EXHIBIT - A

Homestead Diagnostic Center

Please chart ASAP 12/1/08

Scheduled To see Dr Alpert 12/5/08

PATIENT NAME: Thomas, Permon
DOB: 05/06/1969
MR#: 93502
DATE OF EXAM: 11/21/2008
REFERRING MD: Julio Poveda, MD

Julio Poveda MD.
Lic#

MAGNETIC RESONANCE IMAGING OF THE RIGHT KNEE:

NO PRIOR FILMS OR REPORTS ARE AVAILABLE FOR COMPARISON.

MULTIPLE CONTIGUOUS 5 MM SAGITTAL SECTIONS OF THE RIGHT KNEE WERE OBTAINED UTILIZING T1- AND T2-WEIGHTED IMAGING SEQUENCES. ADDITIONAL VIEWS OF THE KNEE WERE OBTAINED IN THE CORONAL WITH STIR PROJECTION UTILIZING T1-WEIGHTED IMAGING SEQUENCES ADDITIONAL VIEWS OF THE KNEE WERE OBTAINED IN THE AXIAL PROJECTION UTILIZING T2-WEIGHTED IMAGING SEQUENCES WITH SAGITTAL FAT SUPRESSION.

THERE IS A MODERATE AMOUNT OF FLUID IN THE KNEE JOINT AND SUPRAPATELLAR BURSA. THERE IS SOME HETEROGENEOUS SIGNAL IN THE SUPRAPATELLAR BURSA WHICH MAY REPRESENT OSTEOCHONDRAL FRAGMENT VERSUS SYNOVIAL HYPERTROPHY. THE PATELLA SHOWS MILD HYPERTROPHIC CHANGE WITHOUT SIGNAL ABNORMALITY.

THE QUADRICEPS TENDON AND PATELLAR TENDON APPEAR TO BE INTACT.

THE ANTERIOR AND POSTERIOR CRUCIATE LIGAMENTS APPEAR TO BE INTACT. THERE IS EVIDENCE OF MILD TO MODERATE MEDIAL COLLATERAL TENOSYNOVITIS. THE LATERAL COLLATERAL LIGAMENT APPEARS TO BE INTACT.

THE ANTERIOR AND POSTERIOR HORNS OF THE LATERAL MENISCUS APPEAR TO BE INTACT. THERE IS EVIDENCE OF TEARS OF THE ANTERIOR POSTERIOR HORNS OF THE MEDIAL MENISCUS, PROBABLY ON A CHRONIC BASIS.

THERE IS SEVERE HETEROGENEOUS INCREASED SIGNAL NOTED IN THE MEDIAL FEMORAL CONDYLE ALONG THE CONDYLAR SURFACE AND TO A LESSER EXTENT THE MEDIAL PROXIMAL TIBIA. THIS PROBABLY REFLECTS A CHRONIC PROCESS LIKELY TO REFLECT PREVIOUS TRAUMA AND/OR INFLAMMATORY CHANGES. ADDITIONALLY, THERE ARE SUPERIMPOSED DEGENERATIVE OSTEOARTHRITIC CHANGES.

CONTINUED...

387 SOUTH HOMESTEAD BLVD.
HOMESTEAD, FL. 33030

EXHIBIT - A

WWW.Homestead-Diagnostic.com

PHONE: 305-246-5600
FAX: 305-246-1320

RE: Thomas, Permon
Date: 11/21/2008

MAGNETIC RESONANCE IMAGING OF THE RIGHT KNEE - CONTINUED:

CONCLUSION:

THE MRI EVALUATION OF THE RIGHT KNEE DEMONSTRATES THE FOLLOWING:

1. **MILD TO MODERATE FLUID IN THE KNEE JOINT AND SUPRAPATELLAR BURSA WITH PROBABLE SYNOVIAL HYPERTROPHY IN THE SUPRAPATELLAR BURSA.**
2. **LIKELY CHRONIC TEARS OF THE ANTERIOR AND POSTERIOR HORNS OF THE MEDIAL MENISCUS.**
3. **MEDIAL COLLATERAL LIGAMENT TENOSYNOVITIS.**
4. **DIFFUSE HETEROGENEOUS INCREASED SIGNAL MOSTLY INVOLVING THE MEDIAL FEMORAL CONDYLE ESPECIALLY ALONG THE CONDYLAR SURFACE. AGAIN, THIS APPEARS TO REPRESENT A CHRONIC PROCESS WITH POSSIBLE OSTEOCHONDRAL DISEASE. ETIOLOGY MAY BE POSSIBLY POST TRAUMATIC OR INFLAMMATORY.**

RECOMMENDATIONS:

PLAIN FILM AND BONE SCAN AND FOLLOWUP ORTHOPEDIC EVALUATION IS SUGGESTED.

already referred to orthopedist

Please Pull chart ASISP !!! + Call S/M Today 12/01/08

thank

JULIO POVEDA MD
CHIEF HEALTH OFFICER

THIS REPORT WAS ELECTRONICALLY SIGNED
Robert S. Elias, MD
Radiologist
RSE:ms DD:11/25/08 DT:11/26/08

12/1/08

R. RUEL, RN
DADE C.I.

EXHIBIT - B

Departr ... of Corrections – Office of Hea ... rvices

Requ... r Prior Approval of Health Care S... ices

Surgery, Procedures, Scheduled Hospital Admission and Ancillary Services

ALL BLANKS MUST BE COMPLETED - MANDATORY

Attach all pertinent documentation to expedite the approval process: DC4-701, Laboratory and X-ray Reports, Consultation Reports, etc.

Routine _____ **Urgent** _____ **Emergent** _____

Sending Institution: DCI _____ Date of Request _____

DIAGNOSIS: Abnormal x Ray of M Knee —

Date of Onset _____ Preexisting Condition _____

Surgery/Procedure Requested _____

Facility where Surgery/Procedure/Other to be Scheduled:
RMC _____ RMC-MSU _____ MMCJ _____ FHE _____ Other _____ (Identify)

Attending Physician Julio C Poveda MD Telephone Number (305) 242-2300

Estimated -LOS: _____ Hospital Cost _____ Physician Cost _____

...tal Estimated Costs: _____ Date Faxed to UM Julio C. Poveda MD.

Lic# _____

Signature of Chief Health Officer _____

****

Date Prior-approval Received in Utilization Management _____

Date Approved _____ Signature of Nurse Reviewer _____

Date Referred to Physician Advisor _____

Date Reviewed by Physician Advisor _____ Approved Y ___ N ___

If the Physician Advisor does not approve Request, a Memorandum will be sent to the Chief Health Officer.

Institutions will be notified of status of approval process via fax (in the future will be e-mailed). Institutional logs should be carefully maintained to reflect the status of approval process and completion date of surgery/procedure. If you have any questions regarding the approval process, please call the Utilization Management Section at Reception Medical Center (386-496-6720).

Inmate Name Thomas Ferman

DC# 425550 – **Race/Sex** B/M –

Date of Birth 4 – 6 – 68 –

Institution: DCI

Custody Level _____

EOS Date _____

SS # _____

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

EXHIBIT - C

CONSULTANT'S REPORT

NO PROCEDURE(S) MAY BE PERFORMED WITHOUT PRIOR APPROVAL BY THE REGIONAL MEDICAL EXECUTIVE DIRECTOR, DEPARTMENT OF CORRECTIONS

Additional History: This is a 39 y/o male patient c/o pain at the Right Knee. Patient underwent arthroscopic surgery at Larkin Hospital on 1989.
At examination there is tenderness at the medical and lateral compartments of the R Knee.

Findings: MRI of the R Knee from 11/21/08 evaluated

Dx: Chronic pain Right Knee. OK [illegible]
Right Knee osteoarthritis. DC 701
MCL tenosynovitis Julio C. Poveda MD Lic# [illegible] 12/15/08

Plan: - Injected R. Knee 3 cc of Lidocaine + 1 cc Kenalog. Patient tolerated procedure well.

Recommendations: - Advised Knee brace.

On my opinion patient will not benefit with surgical procedures at the present time. Should continue conservative treatment. F/Up consult in 3 months is advised

12/9/08
AGUILAR
M.D.
DADE CI

Consultant Signature/Stamp: [signature] Date: 12/5/08

IT IS ABSOLUTELY NECESSARY THAT INMATES ARE NOT MADE AWARE OF ANY INFORMATION PENDING ANY APPOINTMENT OUTSIDE THE INSTITUTION

Inmate Name _____
DC# _____ Race/Sex _____
Date of Birth _____
Institution _____

USE ADDITIONAL SHEET(S) AS NECESSARY

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

EXHIBIT - D

ID: 42550
DOB: 5/6/69

Jose Luis Ponce de Leon, M.D
9746 Coralway Miami Fl 33165
ORTHOPEDIC CONSULTANT

PATIENT'S NAME: Thomas Permon DATE: 02/17/09

PATIENT STATES: That fell severe pain at the right knee. The pain is worse during ambulation. Patient states that the pain started 1989 while was resting and twisted the right knee. Patient states that underwent arthroscopic surgery on 1989 and a cartilage piece was removed.

PHYSICAL EXAMINATION: Tenderness right knee medial compartment, FP crepitus, minimal effusion. Patient walks with a limp.

See Dy 201
714 B 700 B
dated 2/17/09
15:20 Hours

REVIEW OF PAST MEDICAL HISTORY:
Arthroscopic surgery R knee 1989
Arthroscopic surgery L knee 1993

Julio C. Poveda MD.
Lic#

ALLERGIES: NKDA

EXHIBIT - D

Jose Luis Ponce de Leon, M.D
9746 Coralway Miami Fl 33165

PATIENT'S NAME: X Rays of the R and L Knees Standing AP view shows severe degenerative changes at the medial compartment of the R knee and complete narrowing of the medial articular space and osteophyte formation, there is also narrowing of the medial articular space of the left knee with mild degenerative changes.

DATE:

X-RAY:

Please see DC 701 4, Dated 2/17/09 1515 Hours

DIAGNOSIS: Severe osteoarthritis Right knee — mild osteoarthritis left knee.

TREATMENT: Injected Right knee 3 cc of lidocaine + 1 cc kenalog. Aspiration of the knee was done previously and no synovial fluid obtained. Patient tolerated procedure well.

STUDIES ORDERED: I have explained to patient that an arthroscopic surgery is not indicated due the advanced osteoarthritis. I have explained that the only option is a Total Knee Replacement, but the patient is still young for the procedure, nevertheless, there is no other possibility.

RESTRICTIONS AND LIMITATIONS: If the patient agrees, a total knee replacement can be done as definitive treatment for his condition

Julio C. Poveda MD. Lic#

EXHIBIT - E

FLORIDA DEPARTMENT OF CORRECTIONS

HEALTH INFORMATION SUMMARY FOR EMERGENCY TRANSFER TO OUTSIDE HOSPITAL

PLEASE PRINT

If assessment is performed by health staff other than physician, form must be reviewed and signed by a physician/CA on the next working day.

Time of event: _____

Brief history of event (if accident, state where, when, and how injured; if illness, describe): [illegible]

History of medical/mental health problems: _____

Vital Signs: Temp 97.4 °F Pulse 72 /Min. Resp 18 /Min. Blood Pressure 130/80

Condition on arrival to medical (check): ☑ Stable ☐ Unstable ☐ Bleeding ☐ Unresponsive

Assessment: No obvious injuries. Pain, nausea, vomit, loss of appetite etc

Medication/IV? ☑ No ☐ Yes (name and time given): Keep IV to continue

Labs ordered? ☑ No ☐ Yes (type): _____

Lab results (if applicable/available): N/A

Treatment ordered? ☐ No ☑ Yes (type): Pain, Cam, No Nausea, NSAID and Stomach Narcotics (Condition treating)

Inmate response to treatment: [illegible]

Diagnosis (physician/CA only): Abdominal pain [illegible] Dr Force de Leon Office 2/17/09

EMS activated? ☐ No ☑ Yes → Time _____ Physician contacted? ☐ No ☑ Yes → Time 9:15 am

Transferred to: Dr Force De Leon - Orthopedic Office

Transferred at (time): _____ Condition at transfer: ☑ Stable ☐ Unstable

Health Care Provider's Signature and Stamp: Julio C. Poveda MD. Lic# _____ Date/Time: _____

Reviewing Physician's Signature and Stamp: _____ Date/Time: 2/17/09

Inmate Name Thomas Ryan

DC# 421510 Race/Sex B/M

Date of Birth 5-6-65

Institution DCI

Distribution: White—Health Record
Canary—Hospital Emergency Room
Pink—EMS (Emergency Medical Services)

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

EXHIBIT - F

FLORIDA DEPARTMENT OF CORRECTIONS
Chronological Record of Health Care

Allergies NKDA
DATE/TIME
2/17/09

Incidental Note -
Fly to Consult Fly after Orthopedist (#3) evaluation + treatment.
I/m returned from Orthopedist -
Got a new local infiltration over his (R) knee joint was aspirated but NO fluid obtained
Inmate was told (by Orthopedist) - that an orthoscopic surgery is not indicated due to his advanced arthritis - next step to do is a total knee replacement but Inmate is still going for the procedure.

See Day 714B

D/c Mothin - I/m is on Naproxen 500 mg BID for pain -

Orthopedist said "If the patient agree, a total knee replacement can be done as definitive treatment for his condition" -

Not Fly recomended at this time -

I/m was recomended to continue with same plan of treatment - Cardiopro + Tylenol #3 (just combined; Q Naproxen PRN as needed) - Rest, Brace, No work, Low Bottom Bunk, Cane, report us any new symptom -

Provider Fly - 2 weeks.

Julio C. Poveda MD.
Lic#

Inmate Name Thomas Perlmon
DC# 21.550 Race/Sex B/M
Date of Birth 05/04/69
Institution DCY -

S- Subjective Data
O- Objective Data
A- Assessment of S and O Data
P- Plan

This form is not to be amended, revised, or altered without approval by the Office of Health Services-Administration

DC4-701 (Revised 5/07)

EXHIBIT - G

FLORIDA DEPARTMENT OF CORRECTIONS
HEALTH SLIP/PASS

The below-named inmate is authorized for:

☐ Bed rest lay-in From____ To____
☒ Low/bottom bunk From 2/13/09 To 2/13/10
☐ No shave From____ To____
☒ Restricted activity From 2/13/09 To 2/13/10
☐ Restrictions: No work at this time until to medically cleared by MD
☐ Other: From____ To____

Inmate THOMAS PERRIN
DC# B425550 R/S B/M
Date of Birth 4/13/69
Institution DCI

Authorized by MD. Julio C. Poveda
Lic# (Initial & Name Stamp)
Date: 2/13/09

Health Slip/Pass
DC4-701D (2/96) White/Medical Yellow/Security Pink/Inmate

EXHIBIT - H

FLORIDA DEPARTMENT OF CORRECTIONS

Chronological Record of Health Care

Allergies: NKDA

DATE/TIME 10/28/08

See previous page Dated 10/28/08 –

1600 –

(A) LE →

(M) Knee ϕ Skin discoloration

(++) Tenderness c̄ mixed inflammation

ϕ Calf Tenderness ϕ Edema

ϕ Distal neurovascular deficits

ϕ Hominan signs

He refer to get just partial pain improvement! NSDIR.

will do ✓ (1) (R) Knee Brace (hard)

✓ (2) No Prolonged Standing >5' no push, no pull, no lift >5 lb, low Bott – Bunk

✓ (3) Mitrum booking BID = PRN for Pain –

✓ (4) If Pain persists may use Ultram Tr Tiro TID

✓ (5) No work until to be re-assessed by Ortopedic

✓ (6) New x Ray + MRI 3 (M) Knee (urgent) + Ortopedic Consult – (DC4702 x 2 done)

DC4705A done (R+L)

Tunnel view (ordered)

✓ (7) Flag c̄ Provider < 1 week –

✓ (8) Report vs any new Dx –

✓ (9) Analgesic Balsam TID PRN

Julio C. Poveda MD.
Lic#

Julio C. Poveda MD.
Lic#

Inmate Name Thomas Perman

DC# 125550 – Race/Sex B/M

Date of Birth 4/6/68

Institution DCI

S- Subjective Data
O- Objective Data
A- Assessment of S and
P- Plan

This form is not to be amended, revised, or alt
of the Director of Health Services Administra

DC4-701 (Revised 5/07)

EXHIBIT - I

FLORIDA DEPARTMENT OF CORRECTIONS
PHYSICIAN'S ORDER SHEET
USE BALL POINT PEN ONLY-PRESS FIRMLY—NO MORE THAN ONE ORDER PER LINE

Institution: DCI | Date: 10/28/01 | Time: 1400 | ☐ Inpatient ☑ Outpatient | Inmate Name: Thomas Lerman | DC#: 475150 | Dorm: | Diagnosis: R knee pain

STAT | Initial Each Order as Transcribed | List Allergies Here: NKDA

(1) Knee pad Brace — PRN

(2) Motrin 600 mg PO BID — 60 days

(3) Ultram 50 PO QID — 60 days PRN

Time Noted: 1400 | Nurse Signature/Stamp: [illegible] | Doctor Signature/Stamp: Julio C. Poveda MD. Lic# | Date/Time: 10/28/01 1400

DC4-714B (9/05) Distribution: White Original—Pharmacy Canary—Medical Record

FLORIDA DEPARTMENT OF CORRECTIONS
PHYSICIAN'S ORDER SHEET
USE BALL POINT PEN ONLY-PRESS FIRMLY—NO MORE THAN ONE ORDER PER LINE

Institution: DCI | Date: 10/28/01 | Time: 1400 | ☐ Inpatient ☑ Outpatient | Inmate Name: Thomas Lerman | DC#: 475150 | Dorm: | Diagnosis: R knee pain

STAT | Initial Each Order as Transcribed | List Allergies Here: NKDA

(4) Phy. Provider = 11/3/08 — (RM) Days 1 D done

Time Noted: 1400 | Nurse Signature/Stamp: [illegible] | Doctor Signature/Stamp: Julio C. Poveda MD. Lic# | Date/Time: 10/28/01 1400

DC4-714B (9/05) Distribution: White Original—Pharmacy Canary—Medical Record

FLORIDA DEPARTMENT OF CORRECTIONS
PHYSICIAN'S ORDER SHEET
USE BALL POINT PEN ONLY-PRESS FIRMLY—NO MORE THAN ONE ORDER PER LINE

Institution: DCI | Date: 10/28/01 | Time: | ☐ Inpatient ☑ Outpatient | Inmate Name: Thomas Lerman | DC#: 475150 | Dorm: | Diagnosis: (R) knee pain

STAT | Initial Each Order as Transcribed | List Allergies Here: NKDA

Motrin 600 mg PO BID — 60 days + Food PRN PRN Pain # 60

Ultram 50 PO QID — 60 days PRN PRN

(DC1 done) Pain

Time Noted: 1400 | Nurse Signature/Stamp: [illegible] | Doctor Signature/Stamp: Julio C. Poveda MD. Lic# | Date/Time: 10/28/01 1400

DC4-714B (9/05) Distribution: White Original—Pharmacy Canary—Medical Record

EXHIBIT - J

FLORIDA DEPARTMENT OF CORRECTIONS
HEALTH SLIP/PASS

The below-named inmate is authorized for:

- ☐ Bed rest lay-in From _____ To _____
- ☒ Low/bottom bunk From [illegible] To [illegible]
- ☒ No shave From _____ To _____
- ☒ Restricted activity From [illegible] To [illegible]
- ☐ Restrictions: _____

☐ Other: From _____ To _____

Inmate _____
DC# _____ R/S _____
Date of Birth _____
Institution _____

Authorized:
Julio C. Poveda MD
LC# (Initial & Name Stamp)
Date: _____

Health Slip/Pass
DC4-701D (2/96) White/Medical Yellow/Security Pink/Inmate

FLORIDA DEPARTMENT OF CORRECTIONS
HEALTH SLIP/PASS

The below-named inmate is authorized for:

- ☐ Bed rest lay-in From _____ To _____
- ☒ Low/bottom bunk From [illegible] To [illegible]
- ☐ No shave From _____ To _____
- ☒ Restricted activity From [illegible] To [illegible]
- ☐ Restrictions: _____

☐ Other: From _____ To _____

Inmate _____
DC# _____ R/S _____
Date of Birth _____
Institution _____

Authorized:
JULIO POVEDA MD
CHIEF HEALTH OFFICER
LC# (Initial & Name Stamp)
Date: _____

Health Slip/Pass
DC4-701D (2/96) White/Medical Yellow/Security Pink/Inmate

EXHIBIT - K

3/10/09

Att.: Ms. Villacorta

From: Permon Thomas 425550

Ms. Villacorta, this is a request to denounce my Law-Clerk Certificate and have it erased from my file because I'm being ordered and forced to work in violation of Doctor's orders. The I.C.T. Team and my supervisor Ms. Stover are ignoring my medical pass for no work. The first time in December I was assigned to inside grounds by the I.C.T. Team inspite of producing my medical pass. A week later the doctor straightened it out and I was assigned as a house-man. A week later the I.C.T. assigned me as a Law Clerk in spite of my pleas to assistant Warden Tate and Classification Rivera while producing my medical pass. I was told that if I didn't work I won't receive no gain-time. Now Ms. Stover is forcing me to work on my bad

Exhibit 1.

Knee even pushing me to do Confinement Runs while in pain, And basically thats why it deteriated further the first time I was force to work Confinement And T.C.U. Its Already deteriated And the work is increasing the Rapidity of my Condition. When I First started back working, it got worse. Ms. Villaconta please can you assure that my medical pass is honored And not to be Forced to work on my bad Knee. Also please protect me from Retaliation, because I feel threatened that if I refuse I'm going to be written up And possibly transferred. I'm trying to get home to my Child. In good health At that.

Permon Thomas

Permon Thomas 425550
Dade C.I.

MAR 1 1 2009

EXHIBIT - L

Mr. Vernon Thomas 425550

April 7, 2009

Dear Ms. Villacorta,

I received your letter dated March 23, 2009 stating I was changed to unassigned per Doctor Poveda. Thank you for your help and concern.

The problem is that I'm now assigned as a houseman. This occured after you contacted Classification officer Mr. Rivera, he paged me in his office after first seeing Dr. Poveda on March 19, 2009.

When I entered his office Mr. Rivera asked me what did Dr. Poveda and I discussed. I said my No work pass. He said, "thats all", I said "yes". He said, "do I have to go get Dr. Poveda and let him tell you what he told me?" I said, "Yes". He said well Dr. Poveda told him I could work.

He told me if I have a no-work pass I have "to be locked in the infirmary 24 hours and receive no gain time. No inmate could be on the compound with a no-work pass." I asked him to show me that rule and he said he would, therefore I had to alter my pass to light duty or be locked in the infirmary and get no gain time.

EXHIBIT - D

He said I need to give him an answer before I left his office so he could answer the complaint letters he got faxed from Ms. Villacorta and Tallahassee.

I said well, do what you got to do because I'm not going to be locked in the infirmary 24 hours a day. He said come on.

He went to the records room and called Dr. Poveda in the hallway with me and Mr. Clark and told Dr. Poveda he had to alter my No-work pass to light duty or I would be locked in the infirmary 24 hours and receive no gain time. Dr. Poveda told him, "but his knee is no good and in bad shape that he has to have surgery", and Mr. Rivera told him he has to alter the pass or I'll be admitted to the infirmary and get no gain time. Dr. Poveda reluctantly agreed.

Prior to departing, in the hall-way, Mr. Rivera told me theres no need for me to be writing the paperwork because it ain't going to do no good any-way.

Prior to leaving medical, I told Nurse Morrales to tell Dr. Poveda to not change my No-work pass, if Mr. Rivera was going to admit me to the infirmary then I would go, because I care about my health more than gain time or access to the compound. I was given a pass to see Dr. Poveda the next day who told me to keep my No-work pass.

I saw Mr. Rivera in the lobby and

told him I was going to keep my no-work pass, so he could go ahead and have me admitted to the infirmary. He said, "Dr. Poveda has to do that, I don't have any thing to do with that."

A few days later I was placed on I.C.I. call-out and placed as a house-man by Ms. Tate, Mr. Shoney, and the Keanal. I haven't been classified as unassigned yet.

Question:

Will you contact this institution and advise them of your letter of unassigned so I won't get in no trouble prior to my surgery being approved and performed? Thank You!

Permon Thomas

Permon Thomas 425550
Dade Corr. Inst.
19000 S.W. 377th St.
Suite 300
Florida City, Fla. 33034

EXHIBIT - M

Att: Ms. Tina Hayes
From: Permon Thomas

3/10/09

Ms. Tina Hayes,

This is a request to "Denounce" my Law-Clerk Certificate and have it erased from my file because I'm being ordered and forced to work in violation of Doctor's orders. The I.C.T. Team and my supervisor Ms. Stover are ignoring my medical pass for no work at this time. The first time in December I was assigned to Inside ground by the I.C.T. in spite of producing my medical pass. A week later the Doctor straightened it out and I was assigned as a house-man. A week later the I.C.T. assigned me as a Law-Clerk in spite of my pleas to Ass. Warden Tate and Classification Rivera while producing my medical pass. I was told that if I didn't work I won't receive no gain-time. Now Ms. Stover is forcing me to work on my bad knee even in visiting confinement while in pain, and basically thats why it deteriated further the first time I was forced to work confinement and T.C.U. Its already deteriated but the work is increasing the rapidity of my condition. When I first started back working it got worse. Ms. Hayes would you see what can be done to have my medical pass honored and not to be forced to work on my bad knee. And not to be retaliated against, because I feel threatened that if I refuse I'm going to be written up and transferred. I'm trying to get home to [illegible] Permon Thomas 425550

EXHIBIT - N

DEPARTMENT OF CORRECTIONS

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

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

From: Thomas, Pernon V. 925550 Dade
Last First Middle Initial Number 09-6-08280 Institution

EMERGENCY MEDICAL GRIEVANCE

Part A – Inmate Grievance I'm bypassing the Formal Grievance because I'm in pain and hurting.

This is a Request to "Denounce" my Law-Clerk Certificate and have it erased from my File because I'm being forced to work in violation of doctor's orders. The I.C.T. Team and my Supervisor Ms. Stover is ignoring my Medical pass for no work at this time. The First time in Either ~~November or~~ December I was assigned to the Inside ground by the I.C.T. inspite of producing my medical pass. A week later the Doctor straightened it out and I was assigned as a houseman. A week later the I.C.T. assigned me as a Law Clerk inspite of my pleas again to Ass. Warden Tate and Classification Rivera while producing my medical pass. I was told if I didn't work I wont receive any gain-time. Now Ms. Stover is forcing me to work on my bad knee even in visiting confinement while in pain, and basically thats why ~~my~~ it deteriated further as I was forced to work in T.C.U. last year. Its already deteriated, but the work is increasing the rapidity of my condition. When I first started back working my knee got worser.

RELIEF SOUGHT

I would like for the institution to honor my medical pass for no work and not to be forced to work on my bad knee. And not to be retaliated against, because I feel threatened that if I refuse I'm going be written up or transferred

3/11/09
DATE

Pernon Thomas
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: ____ / _____
Signature

INSTRUCTIONS

This form is used for filing a formal grievance at the institution or facility level as well as for filing appeals to the Office of the Secretary in accordance with Rule 33-103, Florida Administrative Code. When an appeal is made to the Secretary, a copy of the initial response to the grievance must be attached (except as stated below).

When the inmate feels that he may be adversely affected by the submission of a grievance at the institutional level because of the sensitive nature of the grievance, or is entitled by Chapter 33-103 to file a direct grievance he may address his grievance directly to the Secretary's Office. The grievance may be sealed in the envelope by the inmate and processed postage free through routine institutional channels. The inmate must indicate a valid reason for not initially bringing his grievance to the attention of the institution. If the inmate does not provide a valid reason or if the Secretary or his designated representative feels that the reason supplied is not adequate, the grievance will be returned to the inmate for processing at the institutional level.

Receipt for Appeals Being Forwarded to Central Office

Submitted by the inmate on: MAR 1 1 2009 (Date) Institutional Mailing Log #: 07182 (Received By)

DISTRIBUTION: INSTITUTION/FACILITY
INMATE (2 Copies)
INMATE'S FILE
INSTITUTIONAL GRIEVANCE FILE

CENTRAL OFFICE
INMATE
INMATE'S FILE - INSTITUTION/FACILITY
CENTRAL OFFICE INMATE FILE

EXHIBIT - O

FLORIDA
DEPARTMENT of
CORRECTIONS

Governor
CHARLIE CRIST

Secretary
WALTER A. MCNEIL

Equal Opportunity Employer

2601 Blair Stone Road • Tallahassee, FL 32399-2500

http://www.dc.state.fl.

March 23, 2009

Permon Thomas, DC#425550
Dade Correctional Institution
19000 SW 377th Street
Florida City, Florida 33034

Inmate Thomas:

Your letter has been received and reviewed. You were changed to unassigned and will not have a job assignment in accordance with your most recent medical pass by Dr. Proveda.

Sincerely,

Marta Villacorta

Marta Villacorta
Regional Director of Institutions

MV/rs/jm

C: Office File

Region IV - Institutions
Office of Marta Villacorta
20421 Sheridan Street, Ft. Lauderdale, FL. 33332 P.O. Box 297410, Pembroke Pines, FL. 33029-7410*
*Tel. (954) 252-6510/6510*Fax (954) 252-6519*

EXHIBIT - C

EXHIBIT - P

FLORIDA
DEPARTMENT of
CORRECTIONS

Governor
CHARLIE CRIST

Secretary
WALTER A. MCNEIL

Equal Opportunity Employer

2601 Blair Stone Road • Tallahassee, FL 32399-2500 http://www.dc.state.fl.

April 22, 2009

Perman Thomas, DC#425550
Dade Correctional Institution
19000 SW 377th Street
Florida City, Florida 33034

Inmate Thomas:

Your letter has been received and reviewed. You will be placed on the April 21, 2009 ICT docket and re-assigned to unassigned until the medical department issues further instructions concerning your medical situation.

Sincerely,

Marta Villacorta

Marta Villacorta
Regional Director of Institutions

MV/rs/jm

C: Office File

Region IV - Institutions
Office of Marta Villacorta
20421 Sheridan Street, Ft. Lauderdale, FL. 33332 P.O. Box 297410, Pembroke Pines, FL. 33029-7410*
Tel. (954) 252-6509/6510 Fax (954) 252-6519*

EXHIBIT - Q

FLORIDA
DEPARTMENT of
CORRECTIONS

Governor
CHARLIE CRIST

Secretary
WALTER A. McNEIL

An Equal Opportunity Employer

2601 Blair Stone Road • Tallahassee, FL 32399-2500

http://www.dc.state.fl.us

March 31, 2009

Inmate Perman Thomas, DC# 425550-D1111L
Dade Correctional Institution
19000 S.W. 377th Street
Florida City, Florida 33034

Re: Medical Pass

Inmate Thomas:

Your correspondence to Ms. Hieteenthia Hayes regarding your conflict between your medical pass and your job assignment was forwarded to the Bureau of Classification and Central Records for response.

Health Services will be reviewing your medical issues and will address any job changes or special housing needs with your classification officer to ensure there is no conflict between your medical passes and your job assignment.

Additionally, your certification as a Law Clerk cannot be revoked. This was a course the State of Florida invested in your education and the Institutional Classification Team deemed the assignment as a Law Clerk was appropriate based on that certification.

If you have any further questions about this or any other classification issues, please address them directly with your assigned classification officer.

Sincerely,

Evelyn D. Garst
Correctional Services Administrator

Edg/edg

c William Churchwell, Warden, Dade Correctional Institution
Javier Rivera, Classification Supervisor, Dade Correctional Institution
Inmate file

Exhibit 1-G

EXHIBIT - R

DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES
BACK PAIN ASSESSMENT

SUBJECTIVE

Date/Time 6/24/03 0530 Age 40 Allergies: NKDA
Onset and duration 0915 ongoing
What were you doing (activity) when pain first began? Slipped in water in dorm
Description and exact location of pain: (R) knee / back of head & visible injury noted & discoloration & evidence of impact.
Pain is: [X] Localized [ ] Radiating to: N/A
Medications (list) Naprosyn
Check all that apply. Place additional comments on back.
[X] Pain increases with activity (if checked, type of activity: All movement per I/M
[ ] Pain increases with urination [ ] Pain increases with deep breathing } N/A
[ ] Muscle spasms [ ] Blood in urine
[ ] Numbness/tingling in extremities (if yes where): N/A
[ ] Pain decreased/relieved by: N/A per I/M
[ ] Pain radiates to N/A

OBJECTIVE

B/P 140/92 Temp 98.2 Pulse 80 Resp 18 Weight 215 02 sat 97%
[X] Swelling observed in PMH of swelling/edema (R) knee
[ ] Discoloration observed of Ø
[X] Decreased ROM of PMH of ↓ ROM (R) knee

ASSESSMENT

Alteration in comfort related to ~~back~~ pain.
(R) knee

PLAN

[ ] Deemed non emergent (medication) given to inmate.
[ ] F/U required.
[ ] Urine specimen obtained.
[ ] Clinician referral/notification (name).
[X] Other May access sick call per protocol
(OVER) →

EDUCATION

[X] Instructed to limit activity until discomfort improves. [ ] Increase water intake.
[ ] Medication instructions provided. [ ] F/U instructions provided.
[ ] Return if no improvement in _____ days.
Place additional comments on back.

R. RUEL, RN
DADE CI

Signature/Stamp

INMATE NAME Thomas, Permon
DC# 425550 RACE/SEX B/M
DATE OF BIRTH 5/6/64
INSTITUTION DCI

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

EXHIBIT - S

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

0907-463-054

Received
Asst. Warden's Office
JUL 10 2009
Dade
Correctional Institution

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

From: Thomas, Permon V. 425550 Dade
Last First Middle Initial Number Institution

7A

Medical Grievance

Part A – Inmate Grievance

On June 24, 2009 I fell in the dorm and injured my injured Right Knee. While working [illegible]

Nurse Ron Ruel acted very unprofessionally in handing the situation by being deliberately indifferent to my serious medical need. For starters, he or no other nurse responded to the dorm to asses the extent of my injury as is done with all other injured inmates. Instead, an inmate orderly reported to Delta dorm with an wheel chair. Upon my arrival at medical Nurse Ruel rudely took my vitals while mumbling about he's tired of all this complaining. I asked him is he going to treat me or what after letting me sit in the hallway in the wheel chair for a while. He said he wasn't going to treat me because he talked to the officer in the dorm who said he didn't witness the fall and I don't have any more witnesses to the fall, plus the fact he don't see no injury. Minuites later he told me to sign up for sick-call and leave the wheel chair behind. Other officers saw my knee and confirmed it was swollen. The orderly pushed me back to the dorm and left with the wheel chair. An hour or two ~~left~~ later the doctor sunt the orderly and wheelchair to pick me up because the doctor wanted to see me the first time. Dr. Dwares examined my knee noted the swolleness, applied ice, painkillers and admitted me to the infirmary while making an orthopedic consult. After also exa-

7/7/09
DATE

Pamon Thomas
SIGNATURE OF GRIEVANT AND D.C. #

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

CONTINUATION

mining my medical record M.R.I. saying, "Your knee is really bad".

Ron Ruel gave a false halfhearted examination and report of the extent of my injury without looking at my knee or medical record and denied me medical treatment.

RELIEF SOUGHT

To have Ron Ruel replaced with responsible properly trained health care personell who will uphold D.O.C.'s, MHM Solution's, and the state of Florida's codes, policies, practices and procedures.

7/7/04

Permon Thomas

PERMON THOMAS

JUL 1 6 2009

PART B - RESPONSE

THOMAS, PERMAN	425550	0907-463-054	DADE C.I.	I1106S
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Your formal grievance has been received and reviewed. This alleged issue will be look into by the Nursing supervisor and addressed if warranted.

Grievance denied.

You may appeal and obtain further administrative review of your complaint by acquiring Form DC11-303, completing and forwarding it with attachments to the Inmate Grievance Administrator, 2601 Blair Stone Road, Tallahassee, Florida, 32399-2500. If you do not appeal, take the form and attachments to the mailroom receipting.

THIS DOCUMENT MAY CONTAIN CONFIDENTAL RECORD/CARE INFORMATION INTENDED FOR THE ADDRESSE ONLY. UNAUTHORIZED RELEASE OR DISCLOSURE MAY VIOLATE STATE AND FEDERAL LAW.

Julio Pereda, MD

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	7-15-09 DATE

COPY DISTRIBUTION -INSTITUTION / FACILITY

(2 Copies) Inmate

(1 Copy) Inmate's File

(1 Copy) Retained by Official Responding

COPY DISTRIBUTION - CENTRAL OFFICE

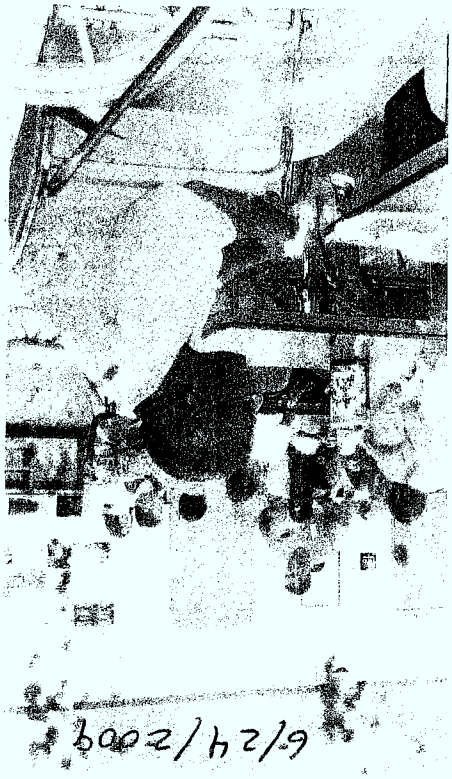
(1 Copy) Inmate

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

(1 Copy) C.O. Inmate File

(1 Copy) Retained by Official Responding

6/24/2009


6/24/2004

PERMON THOMAS 425550
CHARLOTTE CORRECTIONS INSTITUTION
33123 OILWELL ROAD
PUNTA GORDA, FLA. 33955

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

SOUTHERN District of FLORIDA

PERMON THOMAS,

V.

SHONEY, et al.,
GARST, et al.,
CHURCHWELL.,
TATE, et al.,
RIVERA, et al.,
URBINA, et al.,
VILLACORTA, et al.
JOHN DOE(S) 1-4, et al.

SUMMONS IN A CIVIL ACTION

CASE NUMBER:

TO: (Name and address of Defendant) Captain Urbina
DADE CORRECTIONAL Institution
19000 S.W. 377th STREET
Florida City, FLA. 33034

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

PERMON THOMAS 425550
Charlotte Correction Institution
33123 Oilwell Road
Punta Gorda, FLA. 33955

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

(By) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me[1]	DATE
NAME OF SERVER *(PRINT)*	TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served:

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:

☐ Other (specify):

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL $0.00

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____ _____
Date *Signature of Server*

_____
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

SOUTHERN District of FLORIDA

PERMON THOMAS,

V.

SHONEY, et al.,
GARST, e al.,
CHURCHWELL, et al.,
TATE, et al.,
RIVERA, et al.,
URBINA, et al.,
VILLACORTA, et al.,
JOHN DOE(S), 1-4, et al.

SUMMONS IN A CIVIL ACTION

CASE NUMBER:

TO: (Name and address of Defendant) Evelyn Garst (Correctional Services Administrator)
Florida Department of Corrections
501 South Calhoun Street
Tallahassee, Fla. 32399-2500

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Permon Thomas 425550
Charlotte Corrections Institution
33123 Oilwell Road
Punta Gorda, Fla. 33955

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

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UNITED STATES DISTRICT COURT

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RIVERA, et al.,
URBINA, et al.,
VILLACORTA, et al.
JOHN DOE(S), 1-4, et al.,

SUMMONS IN A CIVIL ACTION

CASE NUMBER:

TO: (Name and address of Defendant) Classification Officer Tate
South Florida Reception Center (South Unit); South
13910 N.W. 41 st.
Doral, Fla. 33178-3014
-OR- South Florida Reception Center (Male)
14000 N.W. 41 Street
Doral, Fla.

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Permon Thomas 425550
Charlotte Correction Institution
33123 Oilwell Road
Punta Gorda, Fla. 33955

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

(By) DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

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