterior. Simple Ext/ socket curettage of #14 done.

Inmate Name: James Curtis
DC#: 166314 Race/Sex: W/M
Date of Birth: 10/19/74
Institution: SBCF

This form is not to be amended, revised, or altered without approval of the Deputy Director of Health Services Administration

(4)

DC4-724 (Revised 5/00)

"D"

PEN

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

DATE AND TIME	DENTAL TREATMENT RECORD
9/22/10 1500	Postop bleeding controlled. Postop written & oral instructions reviewed. Adv. pt. to take pain killers available at the dorm. NIV: FU in 2 weeks. DR. VEERAMANCHANENI, DDS SBCF
9/28/10 0930.	DSSC Visit - HQR NSC. CC: Had tooth pulled on 9/22/10 now got hole to sinuses & bone sticking in the gum plus bad tooth. Postop healing looks good on extraction site. Advised the pt. that the healing looks good & he needs to wait another 1-2 weeks for the discomfort to subside since its just been a week since his extraction. Pt. started having an attitude & started blowing air through the socket & says he has a hole in the ~~tooth~~ socket going into the sinus. Advised the pt. that he is not supposed to blow air through his nose or through the socket & let the healing process take place & if any communication exists it will heal & if it doesn't we would do further f/u to do the necessary Tx at that time. Pt. doesn't want to understand & says I will grieve on you & I will see you in court & left dental very mad. NIV: Postop f/u 1 week. DR. VEERAMANCHANENI, DDS SBCF
10/5/10. 1430	Formal grievance recieved & answered. Denied. DR. VEERAMANCHANENI, DDS SBCF
10/7/10. 1400.	Formal grievance recieved for similar issue, answered & returned. DR. VEERAMANCHANENI, DDS SBCF

Inmate Name James Curtis
DC# 166314 Race/Sex W/M
Date of Birth 10/19/74
Institution SBCF

This form is not to be amended, revised, or altered without approval of the Deputy Director of Health Services Administration

"E"

3

November 10, 2010

Inmate Curtis, James IM 166314 was seen on 10/26/2010 for a dental sick call. The inmate was given 15 packs of onset forte (antihistamine). He was also seen by the ARNP who ordered an X Ray of the sinus and prescribed the antibiotic Levaquin 500mg PO daily for 14 days. On 10/28/2010 the X Ray of the sinus was taken and the results were given to him on 11/1/2010 in which it was normal. The inmate verbalized understanding. Medical has no idea about any transfers of this inmate or retaliation. If you have any further concerns feel free to fill out a sick call request form.

Thank you,

Mrs. Brown, Acting HSA

"A"

Referred to health services

405
010
07B
5

Office of Citizens' Services
OCT 15 2010
Log #: 10-706212

SECRETARY WALTER A. McNEIL
Florida Dept. of Corrections
2601 Blair Stone Road
Tallahassee, FL 32399

JAMES CURTIS DC#166314
South Bay Correctional Facility
P.O. Box 7171
South Bay, FL 33493-7171

RE: Notice of Complaint seek Assistance

DEAR MR. McNeil: 10-7-10

I'm writing you as the Secretary over all Florida Dept. of Corrections. I'm hoping you can do Something about my issue to help me or you'll forward it to the Right Person or Agency who Can do Something. The problem is that staff at this facility retaliate for your use of the grievance process. Those actions violate the First Amendment of the Federal Constitution. Now I've gone to Senior Staff, but my pleas go unheard and your always brushed off. I've had problems with recieving needed care from medical for my chronic conditions. Thus I wrote grievances and state Agencies like Private Prison Monitoring and The Governor's office seeking help. Regional Director Ms Villacorta got involved along with Mr. Sherrod the contract monitor here and I got Some care by medical, but they didn't follow the Specialist Instructions and retaliated by taking away my medications, medical passes, and providing needed care. So on 9-22-10 I went to dental and got a tooth pulled. The dentist told me the tooth could be saved by a root canal but they don't do them. So my only option was to have tooth pulled. The dentist just wants to pull teeth not even fill them as it's cheaper and less work. Anyway when she pulled my tooth she broke the bone around my tooth and those bones are sharpe and jagged and sticking into and out of my gums, Thus Causing the wound to not heal. Also I got an infection and a hole goes to my Sinus Cavity and it drained into my Mouth. The area was and still is Swollen, Red, infected and very painful. So on 9-28-10 went to dental Sickcall, but dentist and Asst. Said my conditions were normal. They would not do any examination or anything for me. So I Said I was going to grieve the matter. So they got upset and kicked me out of dental and told me not to return. It's been two weeks and I'm still having problems and severe pain and suffering. I can't get treatment out of retaliation because I Said I would grieve them.

Portable Medical Diagnostic Inc.
8140 Belvedere RD Suite 4
West Palm Beach Florida 33411
(561) 964-7984

Patient Name	Date of Birth	Referring Facility
JAMES CURTIS - 166314	10/28/2010	SOUTH BAY CORRECTIONAL

Referring Physician	Faxed to
DAUPHIN	

Examination Submitted
SINUSES

Patient History

PAIN	Exam Date
	10/28/2010

Accession: 110238

Examination: SINUSES

Findings: Three views were taken. Mucoperiosteal thickening is seen in the right maxillary sinus. There is no air fluid level. There is no fracture or bone destruction. The remaining sinuses are clear. The orbital rims are intact. The nasal septum is in the midline. Conclusion:. Right maxillary sinusitis. Otherwise negative.

ROGER MCCLELLAN, MD
SIGNATURE ON FILE

10/28/10

Transcribed by: KAM

J. WADE, ARNP
SOUTH BAY CF

Attention! The Protected Health Information contained in this fax is highly confidential. It is intended for exclusive use by the Facility named above, and its designees. Unauthorized use is a violation of Federal Law (HIPAA), and will be reported as such. If you have received this fax in error, please destroy.

B

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

11-0121

RECEIVED
JUN 30 2011
DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCES

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO: ☐ Warden ☐ Assistant Warden ✱ Secretary, Florida Department of Corrections

From. Curtis, James T. 166314 SBCF
Last First Middle Initial Number Institution

11-6-20372

Part A – Inmate Grievance

I'm Appealing the denial of medical grievance Log# 11-0447. My Complaint is that the previous H.S.A. falsified a response back to FDOC by knowingly and untruthfully stating my Sinus X-Ray Came back Normal. SEE Exhibit A a Copy of H.S.A. Response to FDOC. Now Review Exhibit B a copy the X-Ray Report which clearly shows the X-Ray report did not Come back Normal, but showed Sinusitis which New H.S.A the responder admits to and admits I recieved medical Care for Sinusitis. Yet New H.S.A. States there is no Evidence to Substantiate my claim that previous H.S.A. falsified documents nor reprisal by dental or any staff. The Exhibits clearly Contradict each other, show fraud and prove falsification, I was done to cover up the misconduct by dental in which dentist Veeramachaneni is purposely and denying me needed dental care because I wrote grievances on her, Complaints to State Governmental Agencies, and a Notice of Intent to Sue. The New H.S.A. is covering up this misconduct by

6-17-11 (Continued) James Curtis 166314
DATE SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: Ø1 NONE
Signature

PART B – RESPONSE

SEE ATTACHED RESPONSE

405
070
11-0447

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING | SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE | DATE

ORIGINAL – TO BE RETURNED TO GRIEVANT AFTER COMPLETION OF ACTION.

her response when its clearly proven on the face of the record. The cover up is being done to ~~protek~~ protect SBCF Staff and GEO from liability and fraud. The reprisal can be shown by two other proven cases of falsification and cover up. Please See Exhibit C a copy of dental grievance Log # 10-1161 where dentist and previous H.S.A. Stated untruthfully that on 9-21-10 a deep cleaning was done. Now also see how its stated dentist broke/fractured my Buccal bone during extration of tooth #14 on 9-22-10. Yet now see how Exhibits D & E copies of my dental records show that on 9-21-10 the last sentence states no deep cleaning done and how the 9-22-10 entry never mentions the breaking or fracturing off my Buccal bone. This all together shows and proves falsification, cover-up, and fraud clearly and it's all on face of records. Its being done to cover up dentist misconduct of denial of dental care out of reprisal.

Remedy Sought: Im asking for this misconduct be stopped as it violates 33-208.002(12) Also to force dental staff to provide the needed dental care to stop my severe pain, suffering, misery and torment.

166314

6-17-11

WITH AGENCY CLERK
AUG 23 2011
Department of Corrections
Bureau of Inmate Grievance Appeals

PART B - RESPONSE

CURTIS, JAMES	166314	11-6-20372	SOUTH BAY C.F.	A2210U
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Appeal Denied:

Your request for administrative remedy was received at this office and it was carefully evaluated. Records available to this office were also reviewed.

Please be advised that this office cannot corroborate your allegations against the health care staff.

It is the responsibility of your Chief Health Officer to determine the appropriate treatment regimen for the condition you are experiencing.

Should you experience problems, sick call is available so that you may present your concerns to your health care staff.

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UNAUTHORIZED RELEASE OR DISCLOSURE MAY VIOLATE STATE AND FEDERAL LAW.

Ebony O. Harvey IISC

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	8/19/11 DATE

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EXHIBIT - H

11-0448 Finish

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED
MAY 20 2011
GRIEVANCE COORDINATOR

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO: ☑ Warden ☐ Assistant Warden ☐ Secretary, Florida Department of Corrections

From. Curtis, James T — 166314 — South Bay
Last First Middle Initial — Number — Institution

MEDICAL Grievance.

Part A – Inmate Grievance

I'm grieving that dentist Veeramachaneni admitted to an medical grievance Log# 10-1161 She broke my Buccal Bone yet it's never mentioned or placed into dental records for Some Reason. See copy of grievance and copy of dental files for 9-22-10 when tooth #14 pulled. I See many things I told dentist are not placed into records and things that took place are not found in records. Clear on file of Record.

Remedy Sought: To make Sure all records reveal what took place at a dental visit especially when it was a injury during tooth ~~extract~~ being Pulled; Also all forms of Reprisal by dental & all staff stopped to include denial of needed dental care.

5-18-11
DATE

166314
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: Ø / NONE
Signature

PART B – RESPONSE

SEE ATTACHED RESPONSE

A2-2/011

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

DATE

ORIGINAL: TO BE RETURNED TO GRIEVANT AFTER COMPLETION OF ACTION.

PART B - RESPONSE

Curtis, James	166314	11-0448	South Bay C. F.	A2-210U
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

YOUR REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL HAS BEEN RECEIVED AND REVIEWED.

YOUR COMPLAINT IS THAT THE DENTIST ADMITTED TO FRACTURING A BUCCAL BONE DURING AN EXTRACTION OF YOUR TOOTH; HOWEVER, IT WAS NOT PLACED IN YOUR DENTAL RECORDS. YOU WANT TO MAKE SURE RECORDS REVEAL WHAT TOOK PLACE AT A DENTAL VISIT. ALSO ALL FORMS OF REPRISAL BY DENTAL AND ALL OTHER STAFF STOP.

THIS IS NOT AN ABNORMAL OUTCOME WHEN PERFORMING AN EXTRACTION. PLEASE REFER TO THE CONSENT FORM PROVIDED TO YOU PRIOR TO THE PROCEDURE WHICH WAS READ AND SIGNED BY YOU. (SEE ATTACHED.)

ON JUNE 9, 2011, YOU WERE GIVEN A CALL-OUT TO ADDRESS ALL YOUR CONCERNS IN A MEETING WITH MS. BOLDIN, DENTAL ASSISTANT AND MS. FINISSE, HEALTH SERVICES ADMINISTRATOR.

YOU HAVE PRESENTED NO EVIDENCE TO SUPPORT YOUR CLAIM THAT DENTAL STAFF AND OTHERS ARE USING ANY FORM OF REPRISAL AGAINST YOU.

BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS DENIED.

YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007 AND FORWARDING TO THE OFFICE OF INMATE GRIEVANCE APPEALS, 501 SOUTH CALHOUN STREET, TALLAHASSEE, FLORIDA 32399-2500.

Dr. Veeramachaneni, D.D.S.

DR. VEERAMANCHANENI, DDS
SBCI

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

Willie B. Floyd

SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

6/14/2011

DATE

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11-0119

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED
JUN 30 2011
DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCES

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO: ☐ Warden ☐ Assistant Warden ☒ Secretary, Florida Department of Corrections

From. Curtis, James T — 166314 — South Bay
Last First Middle Initial — Number — Institution

11-6-20069

Part A – Inmate Grievance

I'm appealing dental grievance Log# 11-0448. The Complaint is dentist Veeramuthanen Fractured my Buccal Bone during the extraction of tooth #14 on 9-22-10 and never noted it any place in dental records for 9-22-10 and she never placed many other important problems I told her about in the dental files. This was done to cover up her misconduct, denial of needed dental care and her retaliatory actions of denying me needed dental care for my Serious and Seriously painful dental conditions. be I wrote grievance on her, Complaints to State governmental Agencies and filed a Notice of Intent To Sue on her. Upon review of Exhibit A you'll see dental grievance Log#10-1161 response shows where dentist admits to breaking Buccal Bone. Now See Exhibit B Copy of dental records for 9-22-10 which clearly shows this never noted. In the response to Grievance Log#11-0448 which I'm appealing here she never Justifies this misconduct she trys to say I Signed a Concent form (which was due to only option given) that doesent justify why she doctored the dental

6-17-11
DATE

(Continued)

166314
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: 01 None
#
Signature

PART B – RESPONSE

SEE ATTACHED RESPONSE

405
OTB
11-0448

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

DATE

records to not show this important fact. Also she left out the fact that she to was at the 6-9-11 meeting where I pointed out various deceptive practices on the face of the record done by her that constitute fraud and falsification. This included how see dental grievance Log # 10-1161 where she states a deep cleaning was done on 9-21-10 when clearly upon review of the attached dental records for 9-21-10 the last sentence for that date states no deep cleaning done. Yet the dentist keeps saying she done one to justify not providing needed dental care and reason for pulling tooth. Also Dentist and previous H.S.A falsely reported to FDOC that my sinus X-Ray came back normal when it came back showing sinusitis. See Exhibit "C" copy of response back to FDOC with copy of my complaint and Exhibit "D" copy of X-Ray report. There can't be any doubt of the falsification and cover up taking place here when it's on face of the records. It violates 33-208.002(12), And I'm still being denied needed dental care out of reprisal and the records are being doctored and falsified to cover this up, It's wrong and needs to stop.

Remedy Sought: To make sure FDOC knows of the falsification of dental records and grievances to cover up denial of needed dental care. Especially when serious like this. Also all forms of reprisal stopped and needed dental care provided.

166314

6-17-11

MAILED/FILED
WITH AGENCY CLERK
AUG 23 2011
Department of Corrections
Bureau of Inmate Grievance Appeals

PART B - RESPONSE

CURTIS, JAMES	166314	11-6-20069	SOUTH BAY C.F.	A2210U
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Appeal Denied:

Your request for administrative remedy was received at this office and it was carefully evaluated. Records available to this office were also reviewed.

Please be advised that this office cannot corroborate your allegations against the health care staff.

It is the responsibility of the dental staff to determine the appropriate treatment regimen for the condition you are experiencing.

Should you experience problems, sick call is available so that you may present your concerns to your health care staff.

CONFIDENTIAL HEALTH RECORD/CARE INFORMATION INTENDED FOR ADDRESSEE(S) ONLY.
UNAUTHORIZED RELEASE OR DISCLOSURE MAY VIOLATE STATE AND FEDERAL LAW.

Ebony O. Harvey IISC

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	8/19/11 DATE

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