SOUTH BAY CORRECTIONAL

Resident Transaction Receipt (Reprint)
Saturday, December 03, 2011 @14:17

Officer ID: SLEAL
Transaction #: 101741436

DC#:	Inmate Name:
088532	CUMMINGS, DARREL W

Description: MEDICAL COPAY FOR NOVEMBER 2011

BLDG:	WING:	CELL:
E	3	101L

Trans Type:	Date:	Amount:	Current Funds:
MED COPAY	Dec 03, 2011	$ 5.00	$ 84.09

Resident Sig _____ Date _____

Authorized Sig _____ Date _____

EXHIBIT - C

PART B - RESPONSE

Cummings, Darrel	088532	1112-405-042	South Bay C. F.	E2-101L
INMATE NAME	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 YOUR SICK-CALL VIST ON 11/8/2011 WAS FOR BACK AND LEG PAINS THAT IS A CONDITION YOU HAVE BEEN SEEN IN CHRONIC CLINIC FOR AND BY A SPECIALIST. YOU SHOULD NOT HAVE BEEN CHARGED A CO-PAY.

YOUR RECORD WAS PREVIOUSLY REVIEWED AND YOUR JOINT PAIN CONDITION IS NOT DOCUMENTED AS A CHRONIC CLINIC CONDITION. PER PROCEDURE THE CO-PAYMENT CHARGED ON 11/8/2011 WAS NOT INITIATED BY THE HEALTH CARE PROVIDER, I.E, CHRONIC ILLNESS CLINIC VISITS, LABORATORY WORK OR TREATMENTS. BASED ON THE FOREGOING, YOUR CO-PAYMENT FOR 11/8/2011 CANNOT BE WAIVED.

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. J. Dauphine, Medical Director

J. DAUPHIN, D.O.
MEDICAL DIRECTOR
S.B.C.F.

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

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

1/5/2012
DATE

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

1112-405-042
J.

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

RECEIVED
DEC 16 2011
GRIEVANCE COORDINATOR

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

From. Cummings, Darrel | 088532 | SCCF
Last First Middle Initial | Number | Institution

Part A – Inmate Grievance

I DISAGREE WITH MS. N. FINISSE'S RESPONSE ATTACHED. MY 11/8/11 SICK CALL VISIT WAS FOR BACK AND LEG PAINS A CONDITION I HAVE BEEN SEEN FOR IN CHRONIC CLINIC AND BY SPECIALIST. HAD MS. FINISSE REVIEWED MY MEDICAL FILE IT IS CLEARLY INDICTIVE THAT THIS HAS BEEN A CONSISTANT CONDITION FOR WHICH I'VE BEEN DIAGNOSED EXAMINED AND STILL HOWEVER NOT TREATED FOR WHILE I'VE SUFFERED IN PAIN EVERYDAY FOR THE LAST 6 MONTHS. SEE: ATTACHED MEDICAL RECORD. IF YOUR GOING TO CONSTANTLY TAKE MY MONEY AT LEASE PROVIDE ME ADEQUATE TREATMENT. I'M HURTING!

12-15-11
DATE

088532
SIGNATURE OF GRIEVANT AND D.C. #

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

PART B – RESPONSE

SEE ATTACHED
RESPONSE

12-10-12

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

EXHIBIT - "D"

MAILED WITH AGENCY CLERK
FEB 0 2 2012
Department of Corrections
Bureau of Inmate Grievance Appeals

PART B - RESPONSE

CUMMINGS, DARREL	088532	12-6-02095	SOUTH BAY C.F.	E4101L
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 Dr. Dauphin on 1/5/12 appropriately addresses the issues you presented.

All inmate self-initiated sick call visits that are determined to be of a non-emergent nature will incur a co-payment. This practice is in keeping with the Florida Statues.

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	1/31/12 DATE

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

DEPARTMENT OF CORRECTION
INMATE GRIEVANCES

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

From. Cummings, Darrel | 088532 | SBCF
Last First Middle Initial | Number | Institution

12-6-02095

Part A – Inmate Grievance

WHAT SEEMS APPARENT IS THAT THE ISSUE IN DR. DAUPHINE'S RESPONSE WAS CLEARLY OVERLOOKED OR MISAPPREHENDED.
MY RECORD IS ATTACHED TO THIS COMPLAINT FOR REVIEW, AND THAT RECORD CLEARLY INDICATES THAT ON 11/18/2011 I WAS AGAIN TREATED FOR BACK AND LEG PAINS THAT IS A CONDITION THAT I HAVE BEEN TREATED FOR IN CHRONIC CLINIC. I HAVE NO IDEA WHY THESE FACTS ARE BEING MISINTERPRETED AS IF I WAS TREATED FOR A TOTAL PAIN CONDITION WHEN THE RECORD SHOWS IT WAS MY BACK AND LEGS OF WHICH I'M STILL SUFFERING.

1-9-2012
DATE

088532
SIGNATURE OF GRIEVANT AND D.C. #

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

PART B – RESPONSE

SEE ATTACHED RESPONSE

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

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

DATE

405

ORIGINAL: TO BE RETURNED TO GRIEVANT AFTER COMPLETION OF ACTION. Med 07-A 1112-405-042

EXHIBIT - "E"

PART B - RESPONSE

Cummings, Darrel	088532	11-1088	South Bay C. F.	E2-101L
INMATE NAME	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 SUFFERING FROM CHRONIC AND SEVERE BACK PAIN; THAT THE MEDICATION DR. DAUPHINE PRESCRIBED DID NOR PROVIDE ANY RELIEF; THAT THE SPECIALISTS YOU WERE SEEN BY WERE PROHIBITED FROM PROVIDING ALTERNATIVE TREATMENT; AND DID THE SPECIALISTS INDICATED YOU NEED SURGERY.

RECORDS INDICATE YOU WEE SEEN BY A SPECIALIST ON 10/10/2011 REGARDING BACK PAINS. DURING YOUR VISIT, THE CLINICIAN RECOMMENDED A COURSE OF EPIDURAL INJECTIONS AND PHYSICAL THERAPY PRIOR TO PROCEEDING WITH SURGERY. YOUR PRIMARY PHYSICIAN SUBMITTED A CONSULT FOR EPIDURAL INJECTIONS AND INCREASED YOUR IBUPROFEN TO 800 MG. ON 11/22/11, YOU WENT OUT FOR THE CONSULTATION AND THE SPECIALIST REQUESTED ADDITIONAL REPORTS AND A FOLLOW-UP VISIT. YOU ARE SCHEDULED TO RETURN TO THE OUTSIDE SPECIALIST FOR A FOLLOW-UP.

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 Administrator

J. DAUPHIN, D.O.
MEDICAL DIRECTOR
S.B.C.F.

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

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

12/21/2011
DATE

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

11-1088-L/7

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

RECEIVED
NOV 29 2011
GRIEVANCE COORDINATOR

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

From. Cummings, Darrell | 088532 | SBCF
Last First Middle Initial | Number | Institution

MEDICAL NATURE

Part A – Inmate Grievance

WHAT IS NOT INDICATED IN MS. FENISSE'S RESPONSE IS THAT, WHEN I WAS SEEN BY THE ORTHOPEDIC SPECIALIST, DR. SLUTSKY, ON 10-10-11 FOR CHRONIC AND SEVERE BACK PAINS, SIDE PAINS, BOTH LEGS WHICH MADE IT EXTREMELY DIFFICULT TO WALK, STAND, SIT OR EVEN LAY DOWN WITHOUT DISCOMFORT. I WAS NOT PROVIDED WITH ANY TREATMENT OR MEDICATION FOR PAIN AND DIAGNOSED INJURIES BY THIS FACILITY, THROUGH X-RAYS, THE LAKESIDE MEDICAL CENTER THROUGH M.R.I. AND DR. SLUTSKY, HIMSELF WHO CONDUCTED HIS OWN X-RAYS AND REVIEWED DR. DAUMITZ'S REPORTS AND M.R.I. FROM HOSPITAL DUE TO THE CHRONIC AND SEVERE PAIN I WAS IN I REQUESTED FOR

11-28-11
DATE

#088532
SIGNATURE OF GRIEVANT AND D.C. #

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

PART B – RESPONSE

SEE ATTACHED RESPONSE

83-101L

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

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

DATE

SOME TYPE OF TREATMENT FOR THE IMMINENT PAIN I WAS EXPERIENCING AT THAT TIME. I WAS INFORMED BY DR. SCUTSKY THAT, DR. DAUPHIN, HERE AT SOUTH BAY SPECIFICALLY INSTRUCTED HIM TO ONLY GIVE A RECOMMENDATION. THUS, NO ALTERNATIVE TREATMENT WAS PROVIDED. IT IS INDICATIVE FROM THE RECORD ITSELF THAT I HAVE MADE NUMEROUS COMPLAINTS OF CHRONIC AND SEVERE PAIN TO WHICH DR. DAUPHIN'S PRESCRIBED MEDICATIONS WAS NOT WORKING. FURTHER, THAT THE IBUPROFEN 600 MG., WAS CAUSING ME STOMACH CRAMPS, AND DID NOT PROVIDE ME 'ANY' RELIEF FOR PAIN. DR. DAUPHIN'S INCREASED ~~IT~~ THE SAME MEDICATION TO 800 MG, WHICH HAS CAUSED ME SOME SEVERE HEADACHES, FATALLY HIGH BLOOD PRESSURE, DIRT STOMACH CRAMPS AND LOSS OF BLADDER CONTROL. I'M EVEN SPITTING UP BLOOD. NOW, MY STOMACH IS MESSED UP!

DR. DAUPHIN, HOWEVER DID WRITE A CONSULTATION FOR A REQUESTED EPIDURAL INJECTION. BUT WHEN TRANSPORTED TO ANOTHER SPECIALIST OFFICE IN, WEST PALM BCH., THE EPIDURAL INJECTION AND/OR EVALUATION COULD NOT BE PROPERLY CONDUCTED. BECAUSE DR. DAUPHIN DID NOT INCLUDE THE M.R.I. REPORTS TAKEN ON 9-16-11. THREE MONTHS PRIOR TO THIS USELESS VISIT TAKEN ON 11-22-11 WHILE SUFFERING IN PAIN.

THE SPECIALIST IN WEST PALM BCH., NEITHER PROVIDED ANY ALTERNATIVE TREATMENT OR MEDICATION FOR EXTREMELY SEVERE PAIN, AND FAMILY HIGH BLOOD PRESSURE.

HE ALSO INFORMED ME THAT DR. DAUPHIN HAD NOT AUTHORIZED HIM TO PROVIDE ANY OTHER TREATMENT OR MEDICATION. SO EVEN THOUGH HE COULD HAVE PROVIDED SOME RELIEF HE WAS PROHIBITED DO TO THE SPECIFIC'S OF DR. DAUPHIN'S RECOMMENDATION WHICH CAUSED ME TO BECOME VERY ILL AND I HAD TO BE ADMITTED INTO THE INFIRMARY.

THIS IS A VERY SERIOUS MATTER TO WHICH MY BLOOD PRESSURE IS NOW AS HIGH AS ITS EVER BEEN. THE ONLY THING THAT SEEMS IMMINENT FOR ME IS A STROKE, OR A HEART ATTACK. AND I'M GOING TO BE PERFECTLY HONEST WITH YOU, IF IT WASN'T FOR NURSE JOSEPH'S HELP & COMING ME DOWN I'D PROBABLY BE DEAD ALREADY!

YOU SIMPLY CAN'T KEEP PROLONGING AND DELAYING MY TREATMENT, YOUR MAKING IT MUCH, MUCH WORSE AND OTHER AREA'S OF MY BODY IS FAILING, LIKE MY HEART AND STOMACH, BOTH MY LEGS, I COULD BEARLY STAND FOR 5 MINUTES. ALL THE TRIPS I'VE TAKEN TO OUTSIDE

SPECIALIST, APPROXIMATELY FIVE TIMES. THIS HAS BEEN A BLATANT WASTE OF THIS FACILITIES MONEY AND TIME. ESPECIALLY, SINCE DR. DAUPITZ WAS PREVIOUSLY AWARE OF MY CONDICTION DATED BY TO 4-10-10, AND HIMSELF HAD ORDER X-RAYS IN AUGUST OF 2011 CONFIRMING THAT PREVIOUS CONDICTION WHICH HAD BECOME WORSE, MUCH, MUCH WORSE.

IT TOOK FIVE SPECIALIST VISITS TO TELL HIM WHAT HE ALREADY KNEW THAT, "I NEEDED SURGURY."

THE SPECIALIST IN WEST PALM BCH., ADVISED ME THAT, I HAD A PINCHED NERVE, AT MY LOWER SPINAL COLUMN WHERE MY DISC WAS MISALIGNED OR ABNORMALLY SET. FURTHER, THAT THIS ABNORMALITY MADE MY COMPLAINTS OF CHRONIC AND SEVERE PAIN VERY REALISTIC. IN SHORT, THE EPIDURAL INJECTION WAS NOT A CURE FOR THE PINCHED NERVE IN MY BACK OR THE MISALIGNMENT OF MY LOWER SPINE. HOWEVER, THE SHOT WILL ONLY PROVIDE TEMPORARY RELIEF. A RELIEF OF WHICH SHOULD BE IMMEDIATELY GRANTED, UNTIL SURGURY COULD BE APPROPRIATELY CONDUCTED TO CURE THE REPETATIVELY DIAGNOSED PROBLEMS IN MY BACK. ESSENTIALLY, WHERE I HAVE SEEN SPECIALIST'S IN THE FIELD, BUT HAVE NOT BEEN TREATED FOR INJURY OR PAIN! THANKS

11-28-11

EXHIBIT - F

JAN 23 2012
Department of Corrections
Bureau of Inmate Grievance Appeals

PART B - RESPONSE

CUMMINGS, DARREL	088532	12-6-01054	SOUTH BAY C.F.	E4101L
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 Dr. Dauphin on 12/21/11 appropriately addresses the issues you presented.

It is the responsibility of your Chief Health Officer to determine the appropriate treatment regimen for the condition you are experiencing including passes, specialty consults, and prescribed medications.

Please be advised that an inmate does not have the right to a provider of choice.

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

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	DATE
		1/19/12

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED
JAN 09 2012
DEPARTMENT OF CORRECTION
INMATE GRIEVANCES

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

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

From. Cummings Darrel 088532 SBCF
Last First Middle Initial Number Institution

12-6-01054

Part A – Inmate Grievance

THE ISSUE HERE SEEMS TO HAVE BEEN AVOIDED. THE FACT THAT I HAVE BEEN SEEN BY NUMERIOUS SPECIALIST WHO HAS MADE RECOMMENDATIONS, FOR EPIDURAL INJECTIONS AND PHYSICAL THERAPY PRIOR TO PROCEEDING WITH SURGERY. DOES NOT SURFICE FOR THE CHRONIC PAIN I'M CURRENTLY EXPERIENCING, AND ACTUALLY BEING PROVIDED SOME TYPE OF TREATMENT WITHIN THE LAST 5 MONTHS I'VE FURTHER COMPLAINED THAT IBUPROFIN ESPECIALLY THE INCREASE TO 800MG HAS CAUSED ME SERIOUS STOMACH PROBLEMS AND AN INCREASE IN MY BLOOD PRESSURE AND DOES NOT HELP MY PAIN.

12-27-11
DATE

SIGNATURE OF GRIEVANT AND D.C. #

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

PART B – RESPONSE

SEE ATTACHED RESPONSE

405
07H
~~1112-405~~ 11-1088
E4-101L

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

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

DATE

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

GRIEVANCE CONTINUATION

NAME: Cummings Darrell
Last Name, First, & Middle Initial

☐ INFORMAL ☑ FORMAL

D.C.# 088532

DATE: 12 / 27 / 11

I'M FURTHER BEING DENIED AN ADEQUATE DIET TO ASSIST WITH MY BLOOD PRESSURE AND STOMACH CONDITIONS, ALSO WITH THE TAKING OF STRONG MEDICATIONS.

AT THIS POINT I AM VERY CONCERNED ABOUT MY TREATING PHYSICIAN DR. DAUPHIN, WE HAVE HAD A NUMBER OF DISAGREEMENTS WHICH I FEEL HE HAS TAKEN PERSONALLY. MORE SO, HE HAS EXPRESSED A GRAVE DISCONCERN FOR MY WELL-BEING AND MY TREATMENT AS INDICATED BY THE INTENTIONAL PROLONGING OF MY TREATMENT WHILE I SUFFER IN PAIN DAILY.

IT IS ALSO MY BELIEF THAT HE IS RETALIATING AGAINST ME FOR THE FILING OF THESE GRIEVANCES, AND HE WILL CONTINUE TO RETALIATE AGAINST ME CAUSING ME TO SUFFER IN PAIN OR TRANSFER ME AWAY FROM MY FAMILY IF HE IS TO REMAIN AS MY TREATING PHYSICIAN. IN ORDER TO AVOID ANY FURTHER LITIGATION ON THIS MATTER I AM RESPECTFULLY REQUESTING THAT PHYSICIAN DR. JOHN WADE, IS APPOINTED MY TREATING PHYSICIAN.

088532

Signature of Grievant & D.C. #

EXHIBIT - "G"

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

RECEIVED FEB 08 2012 GRIEVANCE CLERK

INMATE REQUEST

12-0893

— EMERGENCY —

Mail Number:
Team Number:
Institution:

TO: (Check One)
- [ ] Warden
- [ ] Asst. Warden
- [ ] Classification
- [ ] Security
- [x] Medical
- [ ] Mental Health
- [ ] Dental
- [ ] Other Ms. Finesse

FROM:	Inmate Name	DC Number	Quarters	Job Assignment	Date
	Cummings, Darrel	088532	E-3101L	T.C.	2-7-12

REQUEST

Check here if this is an informal grievance [x]

THIS HAS TO BE APPROXIMATELY THE SIXTH COMPLAINT THAT I'VE HAD TO ENTER IN REGARDS TO MY MEDICAL CONDITION. SOME OF WHICH YOU HAVE PERSONALLY ANSWERED, JUSTIFYING DR. DAUPHIN'S DELAY IN PROVIDING ME ADEQUATE TREATMENT FOR DIAGNOSIS INJURIES FOR OVER 6 MONTHS OF WHICH I'VE SUFFERED GREATLY AND CONTINUE TO SUFFER CHRONIC PAIN ON A DAILY BASIS. YET, YOU'VE CONTINUED TO IGNORE MY COMPLAINTS OVER AND OVER. MORE SO EVEN SUPPORT DELIBERATE INDIFFERENCE TO MY SERIOUS MEDICAL NEEDS. THAT RUPTURED DISC AND PINCHED NERVE IN MY BACK IS NOT GOING TO REPAIR ITSELF AND THERE ARE NOT PILLS THAT CAN REPAIR IT. YET, I HAVE NOT EVEN BEEN SCHEDULED TO HAVE A SPECIALIST REPAIR IT.

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.

Chand #088532

RECEIVED FEB 09 2012

DO NOT WRITE BELOW THIS LINE

RESPONSE

DATE RECEIVED:

BY: C. Dist

Informal Grievance approved
Call out scheduled for
2/13/12 for evaluation by
Clinician.

L. Jones, Nursing Supervisor

[The following pertains to informal grievances only:

Based on the above information, your grievance was S.B.C.F. approved. (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): Lauren Jones RNB

Date: 2/9/12

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.
You may obtain further administrative review of your complaint by obtaining form DC1-303, Request for Administrative Remedy or Appeal, completing the form as required by Rule 33-103.006, F.A.C., attaching a copy of your informal grievance and response, and forwarding your complaint to the warden or assistant warden no later than 15 days after the grievance is responded to. If the 15th day falls on a weekend or holiday, the due date shall be the next regular work day.

DC6-236 (Effective)

Incorporated by Reference in Rule 33-103.019, F.A.C.

EXHIBIT - H

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

INMATE REQUEST

(Instructions on Back)

Mail Number:
Team Number:
Institution: S.B.C.F

12-2102

RECEIVED
OCT 24 2012
GRIEVANCE CLERK

TO: (Check One) ☑ Warden ☐ Asst. Warden ☐ Classification ☐ Security ☐ Medical ☐ Dental ☐ Other

FROM:	Inmate Name	DC Number	Quarters	Job Assignment	Date
	CUMMINGS, DARREL	088532	G2 102L	HOUSEMAN	10-4-12

~~REQUEST~~ INFORMAL GRIEVANCE PURSUANT 33-103.015(4)

OFC. MCINTYRE, OF G-DORM AT APPROXIMATE 8:45 AM, "AFTER A DECLARED MEDICAL EMERGENCY" TO DORM SGT., SHE ADVISED ME TO SIT DOWN IN CHAIR BEFORE I FELL FROM CHRONIC AND SEVERE BACK AND LEG PAINS. OFC. MCINTYRE, CONTRARY TO DECLARE EMERGENCY AND SGT. ORDERS VERY BELLIGERANTLY RE-ORDERED ME TO, "GET THE HELL OUT OF HER" CHAIR." WHEN INFORMED THAT THE SGT. ORDERED ME TO SIT BECAUSE I COULD NOT WALK OR STAND MAYBE DO TO PREVIOUS SURGERY. SHE THEN MALICIOUSLY STATED, "SHE DIDN'T GIVE A DAMN AND TO GET MY [redacted] OUT OF HER CHAIR." AS I STRUGGLED TO GET OUT OF THE CHAIR IN CHRONIC PAIN, UNASSISTED BY HER AND WITH HER HANDS ON HER HIPS I ALMOST FELL! THIS OFFICERS BEHAVIOR WAS DELIBERATE INDIFFERENCE TO MY SERIOUS MEDICAL NEED AND A DANGER TO MY HEALTH AND SAFETY. SHE PUT ME AT SUBSTANTIAL RISK OF FURTHER INJURY UNNECESSARILY, AND IS A RISK TO SECURITY, NORMAL CARE CUSTODY, AND CIVIL CONTROL. LT. G BUSS, APPROVED THE WRITING OF THIS GRIEVANCE.

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.

Darrel Cummings 088532

DO NOT WRITE BELOW THIS LINE

RESPONSE DATE RECEIVED:

Officer McIntyre was interviewed and by her statement, Officer McIntyre followed protocol in notifying medical of your emergency. You received treatment in a timely manner. Your grievance is denied.

[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): [signature] Lieutenant Date: Oct 26, 2012

Distribution: White -Returned to Inmate; Canary -Returned to Inmate; Pink -Retained by official responding, or if the response is to an informal grievance then forward to be placed in inmate's file.

DC6-236 (Revised 8-00)

PART B - RESPONSE

CUMMINGS, DARREL	088532	1211-405-006	SOUTH BAY C.F.	B2103L
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

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

YOUR COMPLAINT IS THAT OFFICER MCINTYRE WAS DELIBERATELY INDIFFERENT TO YOUR SERUIOUS MEDICAL NEEDS WHICH PUT YOU AT A SUBSTANTIAL RISK OF FURTHER INJURY.

SGT. SCOTT WAS INTERVIEWED AND STATED THAT ALL YOUR ALLEGATIONS ARE UNTRUE; THAT IMMEDIATELY UPON BEING NOTIFIED BY OFFICER MCINTYRE, HE NOTIFIED MEDICAL AND MEDICAL WAS DISPATCHED. HE FURTHER STATED THAT YOU NEVER FELL OFF THE CHAIR AND THAT OFFICER MCINTYRE WAS VERY PROFESSIONAL DURING THE ENTIRE INCIDENT.

BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS DENIED.

YOU MAY OBTAIN FURTHER ADMINISTRATIVE REVIEW OF YOUR COMPLAINT BY OBTAINING FORM DC1-303, REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL, COMPLETING THE FORM, PROVIDING ATTACHMENTS AS REQUIRED BY 33-103.007(3)(A) AND (B), F.A.C., AND FORWARDING YOUR COMPLAINT TO THE BUREAU OF POLICY MANAGEMENT AND INMATE APPEALS, 501 SOUTH CALHOUN STREET, TALLAHASSEE, FLORIDA 32399-2500.

P. Cardenas, Chief of Security

[signature]	[signature]	12/6/2012
SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	DATE

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

1211-405-006
Col.

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

RECEIVED
NOV 01 2012
GRIEVANCE COORDINATOR

TO: [✓] Warden [ ] Assistant Warden [ ] Secretary, Florida Department of Corrections

From: Cummings Darrel (Last First Middle Initial) 088532 (Number) S.B.C.F (Institution)

Part A – Inmate Grievance

I DISAGREE WITH RESPONSE IN REGARDS TO OFFICER MCINTIRE CONDUCT IN GRIEVANCE LOG # 12-2102, BASICLY BECAUSE IT IS ABSOLUTELY UNTRUE, WHERE IT IS STATED THAT, "... BY HER STATEMENT, OFFICER MCINTIRE FOLLOWED PROTOCAL IN NOTIFYING MEDICAL OF YOUR EMERGENCY YOU RECEIVED TREATMENT IN A TIMELY MANNER..." DENIED

CERTAIN THINGS OR STATEMENT CAN BE PROVEN LIES, BECAUSE OF OTHER OFFICIAL'S INVOLVEMENT, ALL EMERGENCY SITUATIONS ARE AS WELL DOCUMENTED UPON THE INITIAL DISPATCH WITH CENTRAL CONTROL, AND THE MEDICAL DEPT., WHICH BY LAW MUST BE RECORDED.

AND THOSE RECORDS ARE GOING TO SHOW THAT, THE G-DORMATORY SERGEANT (SCOTT), PERSONALLY NOTIFIED MEDICAL OF MY EMERGENCY, AND THAT I WAS SPECIFICALLY TAKEN TO MEDICAL BY NURSE JONES, NURSE BENNETT AND NURSE TRIMBLE ALL OF WHICH WILL CONFIRM THAT AT NO TIME ON 10-4-12 AT APPROXIMATELY 8:45AM., DID OFFICER MCINTIRE NOTIFY THE MEDICAL DEPARTMENT IN THE CASE OF MY EMERGENCY. IT IS A LIE THAT I WILL NOT TOLERATE BY THE WAY SHE TREATED ME LIKE AN ANIMAL WHEN I WAS SUFFERING AND IS CURRENTLY STILL SUFFER INSIDE OF THE MEDICAL INFIRMARY.

THIS GRIEVANCE IS BEING SUBMITTED TO EXHAUST ADMINISTRATIVE REMEDY BECAUSE OFFICER MCINTIRE WAS DELIBERATELY INDIFFERANT TO MY SERIOUS MEDICAL NEEDS WHICH CAUSED ME UNNECESSARY AND WANTON INFLICTION OF PAIN EXCRUCIATING WHICH CAUSED CLAPSE. SHE WAS FURTHER MALICIOUSLY AND SADISTICALLY ACTING FOR THE VERY PURPOSE OF CAUSING MORE HARM WHICH PUT ME AT A SUBSTANTIAL RISK OF FURTHER INJURY.

SEEK ADMINISTRATIVE REMEDY A.S.A.P. TO PURSUE CIVIL LITIGATIONS.

10-29-12
DATE

SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: 1 (#) Signature

EXHIBIT - I

PART B - RESPONSE

CUMMINGS, DARREL	088532	1210-405-031	SOUTH BAY C.F.	F11103
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

YOUR REQUEST FOR ADMINISTRATIVE REMEDY HAS BEEN FILED IN NON-COMPLIANCE WITH CHAPTER 33-103.006(2)(C), WHICH STATES IN PART, THE INMATE SHALL STATE HIS GRIEVANCE IN PART A. IF ADDITONAL SPACE IS NEEDED, THE INMATE SHALL USE ONLY 2 ADDITIONAL ATTACHMENT PAGES (APPROVED CONTINUATION OF GRIEVANCE FORM). IF THE INMATE WRITES HIS COMPLAINT ANYWHERE OTHER THAN WITHIN THE BOUNDARIES OF PART A OR ON THE 2 ALLOWABLE ATTACHMENT PAGES, HIS GRIEVNACE SHALL BE RETURNED FOR NON-COMPLIANCE.

ADDITIONALLY, YOU CANNOT ATTACH AN INFORMAL GRIEVANCE THAT HAS NOT BEEN RESPONDED TO.

UPON RECEIPT OF THIS RESPONSE, IF YOU ARE WITHIN THE ALLOWABLE TIME FRAMES FOR PROCESSING A GRIEVANCE, YOU MAY RE-SUBMIT YOUR GRIEVANCE IN COMPLIANCE WITH CHAPTER 33-103, INMATE GRIEVANCE PROCEDURE.

BASED ON THE ABOVE INFORMATION, YOUR GRIEVANCE IS RETURNED WITHOUT ACTION.

B. M. Williams, Grievance Coordinator

B. M. Williams		10/9/2012
SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING	SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE	DATE

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RECEIVED
OCT 09 2012
GRIEVANCE COORDINATOR

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

EMERGENCY COMPLAINT
CONTACT CDC OFFICE
URGENT

1210-405-031
W

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

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

From: CUMMINGS DARREL — 088532 — S.B.C.F
Last First Middle Initial — Number — Institution

PURSUANT TO: 33-103.005(2)

Part A – Inmate Grievance

ON 10-4-12 AT APPROXIMATELY 8:45AM, I DECLARED A MEDICAL EMERGENCY DUE TO CHRONIC AND SEVERE BACK AND LEG PAINS. THESE PAINS WERE SO EXTREME THAT IT LITERALLY PROHIBITED ME FROM WALKING OR EVEN STANDING.

I WASN'T SEEN BY DR. HELLER, UNTIL APPROXIMATELY 1:30PM, AND UPON HIS ARRIVAL HE WAS VERY BELLIGERANT, UNCONCERNED, AND UNPROFESSIONAL AS A HEALTH CARE PROVIDER, ABOUT MY CONDITION AND MY PAIN.

DR. HELLER, HAS PREVIOUSLY SHOWN A NEFARIOUS ATTITUDE TOWARDS ME, AND TREATMENT FOR THE PAINFUL SYMPTOMS I'M EXPERIENCING, AS WELL AS THE INJURIES TO REPAIRING MY LOWER SPINAL COLUMN. HE HAS MISDIAGNOSED AND MADE NUMERIOUS INADEQUATE PRESCRIPTIONS FOR PAIN, AND MADE INSUFFICIENT PROGNOSIS FOR RECOMMENDED TREATMENTS.

DR. HELLER, IS NOW ATTEMPTING TO DEVIATE FROM THE DIAGNOSED INJURY AND COURSE OF TREATMENTS PRESCRIBED FOR ME BY THE FOLLOWING PREVIOUS PHYSICIANS:

ON 8-11-2011, DR. J. DAUPHIN ORDERED X-RAYS TO BE TAKE AS A RESULT OF COMPLAINED OF PAIN IN LOWER BACK.

DR. ROBERT SMALLEY, FINDINGS AND COMMENTS ON X-RAY WERE:
"THERE IS A BILATERAL DEFECTIVE PARS INTERARTICULARIS OF L5 WITH A THIRD-DEGREE SPENDYLOLISTHESIS AND DEGENERATED DISC..."

DR. WADE, ON 9-16-11 ORDERED AN M.R.I. FROM LAKESIDE MEDICAL CENTER REASON: PAIN.

A DR. SCOTT RUEHRMUND, FOUND FROM MRI, "... TRANSITIONAL VERTEBRAL BODY [WAS] SEEN... LUMBARIZATION OF S1... APPROXIMATELY 25% ANTERIOR SUBLUXATION OF L5 ON S1. THERE IS A DECREASED DISC SIGNAL WITH DEGENERATIVE MODERATE SIGNAL CHANGE IN END PLATES..."

BASED UPON THE ABOVED MENTIONED RESULTS OF THE X-RAYS AND MRI.

10-7-12
DATE

088532
SIGNATURE OF GRIEVANT AND D.C. #

*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: 0 / _____
Signature

INSTRUCTIONS

CONTINUATION OF GRIEVANCE

NAME: Cummings Darrel [ ] INFORMAL [✓] FORMAL
Last Name, First & Middle Initial
D.C. # 088532 DATE: 10 / 7 / 12

DR. BRADFORD SLUTSKY, AN ORTHOPEDIC SPECIALIST, ON 10-10-2011 RECOMMENDED A COURSE OF TREATMENTS: 1.) EPIDURAL INJECTIONS, 2.) PHYSICAL THERAPY, AND 3.) SURGERY, A FUSS OF THE SPIN.
AFTER THIS RECOMMENDATION DR. DAUPHIN SUBMITTED A CONSULT FOR EPIDURAL INJECTIONS, THE FIRST PHASE OF TREATMENT. HE FURTHER INCREASED MY IBUPROFEN MEDICATION TO 800mg. FOR PAIN. BUT IT CAUSED MY BLOOD PRESSURE TO BECOME FATALLY HIGH AND HAD TO BE DISCONTINUED.
ON 11-22-2011, I WAS SEEN BY ANOTHER ORTHOPAEDIC SPECIALIST, DR. ROBERT LINS, WHO INFORMED ME THAT, "MY DISC WAS NOT IN ALIENMENT WITH THE REST OF MY LOWER SPINAL COLUMN WHICH WAS CAUSING MY NERVES TO BE PENCHED INBETWEEN. FURTHER THAT THIS ABNORMALITY MADE MY COMPLAINTS OF CHRONIC AND SEVERE PAIN VERY REALISTIC. BUT THE EPIDURAL INJECTIONS OF WHICH HE WAS ONLY AUTHORIZED TO GIVE WAS NOT A CURE FOR THE MISALIEN-MENT OF THE SPINE OR PENCHED NERVES. HOWEVER THE SHOTS WOULD ONLY PROVIDE TEMPORARY RELIEF FROM PAIN." APPROXIMATELY 3 DAYS.
THE ABOVE-MENTIONED CONDITIONS WERE ALSO ADDRESSED IN THE FOLLOWING GRIEVANCES:
1.) ON 11-08-11, GRIEVANCE LOG # 11-2773, WAS DIRECTED TO DR. DAUPHIN IN REGARDS TO INTENTIONAL DELAY IN TREATMENT WHERE PAIN WAS SEVERE. ON 11-21-11, MS. N. FINISSE MSN, THE HEALTH SERVICE ADMINISTRATOR, DENIED ME IMMINENT TREATMENT FOR NOW A DETERIORATING INJURY WHICH HAS GOTTEN SUBSTANTIALLY WORSE. INITIALLY THIS INJURY WAS REPORTED TO THIS FACILITY AS EARLY AS 4/10/10 AND TO BE LEFT UNDERSTATUALLY TREATED SINCE THEN IS THE EQUIVALENT TO HUMAN TORTURE WHICH COULD ONLY BE DEEMED AS CRUEL AND UNUSUAL PUNISHMENT.
2.) ON 11-26-11, I SUBMITTED GRIEVANCE LOG # 11-1088 DIRECTED TO THE WARDEN IN REFUTE OF MS. FINISSE'S RESPONSE.

Inmate's Signature: [signature] # 088532 Date: 10-7-12