DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton	3-3-09

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 06481	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR * No Name to respond back to. Log for record.	[ ] Prepare reply for appropriate signature DATE DUE _____ [ ] FOIA DATE DUE _____ [X] Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

PLEASE INVESTIGATE WHAT IS GOING ON AT PALMETTO HEALTH. PSYCHIATRIC PATIENTS SEEN IN EMERGENCY
ROOM AND IF INSURED ADMITTED TO DOCTORS WHO ARE EMPLOYEES OF STATE OF SOUTH CAROLINA,IN DEPARTMENT
OF MENTAL HEALTH OR THE UNIVERSITY OF SOUTH CAROLINA. PATIENTS ARE ADMITTED TO RICHLAND SPRINGS
OR BAPTIST AND ONLY DOCTORS WHO PROVIDE CARE ARE THOSE WHO ARE EMPLOYED BY STATE OR A FEW
DOCTORS WHO ARE IN PRIVATE PRACTICE. EVEN DOCTORS IN PRIVATE PRACTICE ARE PAID SALARY
FROM STATE OF SOUTH CAROLINA TO PROVIDE TEACHING. THUS,ON A PARTICULAR PATIENT WHO IS
A PATIENT WITH MEDICAID INSURED, DOCTOR IS ALLOWED TO BILL STATE MEDICAID FOR ANY SERVICE,
PROVIDED TO PATIENT, AND IS GIVEN SALARY TO TEACH A TRAINEE ABOUT SAME PATIENT. IF THIS
IS NOT INAPPROPRIATE ENOUGH, THE SERVICE PROVIDED TO PATIENT IS PROVIDED BY THE TRAINEE, WITH MINIMAL IF ANY INPUT OR WORK BY DOCTOR WHO COLLECTS STATE FUNDS.
THIS PRACTICE OCCURS AND HAS OCCURED FOR YEARS AT PALMETTO RICHLAND AND BAPTIST EMERGENCY
ROOM AND IN THEIR REFERRAL SYSTEM. MOST IF NOT ALL DOCTORS AT RICHLAND SPRINGS ARE EMPLOYEES
OF SOUTH CAROLINA, AND MANY AT BAPTIST ARE EMPLOYEES OF SOUTH CAROLINA ALSO.
THIS MAKES THOSE OF US WHO ARE AT HIGH RISK OF LOOSING JOB IN THIS TERRIBLE ECONOMY VERY
ANGRY. WHEN OUR JOBS WERE SAFE, ALL WAS WE GUESS OK, BUT NOT NOW. IF IS NOT FAIR FOR SOME TO BENEFIT AT EXPENSE OF OTHERS. WE ALL KNOW PERFECTLY WELL THAT THE HOSPITALS
DO NOT KEEP BAD PATIENTS EITHER, THE ONES WITH NO MONEY OR INSURANCE, THEY GET TO GO TO STATE HOSPITAL PROGRAMS, WHERE AGAIN THEY ARE CARED FOR BY OFTEN SAME DOCTORS WHO STATE IS PAYING AS NOTED.
AT A TIME WHEN SERVICES ARE LIMITED AND WE MAY LOOSE THE JOBS WE HAVE AT STATE AND AT
HOSPITAL THIS MUST CHANGE.AS ALWAYS IT IS THOSE THAT HAVE, GET MORE, AND THOSE WITH LITTLE
SUFFER MOST.
THE ADMINISTRATION OF THESE HOSPITALS IS ALSO RESPONSIBLE AS IT IS THEIR HOSPITAL AND
THEY HAVE OBLIGATION TO COMMUNITY AND TO STATE AND FEDERAL GOVERNMENT TO FOLLOW RULES AND NOT PRETEND TO FOLLOW RULES. WE KNOW IF YOU HAVE MONEY OR INSURANCE
YOU GET ADMITTED PROMPTLY,(USUALLY TO DOCTOR ON PAYROLL OF STATE,FULL OR PART-TIME), AND
WILL BE TREATED BY THAT DOCTOR OR THE TRAINEE, (ALWAYS BILLED BY DOCTOR NO MATTER WHO PROVIDED
SERVICE), BUT NO MONEY AND NO ASSISTANCE THEN WHO KNOWS WHAT WILL BECOME OF YOU.
WITH NO MONEY YOU MAY BE ADMITTED TO HOSPITAL IF REALLY,REALLY NECESSAY AND THEN BE CARED FOR BY DOCTOR EMPLOYED BY STATE, AND DOCTOR COLLECTS FEE FROM STATE FOR GIVING TREATMENT, AND DOCTOR GETS SALARY.
THIS IS CONFUSING TO US WHO ONLY SEE WHAT IS HAPPENING FROM OUTSIDE, BUT WHAT WE DO KNOW
IS WE ARE ANGRY THAT SUCH INJUSTICE OCCURS, AND THEN THEY TELL US OUR JOBS ARE NOT SECURE DUE TO MONEY. MONEY THAT EVIDENTLY EXISTS BUT GOES TO OTHERS.

PALMETTO HEALTH BAPTIST

TAYLOR AND MARION ST.
COLUMBIA, SC 29220

INPATIENT ADMISSION FORM

PATIENT ACCOUNT NO.	SERVICE DATE & TIME	DISCHARGE DATE & TIME	PT. TYPE	AC	SV CODE	ADMIT SOURCE	TYPE	FIN CLASS	STATION	ROOM	BED	MEDICAL RECORD NO.
0901201639	01/12/2009 17:11	1-30-09	PYB	A	PSY	7	1	19	7AE	758	01	000784969

ACCIDENT TYPE	ACCIDENT DATE & TIME	DENOMINATION	CHURCH	PUBLICITY	LIVING WILL
				NO INFO/DIRECTORY	No

NAME AND ADDRESS
LILES, NIGEL
151 LOST JOHN RD
HOPKINS SC 29061

SOCIAL SECURITY NUMBER: 658109665
COUNTY: Richland
PHONE: (803)647-9334

EMPLOYER
UNEMPLOYED
SC

OCCUPATION:
STATUS: Not Employed
PHONE:

SEX	RACE	MARITAL STATUS	DATE OF BIRTH	AGE	DATE OF LAST VISIT	MOTHER'S MAIDEN NAME	PLACE OF BIRTH
M	81	S	10/05/2001	7Y	01/12/2009	LILES	SC

GUARANTOR NAME AND ADDRESS
LILES, ERICKA A
151 LOST JOHN RD
HOPKINS SC 29061

SOCIAL SECURITY NUMBER: 147-68-1179
RELATIONSHIP: Mother
PHONE: (803)647-9334

GUARANTOR EMPLOYER
UNEMPLOYED
SC

OCCUPATION:
STATUS: Not Employed
PHONE:

NOTIFY IN CASE OF EMERGENCY
LILES, ERICKA A
151 LOST JOHN RD
HOPKINS SC 29061

RELATIONSHIP: Mother
PHONE: (803)647-9334

NEXT OF KIN

RELATIONSHIP:
PHONE:

INSURANCE 1
MEDICAID
LILES, NIGEL
0630315001
PO BOX 1458
COLUMBIA SC 29202
INSURED DOB: 10/05/2001

INSURANCE 2
1500 MEDICAID
LILES, NIGEL
0630315001
PO BOX 1458
COLUMBIA SC 29202
INSURED DOB: 10/05/2001

INSURANCE 3
INSURED DOB:

INSURANCE 4
INSURED DOB:

ADMITTING DIAGNOSIS/CHIEF COMPLAINT
ADHD

ADMITTING PHYSICIAN
17355 MALONE, TIMOTHY D

ADM PHY PHONE: (803)779-7500

ORGAN DONOR
N

Primary Care Physician
NONE,

THIS SECTION FOR INPATIENT USE (ER/OUTPATIENT OPTIONAL)

FINAL DIAGNOSIS — CODE NUMBER

HX RESISTANT ORG

DATE	OPERATION/SPECIAL PROCEDURES

CONSULTATION WITH

RESULTS
oRECOVERED
oNOT TREATED oDIED UNDER 48 HOURS
oIMPROVED oDIED OVER 48 HOURS
oNOT IMPROVED oAUTOPSY

INFECTIONS
oNOSOCOMIAL
oPOST-OP?
oOTHER
oCOMMUNITY ACQUIRED

"I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge."

DATE _____ ATTENDING PHYSICIAN _____

DRG DATA

PROVISIONAL DRG:

ALOS:

DATE ASSIGNED

FINAL DRG: 431

2/3/09 VSL

DISCHARGE STATUS: PROJECTED

_____ 1.=HOME/SELF CARE (ROUTINE)
_____ 2.=ANOTHER SHORT TERM GENERAL HOSPITAL
_____ 3.= SNF
_____ 4.= ONF
_____ 5.=HOSPITAL OTHER THAN SHORT TERM
_____ 6.= HOME WITH HOME HEALTH CARE SERVICE AID

FINAL

_____ 1.=HOME/SELF CARE (ROUTINE)
_____ 2.=ANOTHER SHORT TERM GENERAL HOSPITAL
_____ 3.= SNF
_____ 4.= ONF
_____ 5.=HOSPITAL OTHER THAN SHORT TERM GENERAL
_____ 6.=HOME WITH HOME HEALTH CARE SERVICE AID
_____ 7.= LEFT AMA
_____ 20.= EXPIRED

☐ A - AUTOPSY
B - IN OP. ROOM
C - ANESTHESIA
D - CORONER'S CASE
E - POST OP.

Printed on 01/12/2009 05:11 PM

MP AN [...]IAL WATERMARK IS ON THE [...] HOLD AT AN ANGLE TO VI[...] [...]MARK MP

Ranjay Halder, M.D. (Print Name)

Taylor at Marion, Columbia, SC 29220

S.C. # LL30877 Telephone # 296-5010 DEA # FH1041843

NPI # 1679779573

Patient Name Nisa Liles

Address ______ Date 1/30/09

℞ Risperidone M-Tab 0.5mg @ AM #30 R: 2

and

Risperidone M-Tab 1mg @ HS #30 R: 2 (one)

COPY

☐ unless checked, label with drug name

Refill 2 (one) times (No refill unless indicated)

______, M.D. DISPENSE AS WRITTEN

______, M.D. SUBSTITUTION PERMITTED

7501000B

"RX"s ON BACK ARE PRINTED IN DISAPPEARING INK, RUB BRISKLY TO ACTIVATE • CHEMICALLY SENSITIVE PAPER

Standard Register ANTI-FRAUD PROTECTION - PATENTS [...] SCRIP PLUS™ 08/15/04

Palmetto Health Baptist
Physician Admission Evaluation

LILES, NIGEL
B0901201639
MR 000784969
10/05/2001 7Y
MALONE, TIMOTHY D
M
758 01

Date: 1/13/09

- ☐ Voluntary
- ☐ Commitment
- ☐ Emergency Admission
- ☐ Transfer From ____
- ☐ Legal Charges ____

1) Present illness: 7 Y/O AA ♂ c̄ ā working Dx of ADHD and Autism. Does not like oral Rxs. Has threatened to hurt himself when he gets frustrated (kill myself)

2) Psychiatric History: Previous Dx of ADHD By Pediatrician. Past History Strattera, Vyvanse (did not work)

3) Medical History ____

4) Mental Status Exam

Appearance: AOx3	Anxiety/Panic Sx's: None
Grooming: WNL	Obsessive Compulsive Sx's: Mild (Autism)
Attitude/Behavior: Cooperative	Hallucinations: None
Speech: WNL	Delusions: None
Psychomotor Activity: Fidgety	Insight/Judgement: Limited
Affect: full	Suicidal Ideation/Plan: None
Mood: "Sad / to be here"	Cognitive:
Sleep: WNL	- orientation: AOx3
Appetite/Weight Change: None	- attention: WNL
Dyskinetic Movements: None	- language: WNL
EPS/Dystonia: None	- visuospatial: WNL
Confusion: None	- memory immediate: intact
Energy Level: increased	recent: intact
	remote: intact

5) Admitting Diagnosis
- Axis I: ADHD, Autism
- Axis II: Defer
- Axis III: None
- Axis IV: Chronic illness
- Axis V: 35

6) Reasons for Admission

(a) legal/court mandated ____	(h) eating disorder ____
(b) toxic laboratory values ____	(i) physiological imbalance (gross) ____
(c) suicidal risk X	(j) reactions to medications ____
(d) psychosis ____	(k) grossly impaired self care ____
(e) Substance abuse ____	(l) homicidal risk ____
(f) detoxification ____	(m) crisis stabilization ____
(g) failure of outpatient treatment X	

7) Assets/Strengths ____

8) Weaknesses: low frustration

9) Estimated LOS: 1 week

10) Discharge Plans: F/U c̄ Child Psychiatry

Physician's Signature: [signature]

[illegible]

85514B70mr R 8/05

758 01

PALMETTO HEALTH BAPT
HISTORY and PHYSICAL

LILES, NIGEL
B0901201639
MR 000784969
10/05/2001 7Y

MALONE, TIMOTHY D
M

* Name ______ Age ______ Sex ______

* Chief Complaint "Said I was going to kill myself"

* History of Present Illness (Onset, Duration, Cause) threatened to hurt self at school because of free time restriction. According to chart, Nigel has been threatening self since Nov 2006; Disruptive at school, ...

Family History mom ... dad unk ... cousin: autism

Habits and Social History smoke ∅ ETOH ∅ drugs ∅

* Past Medical History(Injuries, Operations, etc) ...

* Review of Systems no n/v ...
... "bad tooth" but unsure if he understood

* ALLERGIES NKDA

* Current Medications ______

* PHYSICAL EXAM Temp 97.6 Pulse 86 Resp 18 BP 113/66 Weight 24.9 kg

HEENT NCAT stuffy nose ... eyes clear
mouth clear ...

* Mental Status (Alert, Oriented, etc) a & oriented to person ... neck supple ... lymphadenopathy ... severe ... cavity L lower molar

* Heart & Lungs ... lungs CTA

Abdomen soft flat NT BS++ ... ∅ CVAT ...

Genitourinary ... 2-12 ... DTR 2

Breast ______ ... psychomotor

Other Pertinent Findings ______ activity.

Skin: ∅ rash

* ADMITTING DIAGNOSIS ① ADHD ② Autism ③ Left lower molar cavity

* PLAN therapeutic program

PHYSICIAN SIGNATURE [signature] Date 1-13-09

* DENOTES REQUIRED INFORMATION

univ 18
r 7/1/03

PALMETTO HEALTH BAPTIST
Columbia, South Carolina

LILES, NIGEL 758 01
B0901201639
MR 000784969 MALONE, TIMOTHY D
10/05/2001 7Y M

Date	Notes should be signed by Physician Fellow Note Cont,
1/15/09	Plan
9:35 AM	1) Increase ~~Daytrana~~ Daytrana patch to 30mg
	2) Continue Groups
	3) Family Meeting in Next week
	4) Continue to insure consequences to Behavior
	5) Start Catapres Patch 0.1mg QDAY
	Pending Mother's Approval
	MD Halber MD 352-0240
	Pt seen and agree
1/17/09	S: "I am not going to wear the patch"
8:40	O: VSS - Pt continues to test limits and has taken off any patch during the day - 4 patches found in his room - staff to monitor more closely. Still no word from mother about possible Catapres patch - continues to require frequent time-outs 2° defiant and irrelevant behavior
	A/P ADHD
	? Autism
	attempts to reach mother about Catapres

PROGRESS NOTE

10032Bmr

PALMETTO HEALTH BAPTIST
Columbia, South Carolina

LILES, NIGEL
B0901201639
MR 000784969
10/05/2001 7Y
758 01
MALONE, TIMOTHY D
M

Date	Notes should be signed by Physician
1/18/09	S: "I am ok"
8:40	O: VSS Pt appears to be more stable. Pt denies problem c med side effects. Pt has done better keeping patches on. Pt started on Clonidine Patch and [illegible] day. Well-more relaxed and calm - more redirectable.
	BP stable -
	A/P ADHD / ? autism - continue current tx
1/19/09	Fellow Note
9:00 AM	S: Pt is a 7 y/o AA ♂ c̄ a Dx of ADHD and Autism admitted on 1/12/09 c̄ Non-Compliance c̄ oral Rxs. Pt is currently on Daytrana Patches 30, 15 RH and clonidine 1mg. Pt is still pulling off patches. Slightly less defiant, agressive and hyper. Pt remains hard to Direct and 'whiny.'
	MSE: Still hyper this AM, still diff. to redirect, Mood: "Good"; Denies Self-injurious Behavior
	A: ADHD, Hx of Autism 30mg 15
	Plan: 1) Continue Daytrana ~~15mg~~ (30mg RH) 15mg Patches → change Patch time to 7:00 AM
	2) Continue Intrapress Oily Q weekly

PROGRESS NOTE

10032Bmr

PALMETTO HEALTH BAPTIST
Columbia, South Carolina

LILES, NIGEL
B0901201639
MR 000784969
10/05/2001 7Y
758 01
MALONE, TIMOTHY D
M

Date	Notes should be signed by Physician
1/13/09	Resident Note
11:20AM	Spoke c̄ Mom who agrees c̄ Daytrana patch.
	Describes ↑ ADHD symptoms. "Wants him
	to be better"
	Hubler, MD
	Attending note:
1/14/09	S: "I feel ok"
12:10	O: VSS. Pt reports having a good day - However
	staff report pt very defiant and
	aggressive. During play therapy pt
	had very violent themes c̄ guns and
	killing and identifying various threats.
	Still no correlation to his real life
	which would support this behavior.
	Pt was slightly less hyper c̄ Daytrana,
	but clearly not improved. Importantly
	he is not having med side effects -
	A/P ADHD, H/Autism R/O ODD -
	continue current tx consider ↑ Daytrana
1/15/09	Fellow Note
9:30Am	S: Pt is a 7 y/o AA ♂ admitted on 1/12/09 c̄ a Dx of ADHD and Autism
	Pt was not complian c̄ Rxs by Mouth. He was started on Daytrana 1/12/09

PROGRESS NOTE

10032Bmr

PALMETTO HEALTH BAPTIST
Columbia, South Carolina

LILES, NIGEL
B0901201639
MR 000784969
10/05/2001 7Y
758 01
MALONE, TIMOTHY D
M

Date	Notes should be signed by Physician
1/22/09	Psych Note Addendum (Fellow)
10:30 PM	Pt progressed to have a "melt down"
	Will try Risperdal M-Tab 0.5mg now
	Talked to mom, who agreed to Rx
	Haldar, MD
1/23/09	Psych Fellow Note
9:30 AM	S: Pt is a 7 y/o AA ♂ c̄ a Dx of ADHD and Autism
	admitted on 1/12/09 s/p Non-compliance c̄ PO Rxs
	and Behavior issues. Currently is tolerating Daytrana Patch
	20mg and Catapress 0.1mg patch and Risperdal 0.5mg
	M-Tab (started yesterday). Pt appears slightly calmer and
	easier to direct this am.
	O: MSE: Still hyper, "I'm doin Better," slightly easier to direct,
	No Self-injurious behavior
	A: ADHD, Autism by Hx
	Plan: 1) Consider lowering Daytrana 20mg (2) Continue Catapress 0.1mg patch
	3) Continue 0.5mg Risperdal QHS (4) Continue Groups
	5) Family Meeting Next week
	Haldar, MD
1-24-09	Patient seen, chart reviewed, discussed with
	staff. Noted to be "crabby" when arriving on
	am. van from Beach Cafe. Quiet until later
	Proud of PVC ... Barack Obama ...

PROGRESS NOTE

10032Bmr

PALMETTO HEALTH BAPTIST
Columbia, South Carolina

LILES, NIGEL 758 01
B0901201639
MR 000784969 MALONE, TIMOTHY D
10/05/2001 7Y M

Date	Notes should be signed by Physician
1/29/09	Psych Fellow Note
10:00AM	S: Pt is a 7 y/o AA ♂ 7Y c̄ Dx of Autism and ADD admitted on 1/12/09
	s/p Non-Compliance c̄ Parents and behavior issues. Pt is on Risperdal 0.5mg [illegible]
	0.1mg Catapress. Nursing reports ↑ sedation, Pt appears slightly "sleepy" this AM
	~~MSE~~: Pt was much better behaved this AM and yesterday
	MSE: Ao, slightly sedated this AM, well behaved, much [illegible], re-directable
	No SI/HI
	A: ADHD, Autism
	Plan: 1) Continue Groups
	2) Continue Risperdal 0.5 [illegible] AM/1mg QHS
	3) Discontinue Catapress Now
	4) Possible D/C Friday after F/C [illegible] 1/30/09
	[signature]

PROGRESS NOTE

10032Bmr

Concern: Quality of care
Inappropriate billing
Inadequate supervision of physician resident in training
Inadequate or absent documentation of evaluation,treatment by supervising physician

Hospital: Palmetto Baptist Hospital
Adolescent Psyciatric Unit
Columbia, SC

Patients: Tolliver Wise Admission July 2004
Mother:Leanna Dreher
924 Cindy Drive
Columbia,SC 29203
Insurer: MEDICAID 4630062570

Laceia Woods Admission April 2004
2219 Hurst Street
Columbia, SC 29203
Insurer: MEDICAID 1920534302
GrandMother: Connie Woods

Mark Peters-Brazzell Admission July 2004

Shambra Corbitt Admission March 2004
114 South Ernest Lane
Springfield,SC
Father: Ernest Corbitt
Insurer: MEDICAID 9408255004

Erica Conway
DOB: 10-21-1987
Insurer: MEDICAID 2324964803

Christopher Gibson
DOB: 3-4-1991
MEDICAID

Fahzell Helton
865 Goodson Road
Sumter,SC 29153
Insurer: MEDICAID 9435064002
Aunt: Diane Helton

Samuel Harrington Admission March 2003
PO Box 283
Blythewood,SC 29016
Mother: Jennifer Harrington
Insurer: Companion Blue Cross,Bose Corporation

Lawrence Lykes Admission 3-17-2004
304 Turning Leaf Drive
Columbia,SC 29209
Mother: Laketia Abercrombie
1234 Universal Drive #906
Columbia,SC 29209
Insurer: Blue Cross PPC FEP
R58973330

Page 2

Jonathon Moody Admission April 2004

1288 Craig Avenue
Lancaster, SC 29720
Mother: Melanie Moody
Insurer: APS State employee ZC S250510534

Jeremy Syres Admission: April 2004
1759 Kolb Road
Sumter, SC 29154
Mother:Teresa Syres
Insurer: MEDICAID 072119401

Jessica Lee Admission April 2003
317 Shallowbrook Drive
Columbia,SC 29226
Mother: Heasoon Lee
Insurer: BCPPC R58989652

Deonte Glass Admission April April 2004
115 Calhoun Drive
Manning,SC 29102
Mother (foster): Betty Bronson
Insurer: MEDICAID 7780161609

Robert Brown Admission March 2005
116 Green Acres Road
Blythewood, SC 29016
Mother: Janice Brown
Insurer: MEDICAID

Nicole Green Admission March 2005
520 Rabbit Island Road
Lakeview, SC 29563
Guardian: Marlboro Dept. Social Services
Insurer: MEDICAID

Winston Cooper Admission March 2005
25 Alicia Drive
Aiken,SC 29801
Mother: Sherri Cooper
Insurer: MEDICAID 3887469502

From: Whistle Blower (blowerwhistle78@yahoo.com)
To: INFO@DHHS.STATE.SC.US
Date: Sunday, February 10, 2008 9:13:45 AM
Cc: INFO@SCATTORNEYGENERAL.COM
Subject:

-----Inline Attachment Follows-----

Subject: Unexpected death

Patient: Arthur McCanty
111 Brooklyn Park
Laurens,SC 29360
Ph.864-984-5005
African-American Widow
DOB: 11-25-25

Hospital: Palmetto Baptist Hospital
Columbia,SC 29201

Concern: Quality of Care

This elderly man was admitted to Palmetto Baptist Hospital, psychiatric unit, on 9-24-2003. He was admitted to hospital on an involuntary basis. Deborah Flemming, daughter, of 231 Quail Creek Drive, Hopkins,SC 29061 (Ph. 803-647-0397,803-447-4701) sought help for her father. It was noted at time of admission that this man was not eating and would not take medication. No physical activity such as walking was impaired. He was noted to have no documented restriction of physical ability to care for himself. He had not documented history of falling. But, nonetheless, died on a psychiatric unit. How does a patient who is on a psychiatric unit within a large general hospital where all medical services are available die?

-----Inline Attachment Follows-----

Consequences to those involved in this patients unnecessary death have not occured. Is this state of medical care? Many experts on patient safety recommend when a patient is admitte hospital, that a friend or relative remain with patient 24 hours a day to oversee treatment

and make sure treatment is appropriate.
Ruth did not and could not benefit from her family in this manner as she was admitted to a unit whose doors are locked to outsiders including family, and visitation highly restricted with no extended visitation allowed. She additionally ws further removed from family when placed in the locked seclusion room as no visits were possible at all. Patient did not have benefit of modern telemety to monitor here medical status which may have saved her life. Who will speak up for this unfortunate woman? Who bring some meaning to this womans unnecessary death?

-----Inline Attachment Follows-----

Patient: Ruth Gatses 40 year old

Issue: Unexpected death while in psychiatric seclusion room

Family: Anne Tollefson Ph. 957-2194
Michael Tollefson Ph. 356-4367
201 Coronado Road
West Columbia, SC 29170

This was a 40 year old white woman who was admitted to the Palmetto Baptist Hospital for continued treatment of chronic psyhiatric illness. She was mother of two children and as had very supportive family she accepted recommendation to seek psychiatric treatment so that she would be able to meet her responsibilities. Though she had history of severe psychiatric illness she participated actively in her treatment. She was admitted to Palmetto Baptist Hospital, a major medical center which has all major specialties available including a very active emergency department which is staffed 24 hours a day. Patient was admitted for treatment and placed on a psychiatric unit which is locked at all times, and due to her confusion, psychiatric condition, she was very fearful. She became more nervous and hospital staff felt she may become 'out of control' though had not. She was then placed against her will in a locked room, known as a seclusion room, located away from where staff worked. Though patient could be viewed over a video camera, staff unable to directly access her medical status, and unable to directly interact with her. Patient was unable to commuicate any needs directly to staff as staff not with her, only observing patient by video camera, and observation was less than required to protect patient.
Patient was then involuntarily administered medication ordered by her psychiatrist,who was not at hospital when ordered and given. Medications were provided by the hospital pharmacy and injected into patient involuntarily by hospital staff. The medications given to patient were not only inappropriate but when given they were very dangerous to patient.
Though written warning accompanied the drugs patient given evidently these were ignored. Patient received both the drug thorazine and geodan. Warnings are part of a drugs information sheet. The particular warning that thorazine and geodan must never be given together in a patient was a well documented fact and well know to psyhiatric professionals. This was a warning also wel' known to hospital pharmacy who provided these drugs to be given at same time. The warnir in bold type as a contraindication to administer these two drugs at same time, which as nc is what happened to this patient. This contraindication was an established and well know

fact within the medical and psychiatric community.
This patient received the drugs thorazine and geodan against her will and died. She died as a direct result of being administered these two drugs which was contraindicated. She was placed in a seclusion room, away from nursing staff. She thus was unable to benefit from any direct nursing or medical evaluations that may have detected she was suffering an adverse reaction.
This, Unfortunate woman, a young mother of two children, died alone, without benefit of emergency treatment due to fact her dire condition was not known. Her condition was not known because the hospital staff and psychiatrist who placed her in a locked room where she would be least able to communicate any need to the staff.
Ruth was admitted to the hospital with anticipation by her family that she would receive competent and caring psychiatric care and be able to return to her home. Ruth was administered drugs which never should be given together in same patient as doing so will lead directly to heart failure.
How could this happen? How is it that a patient placed in a hospital with anticipation of receiving competent care receives very incompetent care? Why would a psychiatrist order staff to administer two drugs together when doing so is a known medical contraindication? Why would a psychiatrist order this treatment with its known contraindication and also place the patient in a locked room preventing any direct medical monitoring of patient? Why would a pharmacy provide these two drugs to a patient with contraindication to do so being well known? Why would a nurse administer these drugs when the contraindication is well known also to psychiatric nurses?
Neglect, abuse, and gross disregard for this patient's welfare is obvious.

-----Inline Attachment Follows-----

Patient: Edna Inez RObinson SS 247399125
DOB 9-27-62
Medicare 250229777CI
Medicaid 5090802204
Admitted to Palmetto Baptist Hospital 6-2-06, Died 6-4-06

Sister: Lilly Robinson
Brother: Esau Robinson Ph. 7547417

Patient address: 111 Washington Street
Swansea, SC 29160
Ph. 565-5288

Aunt: Dorothy Johnson
108 Washington Street
Swansea, SC Ph 568-5288

Concern: Quality of care
Abuse (unsound medical care)

Patient admitted to the Palmetto Baptist Hospital 6-2-06, upon transfer from the Providence Hospital in

Columbia,SC, where she was noted to be medically stable upon transfer. Initial assessment of patient by medical personnel noted patien is 'caucasian', in fact is african american. Patient admitted to Providence Hospital on 5-26-06 for treatment of sickle cell anemia with pain crisis. Patient was noted to be medically
stable but in need of psychiatric treatment. While at the Providence Hospital the patient noted to be depressed,
but was able to talk about her feeling of sadness regarding the death of her mother one year earlier. Patient was able to express worries, concerns and participate in her treatment at Providence Hospital on voluntary basis. When transferred to the Palmetto Baptist Hospital patient was for unknown reasons admitted on an involuntary commitment basis. At the time of admission to Palmetto Baptist Hospital patient medical condition known to include: vascular necrosis of right femoral head, bilateral hip replacement, lumbar disc 5 vertebra collapse, pneumonia, sickle cell disease. Though patient medical condition well established she was admitted to a psychiatric unit at the Palmetto Baptist Hospital. This psychiatric unit exists for treatment of psychiatric conditions which are typically severe, acute and not manageable on other psychiatric units. Patients on this unit are extremely ill from psychiatric standpoint, often psychotic, extremely disturbed. This patient was none of this and accepted treatment voluntarily though involuntarily commited. Patient was not initially admitted to Palmetto Baptist Hospital unit that specializes in treatment of patients with medical problems and psychiatric conditions.
After admission to Palmetto Baptist Hospital psychiatric unit her medical status rapidly deteriorated and eventually she was transferred again, this time to the Palmetto Health Hospital unit which cares for patients with medical and psyhiatric illnesses. This patients medical condition continued to deteriorate and she died on the morning of 6-4-06.

Questions regarding general medical care of paient with documented severe medical illness noted. Patient
medically stable on 6-2-06 and withing less than 48 hours died while under direct care of Palmetto Baptist staff and its physicians. Family arrived shortly after patient died though not given 'reason' for patient's rapid deterioration and unexpected death. Abuse of patient is defined by law to include negligent and unsound medical care, which appears to have led to patient's death. Concern for patients admitted to Palmetto Baptist Hospital psychiatric units with know medical impairments noted. Question whether this is isolated or recurring event.

-----Inline Attachment Follows-----

Concern: Quality of care

Patient: Theodore Podewil IV
Social Security Number: 248-83-8091
DOB: 12-14-1989
PH: 803-783-6117

Admission: Palmetto Baptist Hospital
Psychiatric Unit
Admit on 9-21-2006 9-26-2006

Mother: Paula S. Podewil

Employed at Montcrief Hospital-Social Worker
Ph. 803-751-2216 447-1918
Father: Theodore Podewil III
248 Autumn View Court
West Columbia, SC 29170
Ph. 803-356-2036

Insurance: Blue Cross FEP PPC
R50417822
PO Box 600601
Columbia,SC 29260

Events: This teenager was admitted to Palmetto Baptist Hospital Psychiatric Unit on September 26,2006, noted that he was living with his mother and younger brother. He had a suicide plan and was brought to the Palmetto Baptist Hospital emergency department September 25,2006. He escaped from the emergency department and was found on the Gervais Street bridge September 25,2006 evening threatening to jump. He was brought back to the emergency department of Palmetto Baptist Hospital. Event was published in the State newspaper.
Concern is that this patient was admitted only a few days earlier to Palmetto Baptist Hospital Psychiatric unit, on September 21,2006 after drinking kerosene gasoline in a very serious suicide attempt. Nonetheless, he was discharged very shortly after admission which led to the next attempt at suicide. It is an obvious concern that this teenager endured such events.

Concern: Electroconvulsive treatment in minor teenager
Lack of documentation to support this invasive form of treatment
Lack of documentation by a supervising physician to support billing
Lack of documentation of adequate supervision of physician trainee by supervising physician

Patient: Kevin Padgett
509 Cedarfield Lane
West Columbia, SC
Ph. 356-2308
Mother: Kathy Padgett
Father: Glenn Padgett
DOB: 5-14-1987
Admission July 2003

Patient was admitted to psychiatric unit repeatedly. Received shock therapy and documentation inadequate to support this invasive treatment in a teenager (16 years of age at time of treatment).

Concern: Quality of care

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Social Security Number: 248-83-8091
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Hospital Psychiatric unit, on September 21,2006 after drinking kerosene gasoline in a very serious suicide attempt. Nonetheless, he was discharged very shortly after admission which led to the next attempt at suicide. It is an obvious concern that this teenager endured such events.

One Renaissance Boulevard
Oakbrook Terrace , IL 60181

The Joint Commission stands ready to receive and review issues of concern about accredited organizations at any time and will act in accordance with all the information that is provided to us.

Sincerely,
Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace IL 60181
Phone: 630-792-5642
Fax: 630-792-5636
website: www.jointcommission.org

From: Whistle Blower [mailto:blowerwhistle78@yahoo.com]
Sent: Sunday, February 10, 2008 8:11 AM
To: OQM
Subject:

UPCOMING JCAH VISIT TO PALMETTO HEALTH BAPTIST HOSPITAL,COLUMBIA,SOUTH CAROLINA

CONFIDENTIAL

INFORMATION SENT AT REQUEST OF JCAH REGARDING IRREGULARITIES POSSIBLY BE LOOKED AT DURING VISIT. INFORMATION SENT AS FOLLOW-UP AT JCAH REQUEST. INFORMATION TO
BE HELD IN STRICT CONFIDENCE. INFORMATION TO BE USED ONLY TO BENEFIT PATIENTS BY
IMPROVING HEALTH CARE. INFORMANT NO LONGER ACTIVE AT EITHER HOSPITAL BUT VERY
FAMILIAR WITH SYSTEM PRIOR TO MOVE TO GEORGIA. INFORMANT SENT INFORMATION ATTACHED TO DOCUMENT CONCERNS REGARDING HEALTH CARE AT THESE HOSPITALS.

AS PER PREVIOUS CONVERSATIONS YOU MAY WISH TO LOOK INTO FOLLOWING ISSUES DURING VISIT TO THESE HOSPITALS. THESE ISSUES CONCERN DEPARTMENT OF PSYCHIATRY PRIMARILY.
ISSUES REGARDING OTHER DEPARTMENTS TO BE SENT SEPERATE PER CONVERSATION.

DEATHS: ARTHUR McCANTY OF LAURENS,SC WHILE HOSPITALIZED. RUTH GATSES, WHILE
HOSPITALIZED. MIKLE ANTOINE GREEN SHORTLY AFTER HOSPITALIZATION, KEVIN PADGETT, SHORTLY AFTER HOSPITALIZATION.

INAPPROPRIATE TREATMENT OF CHILDREN AND TEENAGERS BY DOCTOR IN TRAINING. DOCTORS IN TRAINING EVIDENTLY WORK AT BAPTIST HOSPITAL , PSYCHIATRY AREAS, AND TREAT CHILDREN AND TEENS. THESE DOCTORS IN TRAINING I UNDERSTAND ARE TO BE MONITORED CLOSELY AND TREATMENT ALSO TO BE GIVEN BY A DOCTOR THAT IS COMPLETELY TRAINED. I HAVE BEEN TOLD PATIENTS OFTEN DO NOT KNOW DOCTOR TREATING THEM IS IN TRAINING, AND FAMILY ALSO DOES NOT KNOW. I AM TOLD BY A NUMBER OF FAMILIES THAT WHEN THEY RECEIVE INFORMATION FROM THE MEDICAL CHART , THEY FIND ONLY INFORMATION WRITTEN BY DOCTOR IN TRAINING. AT BEST DOCTOR IN TRAINING NOTES ARE CO-SIGNED BY A TRAINED DOCTOR AFTER EVENT, OFTEN AS CONFIRMED BY MEDICAL RECORDS STAFF, THESE NOTES ARE NOT CO-SIGNED UNTIL AFTER CHILD LEAVES HOSPITAL. OFTEN NO EVIDENCE EXISTS ON CHILDS RECORD TO INDICATE A TRAINED DOCTOR WAS INVOLVED WITH CHILD , BUT ONLY A DOCTOR IN TRAINING. MANY COMPLAINTS FROM FAMILIES HAVE BEEN MADE ABOUT THIS AND YOU MAY WISH TO REVIEW RECORDS ON CHILDREN NOTED BELOW THAT MAY SHOW REASON FOR CONCERN. IT IS MY UNDERSTANDING
THAT A PATIENT MUST BE TREATED BY A TRAINED DOCTOR AND THE RECORD MUST SHOW THAT THIS OCCURED EVERYDAY SO THAT GOOD CARE IN GIVEN FOR SURE, AND SO HOSPITAL AND DOCTOR MAY CHARGE INSURANCE COMPANY AND FAMILY FOR WORK DONE. THESE NAMES ARE ALL CHILDREN OR TEENAGERS: TOLLIVER WISE, LACEIA WOODS, MARK PETERS-BRAZZELL,SHAMBRA CORBITT, SARAH NELSON, ERICA CONWAY, CHRISTOPHER GIBSON, ANTONIO JACOBS, FAHZELL HELTON, SAMUEL HARRINGTON, LAWRENCE LYKES, COURTNEY BALLARD, JONATHON MOODY, JEREMY SYRES, DEONTE GLASS, JESSICA LEE, ROBERT BROWN,
NICOLE GREEN, WINSTON COOPER, TYRONNE PATTERSON, ALEXANDER LUCKEY, LAPORCHA
RICHARDSON,AND ANTHONY PAULING.

NO INFORMATION PROVIDED TO BE USED TO IN ANYWAY HARM ANYWAY INCLUDING

Patient: Ruth Gatses 40 year old

Issue: Unexpected death while in psychiatric seclusion room

Family: Anne Tollefson Ph. 957-2194
Michael Tollefson Ph. 356-4367
201 Coronado Road
West Columbia, SC 29170

This was a 40 year old white woman who was admitted to the Palmetto Baptist Hospital for continued
treatment of chronic psyhiatric illness. She was mother of two children and as had very supportive
family she accepted recommendation to seek psychiatric treatment so that she would be able
to meet her responsibilities. Though she had history of severe psychiatric illness she participated
actively in her treatment. She was admitted to Palmetto Baptist Hospital, a major medical center
which has all major specialties available including a very active emergency department which is
staffed 24 hours a day. Patient was admitted for treatment and placed on a psychiatric unit which
is locked at all times, and due to her confusion, psychiatric condition, she was very fearful.
She became more nervous and hospital staff felt she may become 'out of control' though had not.
She was then placed against her will in a locked room, known as a seclusion room, located away
from where staff worked. Though patient could be viewed over a video camera, staff unable to directly
access her medical status, and unable to directly interact with her. Patient was unable to
commuicate any needs directly to staff as staff not with her, only observing patient by video
camera, and observation was less than required to protect patient.
Patient was then involuntarily administered medication ordered by her psychiatrist,who was not at
hospital when ordered and given. Medications were provided by the hospital pharmacy and injected
into patient involuntarily by hospital staff. The medications given to patient were not only
inappropriate but when given they were very dangerous to patient.
Though written warning accompanied the drugs patient given evidently these were ignored. Patient
received both the drug thorazine and geodan. Warnings are part of a drugs information sheet. The
particular warning that thorazine and geodan must never be given together in a patient was
a well documented fact and well know to psyhiatric professionals. This was a warning also well
known to hospital pharmacy who provided these drugs to be given at same time. The warning is printed
in bold type as a contraindication to administer these two drugs at same time, which as noted
is what happened to this patient. This contraindication was an established and well know
fact within the medical and psychiatric community.

This patient received the drugs thorazine and geodan against her will and died. She died
as a direct result of being administered these two drugs which was contraindicated. She was placed
in a seclusion room, away from nursing staff. She thus was unable to benefit from any direct
nursing or medical evaluations that may have detected she was suffering an adverse reaction.
This, Unfortunate woman, a young mother of two children, died alone, without benefit of emergency
treatment due to fact her dire condition was not known. Her condition was not known because
the hospital staff and psychiatrist who placed her in a locked room where she would be least
able to communicate any need to the staff.
Ruth was admitted to the hospital with anticipation by her family that she would receive competent
and caring psychiatric care and be able to return to her home. Ruth was administered drugs which
never should be given together in same patient as doing so will lead directly to heart failure.
How could this happen? How is it that a patient placed in a hospital with anticipation of receiving
competent care receives very incompetent care? Why would a psychiatrist order staff to administer two
drugs together when doing so is a known medical contraindication? Why would a psychiatrist
order this treatment with its known contraindication and also place the patient in a locked room
preventing any direct medical monitoring of patient? Why would a pharmacy provide these two drugs
to a patient with contraindication to do so being well known? Why would a nurse administer these
drugs when the contraindication is well known also to psychiatric nurses?
Neglect, abuse, and gross disregard for this patient's welfare is obvious.

Consequences to those involved in this patients unnecessary death have not occured. Is this the
state of medical care? Many experts on patient safety recommend when a patient is admitted to a
hospital, that a friend or relative remain with patient 24 hours a day to oversee treatment
and make sure treatment is appropriate.
Ruth did not and could not benefit from her family in this manner as she was admitted to a unit
whose doors are locked to outsiders including family, and visitation highly restricted
with no extended visitation allowed. She additionally ws further removed from family
when placed in the locked seclusion room as no visits were possible at all. Patient did
not have benefit of modern telemety to monitor here medical status which may have saved
her life. Who will speak up for this unfortunate woman? Who bring some meaning to this
womans unnecessary death?

From: Whistle Blower (blowerwhistle78@yahoo.com)
To: Fraud Response
Date: Thursday, May 15, 2008 7:40:22 PM
Subject: connie reynolds

what is status of complaint.we need email of other agencies that infomation should be sent to please. will mail copies of further info.

----- Original Message ----
From: Fraud Response <Fraudres@scdhhs.gov>
To: Whistle Blower <blowerwhistle78@yahoo.com>
Sent: Monday, March 17, 2008 7:24:31 AM
Subject: Re: fraud

Thanks. And yes, you can send this type of information to me.

Connie Reynolds
803-898-2668

>>> Whistle Blower <blowerwhistle78@yahoo.com> 3/15/2008 10:46 AM >>>
As I do not currently work at Baptist Hospital, my friends do. I have work now with insurance company and am aware of the importance of helping with fraud. It is my understanding that this problem continues, with children and teens not seen by attending physician but only the resident and notes signed well after fact, with no significant input from attending doc. I have heard this from a number of friends I know who have had their own children at this hospital. I do not know if this happens at all hospitals and maybe this is supposed to be ok but does not seem right from what I have been told in my job,when I review claims. I do not want to get anybody in trouble, I do not want any
money which I guess I could get as a whistle blower, I am only concerned about doing what is right. As I do not have a computer I will ask my friends at hospital to keep up with this email at hospital when they can. I do not know who should get this type of information and have to guess you will send it to whoever in governmant that looks at this type of stuff I guess. Have a Blessed Day.

----- Original Message ----
From: Fraud Response <Fraudres@scdhhs.gov>
To: Whistle Blower <blowerwhistle78@yahoo.com>
Sent: Thursday, March 13, 2008 3:20:24 PM
Subject: Re: fraud

Do you have the information of any Medicaid recipients this has occurred with recently?

Connie Reynolds
803-898-2668

>>> Whistle Blower <blowerwhistle78@yahoo.com> 3/6/2008 8:09 PM >>>

attachment or long letter of illegal behaviou.txt

HOSPITIAL (PALMETTO HEALTH BAPTIST)

GOAL: INCREASE REVENUE

MEANS: Funnel mentally ill patients (with funding source), to its own psychiatric units, utilizing select doctors (patients thus have no choice as to caretaker as this information is not to be told as such to patients. Important to use only select doctors who understand how 'system' works to advantage of hospital and themselves.
Obtain increased funding rate from government (by allowing doctors in training into hospital). Funding rate will be significantly higher with cash bonus (millions of dollars). Higher rate to all hospital departments even if only one department is providing educational experience to only one doctor in training. This is referred to as Disproportionate funding and per S.C.Medicai website, the amount of money give is indedd million to hospial. Univ.South Carolina has given its approval of this deal as have all national cerifying agencies. Only those individual (taxpayers) who pay the bill are kept in the dark.

Physicians in most department eagerly support this idea at hospital as it means more money in their pocket, and departments other than psychiatry provide no training. Is this proper? Is this abuse of system and mentally ill who need treatment but cannot afford? Millions of dollars to go to hospital and doctors who play this game well.
Teaching program is next established now and system working well to bring in millions of dollars to hospital and give extra income to cooperating doctors. Doctors in charge of teaching paid by State a salary to teach and care for patients being cared for by doctors in training. Doctor who teaches in this arrangement has doctor in trainig provide care to patient. Patient and family have no idea this is situation other than on paperwork they receive, never explained to them. Teaching doctor does not provide care, only signs name later on chart which gives appearance of involvement in care. Though teaching doctor paid salary to teach and provide care to paients seen by doctor in training, the teaching doctor bills insurance company for care provided only by doctor in training.
Teaching doctor to sign chart proving involvement and supervision of doctor in training, chart often not signed until after patient discharged from hospital. Teaching doctor is legally required to provide seperate evaluation of patient see patient daily and provide ongoing daily note in chart. This is requied for doctor to be able to bill for any medical procedure, but this is not done, and teaching doctor bills any way?

Hospital to maintain 'control' of mentally ill in community by placing its representatives at key points where mentally ill often end up at time of crisis (emergency room). These representatives can them divert patients with funding to hospital. Hospital to work in tandem with S.C. Department of Mental Health and local mental health centers, to obtain patients with funding for in hosital treament. Hospial to contol admissions by allowning only select doctors to admit. Hospital will admit a few patients with no funding to demonstate good will.

HOW TO PROFIT ON MISFORTUNE OF OTHERS

For money (power) to be obtained by one, it must be lost by another. The universe has a specific amount of energy, which is altered into many forms, but the total amount always is the same. Nature has many examples of how energy moves from more to less, as simple as connecting two containers of water with different depths, they will combine and reach one depth. Calm. Natural.Both containers content. Of course the concepts of entropy, chaos seem to run our universe. What is in motion will stay in motion. All that exists will move towards a more disorganized state. These are elementary concepts to consider in the business world.

To profit only a few ingredients are required. Other ingredients are desired and promote more profit and enable profit to be made faster but not required.

This is a story with many authors synthesized by only three of the authors for simplicity. We would like to thank those individuals with no or minimal true concern for the welfare of others, with no or minimal sense of ethical behavior, and with a true focus on bettering their position. We could not have begun this project without support of Sunshine type laws, Freedom of Information acts, or support of a number of individuals who have lived inside the beast (organization) for many years and provided us with data. Nothing we present in this article is meant as an indictment for or against any individual or organization, though those who are guilty of evil will recognize themselves. Fortunately, those who do evil have no true sense of guilt or remorse for misdeeds, and will not be trouble by any of this story. That is one key ingredient to profitting from the misfortune of others: the ability to profit, by performing any act without regard to consequences to anyone else. You know the type of person we refer to. One who lies easily, frequently and believes the lies ('they would sell their own mother type'). We do not see many to be moral, only present an intereting story (of course totally a work of fiction and any simiarities between individuals and instituitions noted is coincidental and not meant to suggest anyone or anything has commited acts which might be considered questionable by some).

We note first a motive. Power(money,influence,ability to control another and manipulate) is a goal by these inivduals. To get it we need to first determine where it is then design system to obtain while obtaining power, and conceal true motive. Usiing large extablished "respected" institutions works well. Obtain 'support' for your behavior while you obtain power. Once others determine your true motives and see you have obtained your power, they will not complain as they once encouraged and supported up. Do not forget to provide small tokens of apprecation on your quest to those who give you support (you may need them again). Position yourself to be seen as 'good'person (benevolant, caring, concerned, empathic, mral, compassionate, and ethical, and if not too far a tretch as a person who works on behalf of a higher power, though remember you do not need to be any of this, (appearance is all that is needed).Thus, deception is essential to profit easily. Your true motive of course is to be as powerful as you can become, but do not let others know this. Others must see your motive as altuistic. Defer any praise to those poor souls you have deceived and have enabled you to accomplish your goals. Allow others to be in spotlight and receive praise while you make bank deposits and position yourself for your next move. Obtaining allies you can share power with also helps. If you ever doubt what you are doing (if you ever had a conscience) your associates will be able to reassure you, and quiet any doubt you may have. This is how drunks, thieves,and addicts and similar

minded individuals provide reassure to each other that any behavior
is acceptable if they are all doing it. A child uses same 'logic',
as excuse for inappropiate behavior, "everyone does it".

is to be as

Enough of the lecture you say, 'Where is the story?". Fictional that it is. A business model in a way. A large national insurance company manages to consistently obtain profit for itself and to those in its midst. This company, fictional of course as could never happen in real life, otherwise it would pay taxes on profit, has managed to be seen as a 'good' company, providing jobs, donating cash to 'good causes'and maintain a non-profit status (no tax), pay high salaries (especially to those at top-simple pyramid scheme), and even provide bonuses of hundreds of thousands of dollars to those at top (for doing their job). This company has private jets, meetings at resorts (Bermuda,Hilton Head etc) and enables those at top of pyramid to benefit from these excesses (with spouse and family in tow). We do get sidetracked (if only to demonstate the behavior we note in our story of individuals seeking power is common).

Lets imagine an institution of healing and individual healers that are able to form a symtiotic relationship, like the small fish who eats parasites on the great white shark we see on TV. Shark protects fish as long as fish does what shark needs.

Where does the power come from? Power is not given up willingly. Design system to drain power slowly (not easily noticed until gone) and as ridiculous as this sounds, drain power from source whch is more than delighted for you to do so. This power source of course obtains its power somewhere (in this case obtains its power from ignorant taxpayers) via the incompetent (sick people). Sound too good? It gets better (easier).

So we have a 'cover'(benevolent healing institution, and in this case institution of higher learning) eager healers and a support cast. We can deal with any attacks (we have established good will and have alliances) and we now have the power (ability to influence those who would question our motives and actions). No one who can question us would do so, as it would then appear that they were in on the deal also,and somehow benefiting from the deal and just as guilty. A tangled web , the more tangled the better for us.

Want more? If anyone at your institution has a good soul and no underlying motive, they could check out our story. We believe it is possible to improve our world and believe it takes only small steps . We believe in God who will correct these injustices, but also believe those who can, must act to correct injustices when possible. We wish no one harm, only for evil to be stopped and people to get care they deserve. Attachments are provided to this story to be used in strict, confidential manner and
S

Representatives of hospital in emergency rooms to advocate for patiet who has no funding to be referred to S.C.Department of Mental Health facility. Hospital to control admissions by allowing select physicians to admit these patients,and at Richland Memorial Hospital interestingly physicians who admit these patients are also simultaneously employed by S.C.Department of Mental Health who pays physician to care for these patients, and also bills for services. Teaching doctor receives salary to teach and care for patients under care of doctor in training and also bills insurance company, Medicaid,Medicare,and Tricare Military insurance,though care provided by doctor in training.

Quality of care issues have occured:suicides of patients discharged from psyciatric unit, deaths of patients on psyciatric units due to inadequate or inappropriate care. Death of patient on a psychiatric unit to us seems outrageous. Shock therapy has been done to children at Baptist Hospital dispite recent legal malpractice proceedings against Baptist Hospital.

We are concerned also about fraudulent billing by teaching doctor, inadequate (if any) documentation that any care provided by teaching doctor. Of more concern is that patients and parents of patients do not realize care provided by doctor in training, (Lewis Blackman Act violation).

We have a few additional concerns about quality of care,primarily care by physician.

We wonder how a physician provides adequate care to any patient if providing coverage to other physicans.This is most concern when physician must see over 60 patients
while of call for others.

We question practices of physicians who see 60-plus apples within a few hours. We question the appropriateness of S.C.Department of Mental Health employed physicians who receive salary to care for these paients and receive additional fee.

Patient: Edna Inez RObinson SS 247399125
DOB 9-27-62
Medicare 250229777CI
Medicaid 5090802204
Admitted to Palmetto Baptist Hospital 6-2-06, Died 6-4-06

Sister: Lilly Robinson
Brother: Esau Robinson Ph. 7547417

Patient address: 111 Washington Street
Swansea, SC 29160
Ph. 565-5288

Aunt: Dorothy Johnson
108 Washington Street
Swansea, SC Ph 568-5288

Concern: Quality of care
Abuse (unsound medical care)

Patient admitted to the Palmetto Baptist Hospital 6-2-06, upon transfer from the Providence Hospital in Columbia,SC, where she was noted to be medically stable upon transfer. Initial assessment of patient by medical personnel noted patien is 'caucasian', in fact is african american. Patient admitted to Providence Hospital on 5-26-06 for treatment of sickle cell anemia with pain crisis. Patient was noted to be medically stable but in need of psychiatric treatment. While at the Providence Hospital the patient noted to be depressed, but was able to talk about her feeling of sadness regarding the death of her mother one year earlier. Patient was able to express worries, concerns and participate in her treatment at Providence Hospital on voluntary basis. When transferred to the Palmetto Baptist Hospital patient was for unknown reasons admitted on an involuntary commitment basis. At the time of admission to Palmetto Baptist Hospital patient medical condition known to include: vascular necrosis of right femoral head, bilateral hip replacement, lumbar disc 5 vertebra collapse, pneumonia, sickle cell disease. Though patient medical condition well established she was admitted to a psychiatric unit at the Palmetto Baptist Hospital. This psychiatric unit exists for treatment of psychiatric conditions which are typically severe, acute and not manageable on other psychiatric units. Patients on this unit are extremely ill from psychiatric standpoint, often psychotic, extremely disturbed. This patient was none of this and accepted treatment voluntarily though involuntarily commited. Patient was not initially admitted to Palmetto Baptist Hospital unit that specializes in treatment of patients with medical problems and psychiatric conditions. After admission to Palmetto Baptist Hospital psychiatric unit her medical status rapidly deteriorated

and eventually she was transferred again, this time to the Palmetto Health Hospital unit which
cares for patients with medical and psyhiatric illnesses. This patients medical condition continued
to deteriorate and she died on the morning of 6-4-06.

Questions regarding general medical care of paient with documented severe medical illness noted. Patient
medically stable on 6-2-06 and withing less than 48 hours died while under direct care of Palmetto
Baptist staff and its physicians. Family arrived shortly after patient died though not given
'reason' for patient's rapid deterioration and unexpected death. Abuse of patient is defined by law
to include negligent and unsound medical care, which appears to have led to patient's death. Concern
for patients admitted to Palmetto Baptist Hospital psychiatric units with know medical impairments
noted. Question whether this is isolated or recurring event.

Subject: Unexpected death

Patient: Arthur McCanty
111 Brooklyn Park
Laurens,SC 29360
Ph.864-984-5005
African-American Widow
DOB: 11-25-25

Hospital: Palmetto Baptist Hospital
Columbia,SC 29201

Concern: Quality of Care

This elderly man was admitted to Palmetto Baptist Hospital, psychiatric unit, on 9-24-2003.
He was admitted to hospital on an involuntary basis. Deborah Flemming, daughter, of 231
Quail Creek Drive, Hopkins,SC 29061 (Ph. 803-647-0397,803-447-4701) sought help for her
father. It was noted at time of admission that this man was not eating and would not take medication. No physical activity such as walking was impaired. He was noted to have
no documented restriction of physical ability to care for himself. He had not documented
history of falling. But, nonetheless, died on a psychiatric unit. How does a patient who is on a psychiatric unit within a large general hospital where all medical services
are available die?

State of South Carolina

Department of Health and Human Services

Jim Hodges
Governor

William A. Prince
Director

Federal regulations require that the Department of Health and Human Services periodically review recipient medical records of Medicaid providers. As this is a limited review of a Medicaid recipient's record, an onsite visit is unnecessary at this time. However, we do need copies of the records to verify the services that were billed.

Please send copies of records for the dates of services reflected on the enclosed Detailed Claims Report. These records must include diagnoses, office notes, descriptions of procedures or test, test results, drugs prescribed, and other documentation used to substantiate services billed.

The documentation should be sent to the Department of Health and Human Services, Division of Accountability and Collections, Suite M112, Attention: Mr. Michael Williams, Post Office Box 8206, Columbia, SC 29202-8206 by . We appreciate your full cooperation in this matter.

Should you have any further questions, please contact me at (803) 898-2617.

Sincerely,

Michael Williams, Investigator
Department of Investigations

Enclosures

NOTE: The regulations may be found in Code of Federal Regulations 42CFR, Part 456-Utilization Control

Division of Accountability and Collections
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 803/898-2640 Fax (803) 803/898-3046

From: Whistle Blower (blowerwhistle78@yahoo.com)
To: FRAUD@DHHS.STATE.SC.US
Date: Sunday, February 10, 2008 9:04:21 AM
Cc: INFO@DHHS.STATE.SC.US
Subject: FRAUD

SEE ATTACHMENTS

-----Inline Attachment Follows-----

Issues to be addressed

1. Quality of care
 -service not provided in timely manner
 -poor outcome (rehospitalization, death, medical complications)
 -substandard treatment intervention
 -inadequate involvement by guardian of minor children/teenager

2.Appropriateness of supervision
 -treatment provided without direct supervision of attending physician
 -documentation provided only by trainee and not reviewed by attending physician often until after discharge of patient (evaluations,progress notes not even co-signed until after discharge of patient)
 -inadequate documentation of care provided by attending physician which in any way suggests attending physician reviewed trainee documentation
 -inadequate documentation by attending physician to give evidence any care provided by attending physician

3.Billing practices
 -billing for service provided by trainee,without direct supervision as required
 -billing for service not provided
 -billing for service not consistent with service provided
 -documentation does not support service provided

-----Inline Attachment Follows-----

Concern: Quality of care
Inappropriate billing
Inadequate supervision of physician resident in training
Inadequate or absent documentation of evaluation,treatment by supervising physician

Hospital: Palmetto Baptist Hospital
Adolescent Psyciatric Unit
Columbia, SC

Patients: Tolliver Wise Admission July 2004
Mother:Leanna Dreher
924 Cindy Drive
Columbia,SC 29203
Insurer: MEDICAID 4630062570

Laceia Woods Admission April 2004
2219 Hurst Street
Columbia, SC 29203
Insurer: MEDICAID 1920534302
GrandMother: Connie Woods

Mark Peters-Brazzell Admission July 2004

Shambra Corbitt Admission March 2004
114 South Ernest Lane
Springfield,SC
Father: Ernest Corbitt
Insurer: MEDICAID 9408255004

Erica Conway
DOB: 10-21-1987
Insurer: MEDICAID 2324964803

Christopher Gibson
DOB: 3-4-1991
MEDICAID

Fahzell Helton
865 Goodson Road
Sumter,SC 29153
Insurer: MEDICAID 9435064002
Aunt: Diane Helton

Samuel Harrington Admission March 2003
PO Box 283
Blythewood,SC 29016
Mother: Jennifer Harrington

Insurer: Companion Blue Cross,Bose Corporation

Lawrence Lykes Admission 3-17-2004
304 Turning Leaf Drive
Columbia,SC 29209
Mother: Laketia Abercrombie
1234 Universal Drive #906
Columbia,SC 29209
Insurer: Blue Cross PPC FEP
R58973330

Courtney Ballard Admission 3-17-2004
111 Dove Creek
Columbia,SC 29229
Mother: Jackie Lynn Ballard
Insurer: Blue Cross PPC 218886130 Com Pscyh C18005375221

-----Inline Attachment Follows-----

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Jonathon Moody Admission April 2004

1288 Craig Avenue
Lancaster, SC 29720
Mother: Melanie Moody
Insurer: APS State employee ZC S250510534

Jeremy Syres Admission: April 2004
1759 Kolb Road

Sumter, SC 29154
Mother:Teresa Syres
Insurer: MEDICAID 072119401

Jessica Lee Admission April 2003
317 Shallowbrook Drive
Columbia,SC 29226
Mother: Heasoon Lee
Insurer: BCPPC R58989652

Deonte Glass Admission April April 2004
115 Calhoun Drive
Manning,SC 29102
Mother (foster): Betty Bronson
Insurer: MEDICAID 7780161609

Robert Brown Admission March 2005
116 Green Acres Road
Blythewood, SC 29016
Mother: Janice Brown
Insurer: MEDICAID

Nicole Green Admission March 2005
520 Rabbit Island Road
Lakeview, SC 29563
Guardian: Marlboro Dept. Social Services
Insurer: MEDICAID

Winston Cooper Admission March 2005
25 Alicia Drive
Aiken,SC 29801
Mother: Sherri Cooper
Insurer: MEDICAID 3887469502

-----Inline Attachment Follows-----

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Christopher Dease Admission July 10,2006
319 First Avenue
Bennettsville, SC 29512
Social Security Number 251919230
Father: Ira Dease

Insurer BCBS State employee ZC S247470767

Many more patients, in fact well over few hundred children and adolescents have been admitted to the Palmetto Baptist Hospital Psychiatric Service in past few years and did not receive acceptable level of care. Requirements for evaluation and treatment are well established and published by many professional agencies, government agencies, and hospital bylaws. These and many, many more children and teenagers did not receive appropriate evaluations and treatments and this fact is well established repeatedly in the medical records. Medical records clearly lack evidence that standard of care was met. These standards must be met for hospital to be allowed to operate its business. Hospital required accredidation by numberous agencies, training program requires that program meet standards. Insurance providers require acceptable level of care which is documented in medical record.
A review of charts of teenagers and children admitted to this hospital clearly show lack of required care, as well as exceptional additional concerns, including use of shock therapy in adolescents without proper documention, serious medical complications, repeated re-hospitalizations, numerous serious suicide attempts as well as completed suicides in children and teenagers after discharge from this hospital.