

Plaintiff's Name ANTHONY J. CAMPA
 Inmate No. T43585
 Address N.K.S.P. DG-126
PO BOX 5000, DELANO
CA. 93216

FILED

NOV 19 2012

CLERK, U.S. DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA
 BY [Signature]
 DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT
 FOR THE EASTERN DISTRICT OF CALIFORNIA

ANTHONY J. CAMPA
 (Name of Plaintiff)

1:12-CV-1897-MJS-PC
 (Case Number)

VS. 1. CALIFORNIA AB CORRECTIONAL

COMPLAINT

Civil Rights Act, 42 U.S.C. § 1983

HEALTH CARE CHIEF. L.O. ZAMORA

2. NKSP MED DEP. N. ODELUCA: C.M.E

3. A. SHITTA: CHIEF P&S

4. T. KUBICKI: C.E.O

5. DR. LEONG: A

6. DR. ROBLES: R

7. RN CORTES: R

8. CDCR DIRECTOR: T. McDONALD

(Names of all Defendants)

9. NKSP WARDEN: MRS. PENNYWELL

10. A/W TRAVINO: S

11. A/W R. LOPEZ

12. M. ROCHA: APP. COORDINATOR

13. C/O C. CUNNINGHAM

14. CDCR: N.K.S.P

15. M. STEVENS

16. K. DANIEL

17. G. CRANMER

I. Previous Lawsuits (list all other previous or pending lawsuits on back of this form):

A. Have you brought any other lawsuits while a prisoner? Yes ☐ No ☒

B. If your answer to A is yes, how many? _____

Describe previous or pending lawsuits in the space below.

(If more than one, use back of paper to continue outlining all lawsuits.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

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2. Court (if Federal Court, give name of District; if State Court, give name of County)

3. Docket Number _____

4. Assigned Judge _____

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Filing date (approx.) _____

7. Disposition date (approx.) _____

II. Exhaustion of Administrative Remedies

A. Is there an inmate appeal or administrative remedy process available at your institution?

Yes ☒ No ☐

B. Have you filed an appeal or grievance concerning ALL of the facts contained in this complaint?

Yes ☒ No ☐

If your answer is no, explain why not _____

C. Is the process completed?

Yes ☒ If your answer is yes, briefly explain what happened at each level.

N.K.S.P HAS ADOPTED A CODE OF SILENCE AND IS ACUSTOMED TO THE PRACTICE OF AN INTER ALIA POLICY. NEGLECTING THOSE IN ITS CARE. ON BEHALF OF HIS THERE IS A DEFICIENCY SIMILAR TO ADMINISTRATIVE OFFICE OF APPEALS. WITHIN NKSP THERE HAS BEEN NO RELIEF ON 1ST OR 2ND LEVEL REV'S FOR HEALTH CARE 3rd

No ☐ If your answer is no, explain why not.

LEVEL REVIEW THERE WAS STILL NO RELIEF. N.K.S.P IS FORGING DOCUMENTS. (D.L.R) 3rd LEVEL REV. FOR ADMINISTRATIVE AND GO2'S IS PARTIAL BUT OTHERWISE THERE IS ABSOLUTELY NO ACCOUNTABLE FOR THE MISS CONDUCT OF EITHER STAFF OR MEDICAL PERSONAL IN N.K.S.P. REPEAT VIOLATORS. ISSUES ARE ONGOING → STAFF IN NKSP HAVE SINCE TOOK REPRISAL. THOSE WHO ARE INVOLVED HAVE NO REGARD FOR THE RULES & PROCEDURES SET FORTH BY THE LAW & DEPARTMENT DOCTRINE. N.K.S.P APP. PROCESS IS DEFICIENT.

NOTICE: Pursuant to the Prison Litigation Reform Act of 1995, "[n]o action shall be brought with respect to prison conditions under [42 U.S.C. § 1983], or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." 42 U.S.C. § 1997e(a). If there is an inmate appeal or administrative remedy process available at your institution, you may not file an action under Section 1983, or any other federal law, until you have first completed (exhausted) the process available at your institution. You are required to complete (exhaust) the inmate appeal or administrative remedy process before filing suit, regardless of the relief offered by the process. Booth v. Churner, 532 U.S. 731, 741 (2001); McKinney v. Carey, 311 F.3d 1198, 1999 (9th Cir. 2002). **Even if you are seeking only money damages and the inmate appeal or administrative remedy process does not provide money, you must exhaust the process before filing suit. Booth, 532 U.S. at 734.**

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

A. Defendant L.D. ZAMORA is employed as CALIFORNIA H&A CORRECTIONS H/C CHIEF at CDCR H/C DIRECTOR LEVEL REVIEW

- B. Additional defendants N. ODELLA IS EMPLOYED AS NKSP C.M.F AT NKSP. C.A. SHITTU IS EMPLOYED AS NKSP CHIEF P&S AT NKSP. D.T. KUBICKI IS EMPLOYED AS NKSP MED. C.F. AT NKSP. F. MAI LEONG IS EMPLOYED AS NKSP MD. AT NKSP. F. MA ROBLES IS EMPLOYED AS NKSP MD AT NKSP. G. MAI COBETZ IS EMPLOYED AS NKSP RN. AT NKSP. H.T. McDONALD IS EMPLOYE AS CDCR DIRECTOR AT SACRAMENTO. J. MRS. PENNYWELL IS EMPLOYED AS NKSP WARDEN. J. MR. TREVINO IS EMPLOYED AS NKSP A/W. K.A. LOPEZ IS EMPLOYED AS NKSP A/W. L.M. ROCHO IS EMPLOYED AS APPRAISER COORDINATOR AT NKSP. M.C. CUNNINGHAM IS EMPLOYED AS ADJ SEG MEDICAL ESCORT AT NKSP. N. THE AGENCY CDCR. NKSP. O.M. STEVENS IS EMPLOYED AS NKSP. P. FACILITY CAPTAIN. P. K.D. DANIEL IS EMPLOYED AS I.A.D AT NKSP. Q. G. CRANMER IS EMPLOYED AS I.S.U OFFICER AT NKSP.

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

PETITIONER CHARGES THAT N.K.S.P HAS ADOPTED AN INTER ALIA POLICY, NEGLECTING THOSE IN ITS CARE. THE ACTION IS RAISED UNDER PRISON CONDITIONS, CRUEL AND UNUSUAL PUNISHMENT → CAUSATION, INTER ALIA POLICY → DELIBERATE INDIFFERENCE. DEPRIVATION OF CONSTITUTIONAL RIGHTS AND EMUNITIES; 14; EQUAL RIGHTS, DUE PROC. B. DELIBERATELY DEPRIVING PETITIONER HEALTHCARE AND DUE PROC. RESULTING IN SIGNIFICANT PAIN AND SUFFERING OVER THE COURSE OF THE LAST 11 MONTHS. NKSP OFFICIALS HAVE ACTED WITH CRUEL AND MALICIOUS INTENT WHICH IN ITSELF GAVE WAY TO STAFF RETALIATION TOWARD PETITIONER FOR H/CARE AND STAFF COMPLAINTS WHICH RESULTS IN VIOLATION OF AMENDMENT 1 AND FURTHER DEPRIVES PETITIONER OF ANY REMEDY OR RELIEF. HAD THERE NOT BEEN A DEFICIENCY IN THE PROGRAM CDCR TRAINS ITS EMPLOYEES AND CONTRACTORS UNDER, PETITIONER CONTENDS THESE DEPRIVATIONS WOULD HAVE BEEN

V. Relief.

SEE: IV. 2.

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

SEE ATTACHMENT: V.

I declare under penalty of perjury that the foregoing is true and correct.

Date 11/14/12

Signature of Plaintiff Anthony Campa

1
2 AVOIDED AND SIMPLY WOULD NOT GO UNNOTICED OR UNADDRESSED BY THE DEPT-
3 RTMENT OF CORRECTIONS. THERE IS NO PENOLOGICAL INTEREST IN ALLOWING NKSP
4 TO EXERCISE UNLAWFUL CONTROL OVER THOSE IN ITS CARE. THE DEPARTMENT HAS
5 ALLOWED NKSP FREE AN INDEPENDANT CONTROL OVER THOSE IN ITS CARE TO SUCH
6 A STATE THAT THERE IS NO ACCOUNTABILITY TO THE DEPARTMENT, EMPLOYED HERE
7 IN N.K.S.P. THE DEPARTMENTS PRACTICE IN ALLOWING NKSP TO FUNCTION IN SUCH
8 A STATE IS IMPRACTICAL AND DEPRIVES PETITIONER OF THE MINIMAL CIVILIZED MEAS-
9 SURES OF LIVES NECESSITIES WHICH INCLUDE PERSONAL SAFETY, BODILY INTEGRITY &
10 DUE MEDICAL CARE FOR EXISTING CONDITION OR INJURY.

11 SPECIFICALLY PETITIONER HAS BEEN A.D.A. DPP CODE D.N.M SINCE APPROXIMATELY 2.00
12 .10 DUE TO A SPINAL CHORD INJURY OF BEING STABBED IN THE NECK. WHILE IN CMC
13 DR.S AND NEURO SURGION PROVIDED PETITIONER WITH A DIAGNOSIS OF BROWN
14 SYCHORD SYNDROME DUE TO THE SPINAL CHORD INJURY. PETITIONER SUFFERS LEFT
15 SIDED WEAKNESS IN EYE, HAND AND ENTIRE LOWER EXTREMITIES. PETITIONER SU-
16 FFERS SEVERE CHRONIC PAIN ON THE ENTIRE RIGHT SIDE, MID STOMACHE DOWN THRU
17 ALL NUERO AND MUSCLE GROUPS EXTENDING DOWN THRU THE RIGHT LEG AND REACHING
18 TO THE FOOT. THE ENTIRE RIGHT SIDE LOST ALL NORMAL SENSATION. IT IS ONLY SEVE-
19 RE PAIN THAT NOW EXISTS. AMONGST OTHER ODDITIES THAT HAVE MOUNTED OVER TIME
20 AS MUSCLE GROUPS BREAKDOWN WHILE OTHERS DEFORM AND SWELL. PARTICULAR-
21 LY THE RIGHT LEG, KNEE, CALVE, ANKLE AND FOOT. CMC TRAINED MEDICAL
22 PERSONAL RECOGNIZED THIS AS A PERMINANT DISABILITY AND PLACED ME UNDER
23 DPP CODE. A.D.A ACCOMADATIONS WERE MADE AND A CAIN WAS ISSUED TO CORRECT
24 WALK AND SUPPORT WIEGHT WHEN LOWER EXTREMITIES FAIL WITHOUT NOTICE.
25 A CHRONIC PAIN MANAGEMENT PLAN WAS DRAFTED FOR PETITIONER IN ORDER TO GET
26 PAIN LEVEL UNDER CONTROL AND INCREASE DAY TO DAY ACTIVITIES AND FACILITATE
A HEALTHY STATE OF MIND. FOR THE MOST PART THE PATIENT PROVIDER AGREEMENT MEDICA-
TIONS WERE FULLFILLING PAIN MANAGEMENT GOALS. (SEE APENDIX FOR MATERIAL REF-
ERENCE PLEASE) THE TREATMENT MEDICATIONS THAT WERE AUTHORIZED FOR MY CONDITION
ARE: 1. GABAPENTIN. 2. MS. 3. BACCOFENE. I HAD SINCE BEEN UNDER THE SAME LEVEL OF CA-
RE FROM CMC TO PUSP. A.D.A. D.N.M UNDER PATIENT PROVIDER AGREEMENT MEDICATI-
ONS STATE. (PERMINANT DISABILITY)

CONDITIONS OF CONFINEMENT:

1 ON 12.8.11 PETITIONER ARRIVED TO NKSP VIA PUSP GP LEVEL III MAINLINE (SEE EX K1) APOW
2 PITIONERS ARRIVAL NKSP OFFICIALS ELECTED NOT TO HONOR THE CONDITIONS OF THE NONADVERS TRANS-
3 FER. PERWRITTEN DIRECTION OF THE COCR DIRECTOR T. McDONALD *K1* ALL PARTICIPANTS WERE TO
4 RETAIN A1A PRIVILEGE GROUP IF IT WAS PREVIOUSLY AQUIRED. I ARRIVED WITH A BUS LOAD OF SIMILARLY
5 SITUATED INMATES WHO ALSO PARTICIPATED IN RE-ALIGNMENT. NKSP OFFICIALS ELECTED TO SINGLE
6 OUT PETITIONER FROM THE OTHER TRANSFERS, NOT ALLOWING HIM TO BE PLACED ON A YARD GP.
7 LEVEL III. ENSTEAD, WITHHOLDING PETITIONERS PROPERTY AND PLACING HIM IN RECEPTION. (R/C
8 STATUS) WHILE ALL THE OTHER TRANSFERS WERE ALLOWED TO RECIEVE THIER PROPERTY AND PLACEMENT
9 ON SAID YARD PER SPECIAL TRANSFER *K1*

10 DUE TO NKSP ACTION PETITIONER EMEDIATELY FELL UNDER QUESTION ONCE IN RIC DUE TO HAVING NO PE-
11 RSONAL PAPERWORK. COCR STAFF AND OFFICIALS ARE WELL AWARE IT IS COMMON PRACTICE AMONGST
12 GENERAL POPULATION SETTINGS FOR ALL DESIGNATED GROUPS TO CHECK NEW ARRIVALS COURT PAPERS
13 TO ENSURE HE IS NOT A CHILD MOLESTER, RAPIST OR AN INFORMANT. BEING AS HOW RECIEVING RE-
14 TENTION BEGAN TO MOUNT. ULTIMATELY ON
15 THE NIGHT OF 12.16.11 RIC INMATES MADE IT CLEAR HE WOULD BE ATTACKED IF HE REMAINED AMONGST
16 THIER PRESENCE. ON THE MORNING OF 12.17.11 PETITIONER WAS COURSED INTO SIGNING AN S.N.Y.
17 CHRONO *K 2*

18 ON 12.22.11 PETITIONER WAS ASSAULTED IN CELL IN A CASE WHERE THE ATTACKER BECAME THE VICTOM
19 DUE TO FALLING ON HIS HEAD

20 PETITIONERS CAIN WAS CONFISCATED BY INVESTIGATIVE UNIT AND MEDICAL DEPARTMENT AND
21 NKSP STAFF ELECTED TO PLACE PETITIONER IN AD SEG SINGLE CELL STATUS WITHOUT A REPLACEMENT.
22 THIS CONSTITUTES AN A.D.A VIOLATION AS STATE RECIEVES FEDERAL FUNDING TO ASSIST WITH AOA ORDERS
23 AND ACCOMADATIONS. PETITIONER HAS BEEN FIGHTING FOR A.D.A RIGHTS AND ACCOMADATION OF
24 WALKING ASSISTIVE DEVICE FOR OVER 11 MONTHS OR SO. DUE TO MEDICAL DEPARTMENTS PREJUDICE
25 AND THE FACILITY CODE OF SILENCE PETITIONER HAS SUSTAINED FURTHER INJURY AND OTHER IN-
26 REPAIRABLE DAMAGE. ON SEVERAL OCCASSIONS WHILE UNDER ESCORT PETITIONERS LOWER EX-
TREMITIES HAVE FAILED CAUSING HIM TO FALL AND SUSTAIN INJURY

1 SPECIFICALLY SEVERAL DAYS AFTER PETITIONERS PLACEMENT IN AD AND WHILE UNDER ESCORT FROM
2 BY C/O CUNNINGHAM AND C/O VALASCO WITHOUT A CAIN, PETITIONERS LEGS GAVE OUT CAUSING HIM TO JUST
3 AIN INJURY TO BOTH KNEES AND RIGHT HAND. PETITIONER HAD PREVIOUSLY ADVISED THESE OFFICERS THAT
4 HE IS ADA! MOBILITY IMPAIRMENT AND THAT HE REQUIRES A CAIN TO SUPPORT HIS WIEGHT. HENCE PETI-
5 TIONER TOLD MEDICAL ESCORT C/O CUNNINGHAM THAT HE WOULD BE HELD ACCOUNTABLE. THIS OFF-
6 ICER WAS REGULARLY ESSCORTING PETITIONER FROM AD SEG TO TTA BUILDING TWO OUT OF THREE
7 TIMES A DAY FOR TREAT THAT HAD BEEN IMPLIMENTED LONG SINCE FOR CHRONIC PAIN MANAGEMENT.
8 THIS INCIDENT OCCURED IN THE MORNING WHILE IN ROUGHT TO TTA BE BECAME C/O CUNNINGHAM

IV.3

CUNNINGHAM SAYS HE'LL HELP ME GET MY PAIN MANAGEMENT MEDICATIONS KNICK DOWN TO TWICE A DAY SO PETITIONER WON'T HAVE TO WORRY ABOUT A CAIN. AND FOR PETITIONER TO PUT IN A MED SLIP AND SEE ABOUT GETTING HIS KNEES PATCHED UP. WHEN THE SAME ESSCORTS ARRIVED FOR AFTERNOON ESSCORT AN TREATMENT, UPON ARRIVAL TO TTA BUILDING, ENSTEAD OF RECEIVING AFTERNOON TREATMENT I WAS PULLED INTO A SIDE OFFICE WHERE A DR. LEONG SAT ME DOWN AND CHECKED MY VITALS. HE THEN TOLD PETITIONER HE DIDNT NEED TREATMENT THREE TIMES A DAY ANY LONGER. PETITIONER WAS NOT GIVEN TREATMENT, NOR DID DR. LEONG TREAT KNEES OR HAND FOR BROKEN SKIN. PETITIONER ATTEMPTED TO REQUEST REISSUANCE OF A CAIN AND CLEANING OF HIS INJURIES, HOWEVER, HE WAS SIMPLY DISREGARDED. "HE'S DONE" VERBATIM.

IT BECAME APPARENT TO PETITIONER THAT OFFICER CUNNINGHAM WENT BEHIND HIS BACK AND DELIBERATELY CONSPIRED/ INTERFERED WITH PETITIONERS COURSE OF TREATMENT.

ON THE RETURN TRIP TO AN SEC THIS SAME OFFICER STATES TO PETITIONER "YOU KNOW MR. CAMPA, THIS PLACE HAS A CERTAIN WAY OF DOING THINGS AND COMPLAINING WILL ONLY MAKE IT WORSE".

PETITIONER TOOK THIS STATEMENT AS A WARNING AND ELECTED NOT TO APPEAL THE INCIDENT OR LEONGS FAILURE TO TREAT HIS BUSTED KNEES OR TERMINATION OF THE AFTERNOON TREATMENT. ENSTEAD A SECOND HEALTH CARE REQUEST WAS SUBMITTED, REQUESTING REINSTATEMENT OF A CAIN PER A.D.A. D.N.M. AND TREATMENT OF THE KNEES. (THESE REQUESTS ARE NOT REFERENCED DUE TO HEALTH CARE APPEAL OFFICE WITHHOLDING THEM AS THEY WERE ATTACHED TO ORIGINAL APPEAL WHICH WAS SCREENED OUT AND RETURNED WITHOUT THOSE REQUESTS ATTACHED. SEE EX. D1 SECTION 4. REFERRING TO SECTION 1.) PETITIONER WAS SEEN BY MD. ROBLES WHO FAILED TO EXAMINE PATIENT. ONLY TAKING VITALS AND INDICATING HE DID NOT SEE ANYTHING MEDICALLY WRONG WITH PETITIONER. BY THIS TIME AND DATE PETITIONERS CHRONIC PAIN MANAGEMENT MEDICATIONS HAD ALREADY BEEN TERMINATED ENTIRELY AS OF 1.2.12.

ROBLES INDICATED HE HAD NO VERIFICATION OF THE NEED FOR A CAIN OR OF ANY SUCH INJURY OF THE SPINAL CHORD. PETITIONER WAS TOLD HE WOULD BE TREATED WITH CYMBALTA AND THAT IF THERE WERE VERIFICATION OF SPINAL CHORD INJURY (BROWN SYCHORD SYNDROM) HE WOULD CONTINUE THE MEDICATIONS I WAS PREVIOUSLY BEING TREATED WITH. IT WAS INDICATED HE WOULD SEND FOR PETITIONER RECORDS IN WHICH HE WOULD CALL PETITIONER BACK IN 2 WEEKS AND IF CYMBALTA WAS NOT TREATING PAIN MORE EFFECTIVELY CHANGES WOULD BE MADE. BY THIS TIME PETITIONER HAD ALREADY SUBMITTED A H/C COMPLAINT FOR THE RECONCILIATION OF THE PREVIOUS CHRONIC PAIN MANAGEMENT MEDICATION WHICH HAD BEEN TREATING HIS CONDITION FOR OVER 23 MONTHS AND RE-INSTATEMENT OF A CAIN. (SEE D1 SEC. 4) THIS APPEAL WAS SUBMITTED APPROXIMATELY ON 1.3.12. HOWEVER IT WAS SCREENED OUT AND RETURNED AT A MUCH LATER DATE WITHOUT THE DOCUMENTS PREVIOUSLY ATTACHED. CDC PROCEDURE IS TO PROCESS ALL COMPLAINTS WITHIN 5 DAYS OF RECEIVING THEM. IF THERE WAS NO ASSIGNMENT FOR PROCESSING THEN THERE IS SIMPLY NO NEED FOR THE CONCOMITANT DELAY. THE ISSUES WERE ADDRESSSED ON A NEW APPEAL ON 1.22.10. (SEE EX. A1, A2) WITH SUPPORTING DOCUMENTS. PETITIONER CONTINUED TO ADDRESS

MEDICAL ISSUES THROUGHOUT THE APPEAL PROCESS TO NO AVAIL. SEE HEALTH CARE RESPONSE FOR 1ST, 2ND, AND 3D LEVEL REVIEW. BI THRU BG ON PETITIONERS SECOND ENCOUNTER WITH MD ROBLES HE REPORTED VERBALLY THAT THE MEDICATION CYMBALTA WAS EXCITING HIS DAMAGED NERVE IN THE LEFT EYE AND THROUGHOUT HIS STOMACHE AND RIGHT LEG WHICH INTENSIFIED THE PAIN. PETITIONER ~~RECALLED~~ EXPLAINED IN GREAT DETAIL THAT THE MEDICATION CYMBALTA WAS EXASPERATING THE INJURY AND THAT HE WOULD NOT SUFFER FURTHER TORMENT OF SAID MEDICATION AS IT HAS PROVEN TO BE DEFECTIVE IN ITS USE TO TREAT PETITIONERS BROWN SYCHORD SYNDROM. HENCE IT WAS CRUEL AND IMPRACTICAL TO TRIPPLE THE AMOUNT OF THE VERY SAME MEDICATION. TO WHICH PETITIONER CEASED TAKING IT ALL TOGETHER. THE THIRD ENCOUNTER WITH MD ROBLES IS POSSIBLY WHEN MD ROBLES MAY HAVE TRIPPLED THE AMOUNT OF CYMBALTA. IN ANY EVENT, THE DATES AND INCIDENTS ARE VERY CLOSELY RELATED. AS YOU WILL NOTE THE UNEXPLAINABLE OR JUSTIFIABLE DELAY FOR 1ST LEVEL REVIEW TO CLOSE FOR REPROCESSING AT THE NEXT LEVEL. D1, SEC 1.

THESE DELAYS ARE IN FACT DISCRIMINATORY AND DIRECTLY RELATED TO THE FACILITIES CODE OF SILENCE. STONE WALLING INMATES. NOW DUE TO A POLICY WHICH IS STATE WIDE, ROBLES STATES ON 1ST LEVEL REVIEW THAT HE CAN NOT REINSTATE PREVIOUS CHRONIC PAIN MANAGEMENT MEDICATIONS IN THIS FACILITY UNTIL OTHER MEDICATIONS ARE TRIED. PER STATE POLICY. *S.18*

SEE EX. 18. PETITIONER IS ALLERGIC OF THE FIRST 2 AND HAD ALREADY BEEN RECEIVING TREATMENT WITH GABAPENTIN SINCE HIS ARRIVAL IN CDC SEE MED MAR. EX. 16 AND WAS RECEIVING OPIOD TREATMENT IN CONJUNCTION WITH GABAPENTIN ONCE HIS CONDITION WAS IDENTIFIED AS BROWN SYCHORD SYNDROM APPROXIMATELY 2.00.10 WHILE IN CALIFORNIA MENS COLONEY. *SEE J6, J7* AND J18 FOR GUIDELINES. PETITIONER FELT IT WAS CRUEL AND IMPRACTICAL TO RELY OR CITE THIS POLICY UNDER THE GUISE OF TREATMENT. PETITIONER WAS BEYOND THAT POLICY IN THE COURSE OF DUE TREATMENT FOR PAIN MANAGEMENT GOALS HAD ALREADY BEEN ACHIEVED. IF YOU WILL NOTE DR. LEONGS REPORT IS LOCATED AT J1, J2. THIS WAS ORIGINAL CDC INTAKE IN 2009. PETITIONER HAS NOT LEFT CUSTODY SINCE. THIS IS THE SAME MD WHO CONSPIRED WITH

IV.3

IV. 4

1 C/O CUNNINGHAM AND REMOVED MY CAIN CHRONO AND INTERFERED WITH THE SET
2 COURSE OF TREATING PETITIONER HAD SINCE BEEN RECEIVING. IN LIGHT OF THE IMPRACTICAL
3 CITING OF SAID POLICY BY DR. ROBLES, PETITIONER FILED A STAFF COMPLAINT ADDRESSING THE
4 DELAY IN PROCESSING ORIGINAL GO2 AND FOR ADA DISCRIMINATION. AS YOU WILL NOTE EX D1 SEC. 2X
5 A COMPLAINT WAS PROCESSED BUT PETITIONER NEVER RECEIVED NOTICE NOR WAS THE APPEAL
6 RETURNED DISPUTE. NUMEROUS REQUEST A FOR PROCESSING. EX. D1 ONLY BECAME AVAILABLE MOST
7 TO PETITIONER SO IT WAS UNKNOWN THE APPEAL WAS EVER ASSIGNED. SUBSEQUENTLY A THIRD
8 HIC APPEAL WAS SUBMITTED DUE TO ONGOING REQUESTS FOR RELIEF IN PROCESSING OF HIC APP-
9 EALS. SEE EX. C1, C2* THOSE ARE THE ONLY APPEAL NOTICE RECEIVED VIA HIC APPEALS. WITH THE
10 EXCEPTION OF THE ORIGINAL SCREENOUT WHICH WAS NEVER RETURNED ONCE CORRECTIONS
11 WERE MADE SEE D1. SEC. 4* PETITIONER HAS KEPT LOG OF HEALTH CARE REQUESTS. SEE EX. G1 TH-
12 RU G14* THESE LOGS CLEARLY DEMONSTRATE PETITIONER HAS FELT TO RETALIATORY AND
13 DISCRIMINATIVE ATTACKS THROUGH NO FAULT OF HIS OWN. HE HAS SOUGHT RELIEF FROM THE DEPR-
14 IVATIONS EXTENDING TO C.M.E. EX. D* WHO FAILED TO EVEN ACKNOWLEDGE THE REQUEST.
15 ULTIMATELY PETITIONER HAS FELT VICTIM TO THESE UNCONSTITUTIONAL CONDITIONS AND HAS BEEN
16 FORCED TO SUFFER RESTLESS DAYS AND SLEEPLESS NIGHTS AS A RESULT OF THE DEPARTMENTS
17 UNWILLINGNESS TO REINSTATE THE MEDICATIONS PETITIONER HAS BEEN EFFECTUALLY TREATED
18 WITH OVER THE PREVIOUS 2 YEARS. HENCE THE PETITIONER HAS SUFFERED FROM EXTREME
19 PAIN THAT IS CONTINUOUS, WITHOUT END WHAT SO EVER FOR THE ENTIRE PERIOD SINCE NKSP
20 ELECTED NOT TO TREAT HIM FOR SPINAL CHORD INJURY. SEE EX. J1 THRU J15 FOR MEDICAL
21 CONDITION AND TREATMENTS PRIOR TO HIS RETURN BACK TO NKSP AS A RESULT OF THE MANU-
22 ATORY REALIGNMENT STATEWIDE. PETITIONER HAS BEEN WITHOUT REMEDY GOING ON ONE YEAR
23 NOW AND NKSP HIC FAILED TO FURNISH A CAIN PER ADA REQUEST. SEE EX. E1. THRU. E7.
24 STAFF CONTINUED TO VIOLATE A.D.A RIGHTS AND ARE NOW FORGING DOCUMENTS. EX. E1* VERIFICATION
25 WAS ATTACHED BY PETITIONER VIA MED DOCUMENTS PREVIOUSLY OBTAINED FROM MED FILE
26 VIA: CMC. EX. E3 CLEARLY INDICATES (AW) ASSOCIATE WARDEN WAS NOTIFIED. AS YOU WILL NOTE
27 C/O CUNNINGHAM SIGNED OFF AS A WITNESS TO MOD ORDER. HOWEVER THIS MOD ORDER
28 WAS NEVER MET. SEE EX. 24* RN. MISS CORTEZ FAILED TO ISSUE A WALKING ASSISTIVE DEVICE.
29 SPECIFICALLY SHE TOLD PETITIONER HE SHOULD STOP COMPLAINING CAUSE IT WON'T HELP ANYONE.
30 AND IF HE WISHED TO RECEIVE WALKING DEVICE HE WOULD BE CHARGED 180.00 DOLLARS AND
31 WOULD HAVE TO SIGN A TRUST WITHDRAW. PETITIONER RELAYED HE WOULD SIGN DOCUMENT
32 AND FOR HER TO ISSUE DEVICE. THE REQUEST WAS MADE VERBALLY FOR SEVERAL DAYS IN A ROW AS
33 SHE WAS ASSIGNED TO AD SEG PILL CART. AS YOU CAN SEE FROM EX. E4. SHE FAILED TO ISSUE
34 A.D.A MOD ORDER WALKING DEVICE. MD. ROBLES CONTINUED TO SUBJECT PETITIONER TO RE-
35 TALATION FOR ONGOING COMPLAINTS AND ADA DISCRIMINATION. SEE EX. E5. PETITION-
36 ER SUFFERED FURTHER REPERCUSSION FOR REQUESTING A.D.A ACOMADATIONS. YOU CAN
37 SEE HE FALSELY INDICATES THERE IS NO VERIFICATION OF D.N.M/DPD AND PETITIONER DID
38 ATTACH VERIFICATION FOR A.V.A REQUESTS WHICH WERE REMOVED. SEE EX. F1 F2* IN EX.
39 ES ROBLES STATES "HE WALKS WELL EVEN IN HANDCUFFS". THIS DOCUMENT CONTAINS C.M.E
40 SIGNATURE AS PARTICIPATING IN THE UNLAWFUL ACTION. SEE EX. EG NOW FOR COMPLETE
41 REMOVAL OF THE ADA PROGRAM. DPD/DNM CODE. THIS DOCUMENT WAS FORGED INTO PETI-
42 TIONERS FILE BY A MERE STATEMENT WHICH IS CLEARLY A DARGATORY / DISCRIMATING
43 STATEMENT EX. E5* C.M.E HAD ALREADY BEEN ABREASTED OF MD ROBLES WANTON CONDU-
44 CT. PRIOR TO THIS DATE OF A.D.A REQUEST. SEE EX. G14 OR D* NOW AS YOU WILL NOTE ON EX. E7
45 PETITIONER DID NOT RECEIVE SCREENOUT ADA PACK UNTIL 3.11.12. WITH A DUE DATE OF 4.13.12.
46 MOREOVER THIS A.D.A PACK WAS HANDLED BY M. ROCHA WHO IS NOT AUTHORIZED OR SANCTIONED
47 TO PROCESS MEDICAL APPEALS. HE IS ASSIGNED TO ADMINISTRATIVE APPEALS OFFICE. AS YOU WILL
48 NOTE IN HIC NKSP DOES NOT HAVE AN ASSIGNED MEDICAL APPEALS COORDINATOR WHICH IS
49 A DEFICIENCY. EVERY PRISON MUST EMPLOY PERSONNEL SPECIFICALLY TRAINED IN THE MANNER OF
50 HANDLING RECEIVING AND RESPONSIBLY ASSIGNING APPEALS FOR MEDICAL REVIEW ON EACH DE
51 SIGNATED LEVEL FOR REVIEW. AS YOU WILL NOTE IN EX. A1, A2* MD ROBLES WAS ASSIGNED RE-
52 VIEW ON BOTH FIRST AND 2ND LEVEL WHICH IS CONTRARY TO CDCR POLICY AND DEPRIVES PETI-
53 TIONER APPROPRIATE REVIEW AT A HIGHER LEVEL OF PERSONNEL. THERE IS ABSOLUTELY NO DE-
54 MOLOGIC INTEREST IN REMOVING A DISABLED INMATE FROM A FEDERALLY ASSISTED PROGRAM IF
55 THAT MAN MEETS THE REQUIREMENTS OF THE PROGRAM AND HAS LEGITIMATE NEEDS. PETI-
56 TIONER HAS BEEN IN PHYSICAL TORMENT DUE TO THE UNTREATED CHRONIC PAIN SURGING THROUGH
57 SELECTIVE MUSCLE GROUPS AND BODY PARTS OF HIS BODY WHICH HAVE ALREADY BEEN IDENTIF-
58 IED IN PATIENT PROVIDER AGREEMENT CONTRACT PRIOR TO ARRIVAL HERE IN NKSP. SEE
59 EX. L1 THRU L7. PETITIONERS PAIN IS SO SEVERE THAT HE CAN NOT PARTICIPATE IN DAILY YARD
60 AND HAS NOT ATTENDED YARD FOR OVER 2-3 MONTHS. YARD IS VERY FAR AWAY BETWEEN
61 FOR PETITIONER IN SUCH A STATE AND DAILY ACTIVITIES ARE VERY MINIMAL DUE TO UNTREATED
62 MEDICAL CONDITION. THE MED DEPT OF SACRAMENTO CONTENTS PETITIONER IS RECEIVING
63 PROPER TREATMENT FOR CHRONIC PAIN MANAGEMENT WITH AMITRIPTYLINE. HOWEVER THIS
64 MEDICATION WAS ALREADY IN PLACE SINCE 2009 TO INCREASE P.M SLEEP. SEE EX. J.17* THERE IS
65 ONLY 1 REASON WHY NKSP MEDICAL FAIL TO FURNISH A CAIN AND PROPERLY REINSTATE THE MED
66 ICATIONS INDICATED IN EX. M1, M2, M3. EITHER THOSE INVOLVED ARE TRULY INCOMPETENT
67 UNDER QUALIFIED, OR ACTED WITH A SPECIFIC INTENT TO CAUSE PAIN IN SUFFERING. NKSP
68 OFFICIALS HAVE LONG SINCE BEEN PUT ON NOTICE OF THEIR ACTIONS WHICH CAUSE PETITI-
69 ONER IRREPAIRABLE DAMAGE EACH DAY THAT GOES BY WITHOUT TREATMENT FOR THE EXISTING INJU-
70 RY. PETITIONER IS CONSTANTLY OVERCOME WITH PAIN. ALL PARTIES TO THIS ACTION ARE AWARE AND
71 ELECT TO STICK TO THE CODE OF SILENCE. ADHERING TO THE INTER ALIA POLICY OF NEGLECTING
72 IN DEPRIVING THOSE IN ITS CARE. AS YOU MAY NOTE IN EX. B4, B5, AND B6* NKSP HEALTH CARE DEPA-
73 RTMENT IS FORGING DOCUMENTS. PETITIONER HAS NEVER BEEN EXAMINED WHILE IN NKSP VIA: P.
74 U.S.P. EACH VISIT CONSISTS OF VITAL CHECKS AND PETITIONERS PLEAS FOR EFFECTIVE MEDICATION
75 TO LOWER AN MANAGE CHRONIC PAIN AND RECEIVE A CAIN. THE CURRENT SITUATION IS GRAVE
76 AND IT IS ASTOUNDED HOW THERE IS NO ACCOUNTABILITY FOR THE WANTON AND MALICIOUS ACTS
77 BEING DIRECTED AT PETITIONER. AT THE VERY MINIMAL THE ISSUES RAISED IN EX. A1 & A2 WARENT
78 CERTAIN ACTION TO ESTABLISH IF THE ALIGATIONS ARE ACCURAT AND TO ADDRESS ALL CONCERNS
79 RAISED IN THE COMPLAINT. DUE TO THE LACK OF ACCOUNTABILITY TO THE DEPARTMENTS FAILURE TO
80 INITIATE AN APPROPRIATE RESPONSE THE PETITIONER IS SUBJECTED TO - CRUEL AND UNUSUAL PU-
81 NISHMENT WITH NO REMEDY WHAT SO EVER. SEE EXHIBIT N1, N2, N3, N4 PLEASE.....

IV. 4

IV. 5

IF YOU WILL NOW TAKE A LOOK AT EX'S. F1, F2, AND F3 YOU WILL NOTE PETITIONERS PLACEMENT CHRONOS FOR EXISTING CONDITION WHICH NKSP MEDICAL CONTENTS DO NOT EXIST. NOW IF YOU WILL, VIEW F3 SPECIFICALLY. THIS CHRONO FOLLOW PETITIONER VIA U.S MAIL VIA P.O.S.P. IN EX F4 DATED THE TWENTY THIRD OF DEC. 2011.

THIS CHRONO WAS ISSUED HEREIN NKSP, DEMONSTRATING D.N.M CODE. A.D.A FOR MOBILITY IMPAIRMENT. THIS IS SIGNED BY THE VERY SAME DR. MR. LEONG WHO REMOVED PETITIONERS AUTHORIZATION FOR A CAIN AFTER CONSPIRING WITH OFFICER CUNNINGHAM ON 12.24.11 WHICH IS THE VERY NEXT DAY INDICATING HE WAS IN FACT AWARE OF PETITIONERS CONDITION. SEE HEALTH CARE COMPLAINT WITH SUPPORTING DOCUMENTS A1, A2, A3, D, E, F. ALTHOUGH PETITIONER RAISED SEVER HEALTH CARE COMPLAINTS IE: H/C G023, STAFF SOUGHT TO IMPED THE PROCESS AND TO IGNORE WITH IMPUNITY, HIS MEDICAL NEEDS. AS A FORM OF RETALIATION HEALTH CARE OFFICIALS AND MR. ROCHA HAVE USED THE APPEAL PROCESS TO CHALLENGE AND DISCOURAGE PETITIONER FROM TAKING ANY FURTHER ACTION TO

OBTAIN REMEDIES FROM THE STATE, COCR... NKSP APPEALS PROCESS HAS PROVED TO BE DIFFICULT IN THE PROVISIONS NECESSARY TO FURNISH SUITABLE REMEDIES. IF YOU NOTE ON A 134 CHIEF L.D ZAMORA STATES HE/SHE WAS REVIEWING 30 LEVEL APPEAL ON BEHALF OF THE DIRECTOR. THE ACTING DIRECTOR IS T. McDONALD. AS THE ACTING DIRECTOR HE IS RESPONSIBLE FOR THE DEPARTMENTS CODE OF CONDUCT AND UNDER OBLIGATION TO ENSURE EACH FACILITY IS RUNNING SMOOTH AND EFFICIENTLY. MOREOVER, THESE OVERSIGHTS ARE NOT PERMISSIBLE. WHEN ISSUES ARE ADDRESSED ON THE 30 LEVEL REVIEW, CERTAIN ISSUES REQUIRE APPROPRIATE AND IMMEDIATE ATTENTION DUE TO THIS DIFFICULTY IN DELEGATING AUTHORITY WITHOUT PROPER PROCEDURES AND PROTOCOL, THE OVERSIGHT OF THE DEPARTMENT HAS BECOME A LIABILITY TO THE INJURY AND DEPRIVED PETITIONER A WAY BY WHICH THOSE RIGHTS WILL BE VINDICATED IF THERE IS A VIOLATION OF THEM. CURRENTLY IRREPAIRABLE DAMAGE IS ON GOING EACH DAY PETITIONER SUFFERS PHYSICAL TORMENT WITHOUT TREATMENT FOR EXISTING INJURY... AS YOU WILL NOTE ON B1 THRU B6 EACH AN EVERY LEVEL OF REVIEW WAS DENIED. MD ROBLES WAS THE SOLE AN ONLY INTERVIEWER THROUGHOUT THE PROCESS. THIS VIOLATES POLICY AS STATED. CONSEQUENTLY THE DIRECTOR AND OR DELIGATE FAILED TO TAKE

ANY FORM OF ACTION TO CORRECT THE DIFFICULTY WITHIN THE IDENTIFIED RESPECTS. THESE SAME OVERSIGHTS ENDANGERED THE PETITIONERS LIFE WHEN HE PARTICIPATED ON A VOLUNTARY BASIS WITH THE STATEWIDE POLICY OF MANDATORY REALIGNMENT. NKSP OFFICIALS SENT HIM OUT TO AN R/C YARD WITH NO PERSONAL PAPERWORK, AGAIN IGNORING THE POTENTIAL DANGER WITH IMPUNITY.

THERE ARE ~~THESE~~ OTHER COMPLAINTS IN THIS ACTION. IN PART PETITIONER HAS ALREADY STATED ONE OF THESE ~~THESE~~ CLAIMS IN (IV.2 LINES 13 THRU 19) FOR THE COURTS REFERENCE SEE APPENDIX: A1A WHICH CONTAINS MATERIAL REFERENCE FOR LINES (13-19 OF IV.2) IF YOU WILL NOTE PETITIONER HAS RECEIVED A CASE# IN APPENDIX A1A WHICH CONTAINS 21 PAGES NUMBERED 1 THRU 21.

PETITIONER CHARGES THAT NKSP OFFICIALS VIOLATED DUE PROCESS ON A SERIOUS RULES VIOLATION REPORT BY DISREGARDING ALL PROCEEDURAL RIGHTS WITH IMPUNITY. ALL PARTIES IN THE FORECLOSED ACTION ARE DELIBERATELY DISREGARDING PETITIONERS RIGHT TO POSTING AN NOTICE AND ALL PROCEEDURAL SAFE GUARDS WERE AGAIN VIOLATED AS AN ACT OF REPRISAL SPECIFICALLY WITH THE INTENT TO ESTABLISH THEY MAY, AND WILL CONTINUE TO DO AS THEY SO WISH WITH ABSOLUTELY NO REGARD. THE PARTIES NAMES AND TITLES HAVE BEEN CITED AS PARTICIPATING IN A CODE OF SILENCE, STONEWALLING PETITIONER AT EVERY GIVEN CHANCE.

ON 2.7.12 PETITIONER WAS ISSUED AN R.V.R CHARGING ATTEMPTED MURDER ON CELL MATE. SEE 2.1, 2.2 NKSP OFFICIALS VIOLATED EVERY LAST RULE DOWN TO FALSE CONFIDENTIAL INFO AND EVERY HEARING REQUIREMENT AFFORDED THRU STATE POLICY.

PETITIONER WAS FOUND GUILTY OF SAID CHARGE AND APPEALED IT. SEE 2.16, 2.17 IN RESPONSE M. ROCHA INTERVIEWED PETITIONER RELYING THAT THERE WAS NO MERIT TO PETITIONERS APPEAL. SEE 2.11 THRU 2.15 AS YOU WILL NOTE IN 2.12 M. ROCHA FORGED THAT STATEMENT. PETITIONER DID NOT MAKE THAT PLEA. MORE OVER YOU WILL NOTE IN 2.15 M. ROCHA WAS CONDUCTING THE REVIEW ON BEHALF OF A.W. S. TREVINO WHO SIGNED OFF AS THE AUTHORITY IN FULL AGREEMENT WITH M. ROCHAS CONTENTION THAT THERE IS NO MERIT TO PETITIONERS APPEAL... THIS CLEARLY DEMONSTRATES THESE TWO MEN ARE UNDERQUALIFIED OR ACTED WITH DELIBERATE INTENT TO CAUSE INJURY. SEE 2.19 SECTION A. AND B. NOW AS YOU NOTE THIS REVIEWER WAS IN TOTAL AGREEMENT THAT THE ENTIRE PROCESS WAS IN

SUBSTANTIAL ERROR. HENCE MR. LOZANO OF 30 LEVEL REVIEW DISCUSSED THE ISSUE WITH NKSP WARDEN. IN ADDITION MR. LOZANO ISSUED A MOD ORDER VIA FAX TO ROCHA EXPRESSLY ADVISING \ DIRECTING NKSP OFFICIALS TO RE ISSUE AN REHEAR R.V.R ADHEREING TO ALL PROCEEDURAL REQUIREMENTS AND MEET ALL TIME CONSTRAINTS. SEE MOD ORDER 2.21 AGAIN YOU WILL NOTE IN R. LOPEZ NAME AS STATED IN THE MEMO TO MARK STEVENS. FACILITY D CPT. CONSEQUENTLY NKSP OFFICIALS ESTABLISHED POLICIES WERE RECKLESS IN LIGHT OF THEIR ACTUAL PRESUMED KNOWLEDGE OF THE RISK OF HARM. AND YET STILL THEY SOUGHT TO DEPRIVE PETITIONER OF SUBSTANTIAL RIGHTS AND CAUSE RETALIATORY HARM. PETITIONER WAS ENTITLED TO RECIEVE FAIR POSTING OF CHARGE AN ALL SUPPORTING DOCUMENTS WITHIN 15 DAYS OF THE MOD. ORDER. THIS WAS DISREGARDED BY CPT. M. STEVENS WHO FAILED TO FULL FILL THE MOD. ORDER. PETITIONER WAS NOT ISSUED EX 2.29 THRU 2.34 UNTIL 10.8.12. BY THIS TIME THE PETITIONER HAD ALREADY FELL VICTOM TO THE DEPRIVATION THROUGH NO FAULT OF HIS OWN.

IV. 5

IV. 6

HEARING REQUIREMENTS WERE IGNORED WITH IMPUNITY AS WELL. PETITIONER SOUGHT TO RESOLVE THE MATTER SEE * 2.27, 2.28 & CONSEQUENTLY WHETHER ONE OF THOSE DATES WERE MET. PETITIONER WAS NOT AFFORDED A HEARING UNTIL 10.26.12. TO WHICH PETITIONER THOROUGHLY ABREASTED HEARING OFFICER I.A.D. K.O. DANIEL OF ALL THE CURRENT VIOLATIONS IN RESPECT TO MOD ORDER AND PETITIONERS RIGHTS. THIS SAME HEARING OFFICER EXPRESSED HE WAS UNDER A GREAT DEAL OF PRESSURE AND DID NOT WISH TO BE A PART OF IT. HOWEVER THIS OFFICIAL, AFTER BEING ABREASTED OF PETITIONERS POSITION AND HAVING THE AUTHORITY PER DEPARTMENT OPERATIONS MANUAL PROCEDURES WHEN THESE TYPES OF POLICY VIOLATIONS ARE BROUGHT BEFORE HIM DURING THE REVIEW AND ADJUDICATION OF AN R.V.R. HE DOES HAVE THE EXPRESS OBLIGATION AND AUTHORITY TO DISMISS AN R.V.R. THERE WAS NO OTHER REMEDY AVAILABLE DUE TO THE ORIGINAL VIOLATIONS CITED IN * 2.16, 2.17 AND 2.19 SEC. 3.

CREDIT FORFEITURE MUST ULTIMATELY BE REVERSED. THIS WAS PART OF THE FIRST VIOLATION REMEDY AT DIRECTOR LEVEL REVIEW. SO DUE TO REOCCURRING VIOLATIONS OF THE IDENTICAL NATURE THE ONLY REMAINING ACTION TO REMEDY THE VIOLATION WOULD BE A DISMISSAL OF THE SECOND R.V.R. IT WAS CLEARLY ESTABLISHED NKSP POLICY WAS THE MOVING FORCE FOR THE VIOLATION AND OFFICER K.O. DANIEL FAILED TO BREAK THE CODE OF SILENCE. MOREOVER THIS SAME OFFICER ADMITTED HE ALLOWED SRGT. GONZALEZ TO CHANGE HIS ANSWERS IN RESPONSE TO PETITIONERS QUESTIONS PREVIOUSLY PERFORMED BY AN INVESTIGATIVE EMPLOYEE MRS. WALKER. THIS I.E. REPORT WAS ALTERED AND STAMPED "AMENDED" WHICH IS UNFAVORABLE TO PETITIONER. SEE * 2.24 AND 2.35 & ANSWERS 1, 2, 3, 4 BY GONZALEZ ALTERED/FORGED.

AS A MATTER OF RECORD IN REFERENCE TO: IV.3 LINES 11-13, PETITIONER ALSO CONTENDS THAT MD. ROBLES VIOLATED HIS CONSTITUTIONALLY PROTECTED LIBERTY INTEREST. PETITIONER DID NOT WISH TO BE TREATED FOR HIS INJURY WITH AN "ANTI-PSYCHOTIC DRUG" NOR WERE ANY PROCEDURAL SAFEGUARDS MET FOR THE ADMINISTRATION OF SUCH A DRUG (CYMBALTA) PETITIONER WAS COERSED TO SAMPLE THIS ANTI-PSYCHOTIC DRUG FOR A TWO WEEK PERIOD IN LIEU OF REINSTATEMENT OF THE PREVIOUS MEDICATIONS THAT WERE EFFECTIVELY TREATING PETITIONERS CONDITION.

PETITIONER CHARGES NKSP HAS REACH NEW FOUND LEVELS OF CONDUCT THAT IS CONSTITUTIONALLY PROHIBITED. PETITIONER HAS NEVER HEARD OF OR LOCATED ANY MATERIAL REFERENCE OR CITINGS THAT RELATE TO THE SPECIFIC ACTS OF THOSE DESCRIBED FOR THE DISREGARD OF AN INMATES RIGHTS OF DUE PROCESS WHERE DISCIPLINARY MATTERS ARE CONCERNED. IT WAS NOT A SINGLE ACT OR EVENT THAT VIOLATED THE PROVISIONS ESTABLISHED FOR THE ISSUANCE (POSTING) AND ADJUDICATION OF AN R.V.R. BUT MANY ACTS AND OMISSIONS OF NKSP OFFICIALS WHICH CONSTITUTE VIOLATIONS OF FEDERALLY PROTECTED RIGHTS. IN SAYING THIS, IT IS TO ESTABLISH THAT PETITIONER HAS BEEN VICTIMIZED NOT ONCE, BUT TWICE ON THE SAME R.V.R. THESE UNPRECEDENTED EVENTS ARE A HALL MARK OF REGRESSION TO THE EVOLVING STANDARDS OF DECENCY THAT MARK THE PROGRESS OF A MATURING SOCIETY.

DEFENDANT G. CRAMMER IS BROUGHT IN THIS VERY ACTION ALONG WITH N.K.S.P. OFFICIALS CITED, SPECIFICALLY FOR A VIOLATION OF THE CONSTITUTION WHERE IT STATES: NOR SHALL ANY PERSON BE SUBJECT FOR THE SAME OFFENCE TO BE TWICE PUT IN JEOPARDY OF ~~OR~~ LIFE OR LIMB.

THIS OFFICER ALLEGES IN AN R.V.R. REPORT THAT HE CONDUCTED A CELL SEARCH AND LOCATED MARIJUANA THAT BELONG TO THE PETITIONER. THE R.V.R. IS ATTACHED AS APPENDIX III.

SPECIFICALLY PETITIONER WAS NOT AT MEDICAL AS THE REPORT STATES. AN OFFICER NAMED ROWELL OF A.S.U. ASKED PETITIONER IF HE WOULD CUFF UP AND EXIT CELL FOR A MEDICAL APPOINTMENT. THIS WAS FOUR DAYS AFTER PETITIONERS PLACEMENT IN A.S.U. AD SEC. PN. 12.27.10. SHORTLY AFTER PETITIONERS PLACEMENT IN AD SEC. HOLDING CAGE OFFICER CRAMMER ENTERED THE BUILDING WITH OTHER OFFICERS AND ENTERED AFTER APPROXIMATELY 12 MINUTES THEY EXITED CELL AND APPROACHED PETITIONER IN THE HOLDING CAGE. CRAMMER STATES HE LOCATED DRUGS BELONGING TO PETITIONER AND WENT THROUGH THE PROCEDURES OF UNCLOTHED BODY SEARCH ON PETITIONER. NOTHING WAS LOCATED ON OR NEAR PETITIONER. SUBSEQUENTLY HE WAS PLACED BACK IN HIS CELL AND AN R.V.R. WAS ISSUED ON 1.20.12. OFFICER SCOTT WAS ASSIGNED AS THE PETITIONERS INVESTIGATIVE EMPLOYEE THIS SAME DAY. PETITIONER ABREASTED THIS I.E. THAT HE HAD PREVIOUSLY REPORTED TO SRGT. THOMAS THAT THE PRIOR OCCUPANT OF HIS CELL HAD LEFT PERSONAL BELONGINGS BEHIND WHICH INCLUDED SHOWER SHOES, PAPER WORK AND MEDICATIONS. THESE ITEMS REMAINED IN THE CELL NEAREST THE LOCATION CRAMMER ALLEGES THE SUBSTANCE WAS RECOVERED. THEREFORE PETITIONER RELYS TO I.E. THAT HE IS CERTAIN THE CELL HAD NOT BEEN SEARCHED AND SECURED PRIOR TO PETITIONERS PLACEMENT IN THAT CELL AT MIDNIGHT OF 12.29.12. IT IS REQUIRED PROCEDURE THAT EACH CELL IS SEARCHED THOROUGHLY AND SECURED PRIOR TO PLACING A NEW INMATE IN THAT CELL IN MAXIMUM SECURITY UNITS. MOREOVER, THESE PROCEDURES AND THEIR FINDINGS MUST BE DOCUMENTED ON THE ASSIGNED CELL SEARCH LOG BOOK AND A FORM 1141 MUST ALSO DOCUMENT THAT SAID CELL TO BE OCCUPIED BY A NEW ARRIVAL INMATE INTO MAX CUSTODY WAS CLEAR OF ALL CONTRABAND AND THAT GIVEN INMATE WAS PLACED IN A CELL THAT WAS SEARCHED THOROUGHLY AND SECURED PRIOR TO INMATES PLACEMENT IN SAID CELL. THIS DOCUMENT WOULD CONTAIN THE CELL #, THE SEARCH OFFICERS NAME, THE TIME AND DATE OF SAID MANDATORY SECURITY PROCEDURE, AND THE INMATES NAME AND COC# FOR PLACEMENT IN THAT CELL.

AS A FACT OF FINDING, PER PETITIONER REQUEST THIS I.E. DISCOVERED THERE WAS MERIT TO PETITIONERS CONTENTION THAT THE PREVIOUS OCCUPANT LEFT PERSONAL PROPERTY BEHIND. THE LOG BOOK INDICATED THE CELL NOW OCCUPIED BY PETITIONER HAD NOT BEEN SEARCHED AND SECURED PRIOR TO HIS PLACEMENT IN SAID CELL. THE LAST SEARCH CONDUCTED IN THAT CELL WAS 12.16.11. PETITIONER REQUESTED OF REPORTING OFFICER G. CRAMMER, VIA I.E. SCOTT HOW HE CAME TO BELIEVE THE SUBSTANCE IN QUESTION BELONGED TO THE PETITIONER. HE STATED TO I.E. THAT THE MARIJUANA WAS LOCATED NEXT TO "CAMPA'S" PERSONAL BELONGINGS AND

IV. 6

THAT PETITIONER MUST HAVE KNOWN ABOUT MARIJUANA.

NOW IF YOU WILL TURN YOUR ATTENTION TO EXHIBIT 2.B IN APPENDIX III. YOU WILL NOTE THAT PETITIONER WAS NOT ISSUED HIS PERSONAL PROPERTY UNTIL A MUCH LATER DATE OF 1.10.12. THIS IS AN OFFICIAL PROPERTY SHEET SIGNED BY OFFICER K. JOSEPH AND PETITIONER INDICATING HE RECEIVED HIS PERSONAL PROPERTY ON SAID DATE 1.10.12.

DURING THE ADJUDICATION OF THIS R.V.R BY LT. BREWSTER OF AD SEG IT WAS ALSO DISCOVERED THAT A REQUIRED DOCUMENT WAS NOT AVAILABLE DUE TO A BREACH IN STAFF SECURITY AND PROTOCOL. IN LIGHT OF THESE FINDINGS COUPLED WITH PETITIONER'S PROPERTY RECEIPT REFUTING CRAMMER'S STATEMENT IT ESTABLISHED PETITIONER'S INNOCENCE. DEFENSE WAS PROPERLY STATED AND THE HEARING OFFICER RELIED UPON THESE FACTS OF FINDING AND FOUND PETITIONER NOT GUILTY AND THE CHARGE WAS DISMISSED IN THE "INTEREST OF JUSTICE" SEE EX 2.3*
FOR ENTIRE REPORT VIEW * 2.C THRU 2.G *

AGAIN WE ARE FACED WITH A UNIQUE AND UNPRECEDENTED EVENT THAT HAS PLACED PETITIONER TWICE IN JEOPARDY... APPROXIMATELY IN THE MONTH OF AUG. OF 2012 CHARGES WERE FILED ON PETITIONER IN KERN COUNTY FOR THE R.V.R RELATING TO IN CELL INCIDENT ON 12.22.11. DURING A PRELIMINARY EXAMINATION OFFICER G. CRAMMER WAS PROVIDING TESTIMONY AS TO INFORMATION HE RECEIVED FROM SEVERAL NAMED SOURCES THAT WERE PREVIOUSLY UNKNOWN SOURCES INVOLVED WITH THE INVESTIGATION OF THE R.V.R. CHARGING PETITIONER WITH ATTEMPTED MURDER. THIS OFFICER INCORPORATED INTO HIS TESTIMONY HOW HE CAME TO DISCOVER ~~MARIJUANA~~ MARIJUANA DAYS LATER AFTER PLACEMENT IN AD SEG. THERE WAS NEVER A POSTING ON THAT CHARGE TO BASE A DEFENSE ON PRIOR TO PRE-LIM. THUS HAVING PLACED PETITIONER TWICE IN JEOPARDY. AND A SUBSEQUENT VIOLATION OF DUE PROCESS FOLLOWED. THERE WAS NO POSTING OF SAID CHARGE. IT WAS INCORPORATED BY THIS OFFICER'S DISREGARD FOR THE PETITIONER'S CONSTITUTIONAL RIGHTS DURING A PRE-LIM. THE COURTS THEN BOUND PETITIONER OVER TO THE SUPERIOR COURTS TO ANSWER ON THAT CHARGE. CONTRARY TO OTHER INMATE CLAIMS OF INMATES BEING TWICE PUT IN JEOPARDY BECAUSE THEY HAD ALREADY BEEN DISCIPLINED BY CDCR FOR TRIABLE OFFENSE AND THAT THE COURTS HAD NO JURISDICTION TO BRING CHARGES BECAUSE OF THE DISCIPLINE THEY HAD ALREADY RECEIVED. THIS CASE CONTRASTS BY FAR. IT IS PROPERLY STATED AS A UNIQUE QUESTION FOR THE FEDERAL COURTS TO ADDRESS. SEC 5054, 5058, AND 2932 OF THE PENAL CODE GOVERN THE RULES, POLICY AND PROCEEDURES CITED IN THE TITLE 15. RULES AND REGULATIONS. IF PETITIONER WAS TRIED AND THERE IS NO EVIDENCE TO SUPPORT THAT CHARGE IT STATES IN SEC. 3316 THAT THOSE SAME UNSUPPORTED CHARGES "SHALL NOT" BE REFERRED FOR PROSECUTION. MORE OVER, THE CHARGE CITED IN R.V.R AUTHORED BY G. CRAMMER WAS FOUND TO BE WITHOUT MERIT. AND DISMISSED ACCORDINGLY PER CDCR PROCEEDURE. IT IS UNCLEAR WHAT MADE THIS OFFICER ACT IN SUCH A WAY BUT IT IS CLEAR HE IS THE MOVING FORCE OF THE VIOLATION CITED ABOVE. THIS OFFICER IS EMPLOYED AT NKSP AND IS UNDER THE SAME CONSTITUTIONAL OBLIGATION AS N.R.S.P. ITSELF AND OTHERS EMPLOYED THEREIN. HAD THE DISREFERAL AND OR THIS OFFICER'S STATEMENTS, ACTIONS AND OMISSIONS BEEN WITHDRAWN IN RESPECT TO PETITIONER'S CONSTITUTIONALLY PROTECTED RIGHTS UNDER THE 5TH AMENDMENT, THE PETITIONER WOULD NOT BE EXPERIENCING SAID DEPRIVATION.

FOR THE COURTS REFERENCE YOU WILL FIND THOSE VERY SAME TESTIMONIES OFFICER CRAMMER PROVIDED IN PRE-LIM WERE DIRECTED TOWARDS PETITIONER UNDER QUESTIONABLE CIRCUMSTANCES RELATED TO 3D LEVEL REVIEW FOR THE DISCIPLINARY APPEAL OFFICE. SEE EX 2.19. SEC. A.B. THAN VIEW MOD ORDER: 22.21 AUG. 15. 2012. BY THIS DATE CRAMMER HAD ALREADY VIOLATED SEC 2932 OF THE PENAL CODE (CONFIDENTIAL INFORMATION DISCLOSURE AND RELIABILITY) AND USED THAT VERY SAME INFO AS PRELIM TESTIMONY.

THE ACTIONS AND OMISSIONS OF ALL DEFENDANTS CITED ARE NOT SUPPORTED BY ANY LEGITIMATE PENOLOGICAL INTEREST. A PRISON THAT DEPRIVES PRISONERS OF BASIC SUSTENANCE, INCLUDING ADEQUATE MEDICAL CARE, IS INCOMPATIBLE WITH THE CONCEPT OF HUMAN DIGNITY AND HAS NO PLACE IN CIVILIZED SOCIETY.

UNDER CONSTITUTION AMEND. 14, § 1. PRAYER FOR RELIEF: UNDER CONSTITUTION AMEND. 14, § 1 — —

PETITIONER PRAYS RELIEF IN THE IDENTIFIED RESPECTS OF THE CLAIM. THE ACTION IS BROUGHT FORTH UPON THE MERITS OF CONSTITUTIONALLY PROTECTED RIGHTS IN WHICH NKSP OFFICIALS AND MEDICAL PERSONNEL INCLUDING THOSE AT THE DIRECTOR LEVEL REVIEW HAVE IGNORED WITH IMPUNITY... PETITIONER RAISES THAT THE EFFICIENCY OF CIVIL ADMINISTRATION WOULD BE PROMOTED BY ALLOWING UNDER 28. U.S.A. § 1915(D) PETITIONER TO RECEIVE COURT APPOINTMENT OF COUNSEL UNDER THE PLEAD OF EXCEPTIONAL CIRCUMSTANCES.

A PORTIONABLE AMOUNT OF DAMAGE EXISTS BETWEEN ALL THE DEFENDANTS EXCEEDING A MILLION DOLLARS IN COMPENSATORY DAMAGES APPLICABLE IN EACH COUNT IN ACCORDANCE TO THE STATUTES APPLIED FOR EACH SEPARATE DEPRIVATION AND EVERY UNCONSTITUTIONAL LOSS OR HARM THAT IS ON GOING... IN LIGHT OF THE INDIGNITIES BROUGHT UPON PETITIONER HIS LIFE HAS BEEN IN PERIL THROUGH NO FAULT OF HIS OWN... ALTHOUGH N.K.S.P AND CDCR CAN NOT GUARANTEE THE SAFETY OF ITS PRISONERS FOR CERTAIN, IT STILL HAS A CONSTITUTIONAL DUTY TO TAKE REASONABLE STEPS TO PROTECT THE PETITIONERS SAFETY AND BODILY INTEGRITY.

FOR THIS REASON PETITIONER WOULD LIKE TO ABOLISH THE INTER ALIA CUSTOM NKSP HAS ADOPTED AND CRAFTED THE CODE OF SILENCE THAT HAS ALLOWED EACH OFFICIAL CITED TO VICTIMIZE PETITIONER BEGAINING ON THE DAY HE ARRIVED IN NKSP WITH SIMILARLY SITUATED INMATES PARTICIPATING IN THE

ATES MANDATORY ALIGNMENT POLICY WHEN N.K.S.P OFFICIALS ELECTED TO TREAT HIM DIFFERENTLY, NOT ALLOWING HIM TO GO TO THAT GP. MAINLINE WITH ALL THE OTHERS... WALKING THROUGH EACH SUBSEQUENT EVENT THAT ROBBED HIM OF SUSTENANCE AND DIGNITY...

FOR EACH REPRISAL TOOK UPON PETITIONER FOR EXERCISING HIS FIRST AMMENDMENT TO ACHIEVE HEALTH CARE FOR HIS UNBARABLE CONDITION...

PETITIONER HAS SUFFERED SUCH A GREAT DEAL TO IMAGINE BOTH PHYSICAL TORMENT AND MENTAL ANGUISH... THE EXTENT OF DAMAGE IS EQUIVALENT TO THE COST OF LIFE... AS AN EVER EVOLVING CIVILIZED SOCIETY WE CAN NOT PLACE A PRICE ON SUCH A THING...

FOR THESE REASONS THE PETITIONER LOOKS TO THE COURTS TO UNDIKATE THE CONSTITUTIONALLY PROTECTED RIGHTS THAT ARE BEING VIOLATED FREELY WITHOUT REPERCUSSION...

PETITIONER PRAYS FOR APPOINTMENT OF COUNSEL AT THE EARLIEST POSSIBLE DATE.

PETITIONER PLEADS EXCEPTIONAL CIRCUMSTANCES DUE TO THE VOLUME OF DEFENDANTS AND THE UNPRECEDENTED IMPRESSION THE ACTION WILL HAVE UPON THE COURTS...

PETITIONERS POSSITION IS VERY DELICATE AND IN HIS CURRENT STATE OF TORMENT IN NOT RECEIVING SUITABLE TREATMENT TO MANAGE HIS CHRONIC PAIN. THEREFORE PETITIONER WISHES TO SUE THE DEFENDANTS IN BOTH THIER OFFICIAL AND INDIVIDUAL CAPACITY.

PETITIONER IS NOT ONLY ASKING FOR A DIVISION OF A MILLION + BUT ALSO FOR INSUACTIVE RELIEF IN THE MATTER OF HEALTH CARE'S FAILURE TO FURNISH A CAIN FOR PETITIONER PER A.D.A EQUAL RIGHTS ACT AND IN THAT ORDER THAT HE BE TREATED WITH HIS ORIGINAL CHRONIC PAIN MANAGEMENT MEDICATIONS.

SPECIFICALLY 1. MS 30 TWICE A DAY (MORPHINE 30 MG TAB) ONE TREATMENT IN THE A.M AND ONE TREATMENT IN THE P.M.

GABAPENTIN. 1200 MG 3 X A DAY. THERE WAS ANOTHER MEDICATION BUT THESE TWO AS STATED IN SPECIFIED DOSES IN AMOUNTS WERE EFFECTIVELY INCREASING PETITIONERS DAY TO DAY ACTIVITIES BY BRINGING THE CHRONIC PAIN DOWN TO A MANAGABLE LEVEL.

AN EXPRESS ORDER MUST BE ISSUE THAT WOULD PROTECT PETITIONER FROM FUTURE A.D.A DISCRIMINATION AS WELL → INCLUDED WITH THIS ORDER PETITIONER WOULD REQUIRE RE-INSTATE UNDER A.D.A ACT AND PLACEMENT BACK ON DPP CODE DUE TO HIS FALSE REMOVAL FROM PROGRAM BY MEDICAL OFFICIALS.

PETITIONER REQUESTS A SECOND INJUNCTIVE ORDER REQUIRING CDCR TO REMOVE ATTEMPTED MURDER R.U.R FROM PETITIONERS C FILE AND TO DISMISS AND OR TERMINATE THAT R.U.R IN THE INTREST OF JUSTICE.

PETITIONER REQUEST A 30 INJUNCTIVE ORDER TO THE KERN CO. SUPERIOR COURT FOR A DISMISSAL OF THE CHARGE THAT PLACE HIM TWICE IN JEOPARDY- SPECIFICALLY THE R.U.R THAT CHARGED POSS. OF MARIJUANA AND TO THAT END THIS SAME CHARGE WAS BROUGHT UPON PETITIONER IN A CONSTITUTIONALLY PROHIBITED WAY. FAILURE TO PROPERLY POST NOTICE OF CHARGE TO BUILD A DEFENSE ON

AS A MATTER OF JURISDICTION AND STATUTE PETITIONER INTENDS TO PERSUE THIS ACTION RES JUDICATA UPON COURT APPOINTMENT OF COUNSEL IF THIS PRAYER FOR RELIEF CAN BE GRANTED BASED ON THE MERITS OF THE CLAIMS AND THE SUBSTANTIAL EVIDENCE PROVIDED... FOR THE PRESERVATION OF THIS RIGHT PETITIONER INTENDS TO SUBMIT THE APPROPRIATE FORMS TO THE GOVERNMENT CLAIMS BOARD AT THE EARLIEST POSSIBLE DATE

I CERTIFY UNDER PENALTY OF PERJURY I HAVE DRAFTED THE FOREGOING ACTION AND THE FACTS THEREIN ARE TRUE OF MY KNOWLEDGE, EXCEPT TO MATTERS OF THAT ARE THEREIN STATED ON MY OWN INFORMATION AND BELIEF, AND AS FORTHOSE I BELIEVE THEM TO BE TRUE. I DECLARE THE FOREGOING IS TRUE AND CORRECT, UNDER PENALTY OF PERJURY, THAT THIS DECLARATION / ACTION WAS EXECUTED AT NKSP IN CELL 126, DELANO, CA. ON 11.14.12

Anthony Campa

MEDICAL APPENDIX

HEALTH CARE APPEAL EX. A1, A2.

A. THRU F: HEALTH ATTACHMENTS FOR APPEAL.

EX. B1: FIRST LEVEL H/C RESPONSE 3.6.12

EX. B2, B3: 2ND LEVEL H/C RESP. 5.14.12

EX. B4, B5, B6: 3RD LEVEL H/C RESP. 9.10.12

EX. C1, C2: H/C APPEAL ASSIGNMENT NOTICE: C2 IS A.D.A: 4.6.12

EX. D1, D2, D3: APPEAL HISTORY: H/C.

EX. E1 THRU E7: 9.D.A. PACK. E1 - E7. SUB: 3.27.12. DRDCES: 4.6.12. RETURN: 5.11.12. OVERDUE

EX. F1 - F4: MEDICAL CHRONOS.

EX. G1 - G14: H/C REQUESTS.

EX. H1. VERIFICATION: NO H/C APP. COORDINATOR: DEFICIENCY: 11.2.12

JS FOR MEDICAL CONDITION.

EX. J1, J2: ORIGINAL INTAKE RPT VIA DR LEONG: 2009.

EX. J3, J4: MEDICAL RPT VIA: DR. CARDENO: FOLSOM: 1.6.10

EX. J5: M.R.I.

EX. J6 THRU J15: DR'S ORDERS AND NOTES.

EX. J16: GABAPENTIN MAR: 10.2.09

EX. J17: AMITRIPTYNE MAR: 9.17.09

EX. J18: PAIN MANAGEMENT MED CHART: GUIDELINES.

EX. K1: SPECIAL TRANSFER CHRONO: 1286 VIA PVSP: 10.26.11

EX. K2: S.N.Y. CHRONO: 12.17.11

EX. L1 THRU L7: CHRONIC PAIN MANAGEMENT CONTRACT AND BODY CHART: 10.1.10

EX. M1: M5 MAR: MORPHINE TREATMENT.

EX. M2: GABAPENTIN MAR.

EX. M3: BACLOFENE MAR.

EX. N1 THRU N4: DR. ORDERS.

STATE OF CALIFORNIA

EX. A1

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PATIENT/INMATE HEALTH CARE APPEAL

CDCR 602 HC (REV. 04/11)

Side 1

STAFF USE ONLY

Emergency Appeal

☐ Yes☐ No

Institution:

Log #:

Category:

NKSP HC

12020891

Signature:

Date:

FOR STAFF USE ONLY

You may appeal any California Prison Health Care Services (CPHCS) decision, action, condition, omission, policy or regulation that has a material adverse effect upon your welfare. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Health Care Appeals Coordinator (HCAC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY.

Name (Last, First):

CAMPA ANTHONY

CDC Number:

T43585

Unit/Cell Number:

D6-126

Assignment:

State briefly the subject/purpose of your appeal (Example: Medication, To See Specialist, etc.):

DELIBERATE INDIFERANCE: MEDICATION, CAIN

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): ON 12-24-11 MY CASE WAS TOOKEN FROM ME BY DR. LEONG. I SUFFER FROM A SPINAL CHORD INJURY, BROWN SYCHORD SYNDROM AND HAVE REPEATEDLY FALLEN AN SUFFERED FURTHER INJURY FOR LACK

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I REQUEST EMED LATE TERMINATION OF THESE INEFFECTIVE MEDICATIONS AND RE-INSTATEMENT OF ORIGINAL PAINMANAGEMENT PLAN. THIS WOULD INCLUDE RE INSTATEMENT OF CAIN AS WELL.

☒ Supporting Documents: Refer to CCR 3084.3.

List supporting documents attached (e.g. Trust Account Statement; CDCR 7410, Comprehensive Accommodation Chrono; CDCR 7362, Request for Health Care Services; etc.):

2 MEDICAL REQUESTS FOR CARE.

WILL ADD MORE DOCS AT A LATER TIME.

☐ No, I have not attached any supporting documents. Reason:Patient/Inmate Signature: Anthony CampaDate Submitted: 1-20-12

By placing my initials in this box, I waive my right to receive an interview.



C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☒ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction): Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter): Date: _____☒ Accepted at the First Level of ReviewAssigned to: D Yavel Medical Title: MD Date Assigned: 1/25/12 Date Due: 3/7/12

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: 2/10/12Interview Location: Medical ClinicYour appeal issue is: ☐ Granted ☐ Granted in part ☒ Denied ☐ Other: _____

See attached letter of dissatisfaction with First Level response, complete Section D.

Interviewer: A. Shitty MD Title: MD Signature: [Signature] Date completed: 3/6/12Reviewer: Chief P & S, NKSPTitle: CP&SSignature: [Signature]

Date received by HCAC: _____

HCAC Use Only

Date mailed/delivered to appellant: 3/6/12

EX A1

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PATIENT/INMATE APPEAL

Side 2

CDCR 602 HC (REV. 04/11)

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Health Care Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Appellant is still without remedy in that Dr. Robles displays discrimination towards my disability & is in violation of the Title 15 & D.O.M. Dr. Robles indicated that there is no documentation of the Appellants Medical Condition which displays Deliberate Indifference towards Appellants Medical Needs, The Appellant is providing proof of his Medical Condition that were copied from my CDC Medical file (see Attached documents: CDC Form 7374 & CDCR 7230-M). It's been noted that the Appellant has been suffering Chronic Pain before his transfer to N.K.S.P. Included w/this CDC 602-HC is (1) CDCR 1824 Against

Patient/Inmate Signature: Anthony CampaDate Submitted: 3-26-12

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached?

☐ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.☐ Rejected (See attached letter for instruction): Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter): Date: _____☒ Accepted at the Second Level of Review

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

Second Level Responder: Complete a Second Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in part ☒ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section D.

Interviewer: N/A Title: _____ Signature: _____ Date completed: 5/14/12Reviewer: N. ODELUCA, MD Title: CME Signature: [Signature] Date: 5/15/12

Date received by HCAC: _____

HCAC Use Only

Date mailed/delivered to appellant: / /

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Office of Third Level Appeals - Health Care, California Prison Health Care Services, P.O. Box 4038, 660 Suite 400, Sacramento, CA 95812-4038. If you need more space, use Section F of the CDCR 602-A.

AS MEDICAL APPL - OFFICE IS AWARE 2ND LEVEL REVIEW WAS VIOLATED, IN WHICH THEY RE-ASSIGNED MY APPEAL FOR REVIEW TO THE SA- ME MD. ROBLES. IN WHICH I HAVE BEEN DEPRIVED OF DECENT H/C & DEPRIVED OF APPEAL RIGHTS AS WELL. AND STAFF HAVE SINCE TOOK REPRISAL AGAINST ME FOR PURSUING H/C NEEDS & VOICING COMPLAINTS. ORIGINALLY THIS APPL. WAS SCREENED OUT WITH ATTACHED H/C REQUESTS ALTHOUGH IT TOOK OVER 25 DAYS TO REACH ME, ONCE CORRECTIONS WERE MADE 1ST LEVEL REVIEW WAS ALSO DELAYED & WITHOUT REMEDY. MD ROBLES ELECTED TO DOUBLE THE AMOUNT OF CYMBALTA WHICH I CLEARLY EXPRESSED WAS CAUSING HARMFUL SIDE

Patient/Inmate Signature: Anthony Campa T43585Date Submitted: 5-30-12

G. Third Level - Staff Use Only

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter): Date: _____☒ Accepted at the Third Level of ReviewYour appeal is ☐ Granted ☐ Granted in part ☒ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant: SEP 10 2012

Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Patient/Inmate Signature: _____ Date Submitted: _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue Ink.

| | | | |
|--|------------------------------|---------------------------------------|-------------|
| Name (Last, First): <u>CAMPA. ANTHONY</u> | CDC Number: <u>743585</u> | Unit/Cell Number: <u>DG. 126 L</u> | Assignment: |
|--|------------------------------|---------------------------------------|-------------|

A. Continuation of CDCR 602, Section A only (Explain your issue): OF MY ASSISTIVE DEVICE.

MEDICAL VERIFICATION IS AVAILABLE THROUGH CDCR MEDICAL RECORDS & MEDICAL HISTORY. FURTHERMORE I AM SUFFERING AND IN SEVERE PAIN DUE TO NKSP MEDICAL STAFF NOT PROVIDING APPROPRIATE MEDICATION & DOSAGE. I AM NOT A TEST ANIMAL OR LAB RAT YET N.K.S.P ELECTED TO GO AGAINST A PAIN MANAGEMENT REGIMENT THAT WAS EFFECTIVELY TREATING PAIN TO TEST OUT SOMETHING ELSE THAT HAS PROVEN TO BE INEFFECTIVE AND CAUSES SIDE EFFECTS. THIS IS A QUALITY OF LIFE ISSUE AND N.K.S.P HAS AN CONTINUES TO ACT WITH DELIBERATE INDIFFERENCE TOWARDS MY MEDICAL NEEDS.



U
S
T
A
F
F

Inmate/Parolee Signature: Anthony Campa Date Submitted: 1.20.12

B. Continuation of CDCR 602, Section B only (Action requested): Be given GABapentin 1200 mg 3x Daily
Be given Tramadol Instead Of Morphine 3x Daily On A trial Basis, @

Inmate/Parolee Signature: _____ Date Submitted: _____

EX. A2

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response): Dr. Robles for His discrimination Against My disabilities. (See Attached document dated 3-27-12) As this Issue meets the Requirement of Quality of Life Issue. Current Medication Prescribed has No Affect On My Pain & Has Harmful Side Affects. The Appellant Raised this Issue by Submitting A CDC 7362 # 1663797 dated 1-11-12 (see Attached.) And still Im w/out Remedy. Im Currently Under the A.D.A Provision & The Plata vs. Swartzneger Provision As An Active Participant Under Both Provisions I Will Not Sit Back. And Allow N.K.S.P Medical Department & Its Staff to Discriminate Against My Person & My Disability. The Appellant Has Not Been Provided Effective Pain Relief Since The Termination Of My Pain Regimen For Chronic Pain Management On 1-2-12 Appellant Is w/out Remedy. *All documents have Been Provided*

Inmate/Parolee Signature: Anthony Campa

Date Submitted: 3-26-12

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): EFFECTS & NOT TREATING PAIN. NKSP ELECTED TO TER-

MINATE A PAIN MANAGEMENT MEDICATION REGIMENT THAT WAS ALREADY IN PLACE PRIOR TO MY ARRIVAL HERE ON 12-7-11 VIA PUSP. I WAS FIRST STRIPPED OFF SAID TREATMENT WITHOUT NOTICE & THEN PLACED ON SYMBALTA. INITIALLY I WAS TOLD BY ROBLES TO GIVE IT A TRY FOR 2 WEEKS & IF IT WAS NOT RIGHT FOR ME THE ISSUE WOULD BE CORRECTED. THEN ON 1ST LEVEL REVIEW HE DOUBLED ORDER TO WICH I CIESED TAKING THE HIGH FULL AMOUNT PERIOD. HE INDICATES I ASKED FOR "REFILL OF MORPHINE" I REQUESTED RE-INSTATEMENT OF MY PAIN MANAGEMENT PLAN. TO WICH GABAPENTIN 1200 MG 3X A DAY AND MS 15 3X A DAY. ROBLES STATED HE COULD NOT CONTINUE THOSE MEDS DUE TO NKSP POLICY UNLESS I CAN PROVIDE VERIFICATION OF INJURY SPECIFICALLY "BROWN SYCHORD SYNDROM". WHEN THE APP. CAME BACK OVERSDE WITHOUT THE ORIGINAL DOCS I PROVIDED, I SUBMITTED A STAFF COMPLAINT ALONG WITH A NEW GOZ ON H/C. I ALSO ADDED MORE SUPPORTING DOCS & VERIFICATION OF SAID INJURY WHICH WAS PREVIOUSLY OBTAINED VIA OLSEN REVIEW VIA MED FILE IN CMC. AND AGAIN THE APP-OFFICE RE DIRECT 2ND LEVEL REVIEW TO THE SAME REVIEWER, ROBLES. TO WICH REPRISAL WAS TOOK. MY 2ND LEVEL REVIEW WAS DEPRIVED OF REMEDY AS WELL. ALL MY VERIFICATION & SUPPORTING DOCS WERE ONCE AGAIN REMOVED. ON 3-22-12 & 5-2-12 APPLS WERE SUBMITTED WHICH RELATE DIRECTLY TO THE ORIGINAL ISSUE WICH I HAVE ESTABLISHED IS CLEARLY ON GOING. I HAVE NOT RECIEVED LOG# ON EITHER APPEAL & THE FOLLOWING CORRESPOND WITH DATES H/C REQ & INQUIRES WERE MADE INCLUDING TO C.M.O DIRECTLY & I HAVE SINCE BEEN REMOVED FROM DNM/DDP PROGRAM BUT MY CONDITION HAS & I WILL NOT IMPROVE. THE DAMAGE IS PERMANANT & MY DAY TO DAY SUFFERING & HARDSHIP IS EXTREMELY SEVERE. 7362 REQ / DATES. WITH THE EXCLUSION OF THOSE REMOVED BY H/C AS STATED: 2-7-12 COR 22 FOR INT. 3-1-12 #1703630. 3-7-12 ADA FORM. 5-4-12 22 REQ ADA RESP. 5-6-12 H/S APP. 5-10-12 #1975439. 5-12-12 #1247489. 5-21-12 #1247480. 5-26-12 #1006407. 5-30-12 #1006406. ALL UNANSWERED. 5-2-12 #1797322. EXHIBIT D

Inmate/Parolee Signature: Anthony Campa T43585

Date Submitted: 5-30-12

ATT: I HAVE RE ATTACHED MEDICAL VERIFICATION AS EXHIBITS A, B, C, D, E WITH THE EXCLUSION OF THE 7362 REQ H/C CONFISCATED

HEALTH CARE SERVICES

PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

| | | |
|--|-----------------------------|-----------------------------|
| PATIENT NAME <i>Campa, A</i> | CDC NUMBER <i>743585</i> | INSTITUTION <i>CME-W</i> |
| DATE OF BIRTH <i>7-2-80</i> | EPRD-DATE <i>2013</i> | GENDER |
| PRINCIPLE DIAGNOSIS <i>Brown Sequard Syndrome</i> | ICD-9 CODE | CPT CODE(S) |
| REQUESTED SERVICE(S) <i>P.T.</i> | | # OF DAYS RECOMMENDED |

Please circle all that apply: Diagnostic Procedure/Consultation Outpatient/Inpatient Initial/Follow-upRequested Treatment/Service is: EMERGENT URGENT ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: _____ Anticipated Length of Stay: _____

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): _____

Medical Necessity (briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant):
Range of motion strengthening

Estimated time for service delivery, recovery, rehabilitation and follow-up: _____

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): _____

Comments (diagrams, risk factors, prognosis, alternative management, etc.): _____

REQUESTING PHYSICIAN PRINTED NAME: *CAIN* APPROVED / AUTHORIZED / DENIED / DEFERRED BY: _____ DATE: _____REQUESTING PHYSICIAN SIGNATURE: *[Signature]* DATE: *3-16-10* Utilization management tracking #: _____

DATE OF CONSULTATION: _____ PRINTED NAME OF CONSULTANT: _____

FINDINGS: _____

RECOMMENDATIONS: _____

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: _____

| | | |
|----------------------|------|--|
| CONSULTANT SIGNATURE | DATE | CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH <i>Campa, Anthony</i> <i>743585</i> <i>7-2-80</i> <i>10-12L</i> |
| ETA RN SIGNATURE | DATE | |
| PCP SIGNATURE | DATE | |

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

DISTRIBUTION:

- ORIGINAL - FILE IN UHR
- GREEN - TO UHR PENDING ORIGINAL
- CANARY - CONSULTANT
- PINK - UM
- GOLD - SPECIALTY SCHEDULER

**DEPARTMENT OF CORRECTIONS
NEUROLOGY CONSULTATION**

STATE OF CALIFORNIA

DATE OF CONSULTATION: 2/25/10

REFERRING PHYSICIAN: N. Luca, M.D.; C. Barber, M.D.

HISTORY: A 29-year-old male referred for evaluation of spinal cord injury. According to the patient he suffered a stab wound in the left neck region about a year ago on New Year's day. He was attacked from behind. He also sustained multiple stab wounds in the face and the hand. The patient sustained a spinal cord injury and was hospitalized at a trauma center at San Jose. According to the patient he had MRI studies. Initially he was paraplegic but improved and was left with a left hemiparesis. He also had urinary incontinence which has improved as well. The patient has persistent chronic neck pain since the injury. He is on Neurontin 1200 mg t.i.d. He is also on MS Contin 15 mg t.i.d. which does help his pain. Unfortunately, there are no records from the outside hospital or records of his prior MRI study. The patient states he has tried Elavil without improvement for his pain. He may have tried baclofen in the past.

Additionally, he has had several episodes of loss of consciousness initially after the injury. He did not have any head injury. He may have had seizures although no medications were reported. Episodes are poorly described. It is unclear whether he had neurological or neurosurgical evaluation in the past.

PAST MEDICAL HISTORY: Negative for diabetes, negative for hypertension. Medications – MS Contin, Neurontin described above. Allergies – Motrin and aspirin, itching rash, pruritus.

REVIEW OF SYSTEMS: Left low back pain following injury.

NEUROLOGICAL EXAMINATION: Patient is alert, in no apparent distress. Speech is normal. Cranial nerve testing – slight left ptosis noted. EOMs full. Optic disks flat. Pupils were equal and reactive to light. Neck is supple. There are a couple of scars one measuring 3 to 4 cm left face and mandibular level. Also, a small 1.5 x 2 cm scar of the left anterior neck at the base. Motor demonstrated a slight weakness on the left distally. He appears to have some atrophy of the hand muscles on the left. Strength distally was 4 to 4+/5. Reflexes were hyperactive, left ankle jerk, left knee jerk. No ankle clonus noted. Toes were mute on plantar stimulation. Sensory – there is decreased pinprick on the right leg compared to the left. Position sense normal. Gait appeared hemiparetic on the left.

ASSESSMENT:

1. Spinal cord injury. The patient appears to have a partial Brown-Sequard syndrome. The patient has residual weakness and appears to have chronic neuropathic pain.
2. History of loss of consciousness and possible seizure disorder.
3. Low back pain.

RECOMMENDATIONS: Request records of his prior hospitalization and MRI studies. MRI of brain and EEG for further workup of possible seizures. Consider a trial of baclofen 10 mg b.i.d. increasing slowly to 20

**CALIFORNIA MEN'S COLONY
CONSULTANT'S RECORD**
CDC-7243

CDC NO: T-43585
NAME: CAMPA, ANTHONY
DOB: 7/2/80

EXHIBIT: B

DATE OF CONSULTATION: 2/25/10

PAGE 2

mg t.i.d. if no contraindications. This may help his pain. He does have some mild spasticity in the left leg as well. The patient would benefit from continued physical therapy and possible PMR evaluation with Dr. Griffin. The patient can be seen in followup after his MRI of the brain and EEG. I will go ahead and complete the RFS for these studies. He should followup with his primary care physician regarding his low back pain. He may need further imaging and evaluation for this. Consider nerve conduction EMG studies as he may have brachial plexus or nerve root injury in addition to the spinal cord injury. However, would recommend reviewing his prior records as this may have been performed in the past. The patient will followup after his imaging studies.



Henry Lee, M.D.

Orig: Health Record

d/r: 2/25/10 t: 3/11/10/lc

**CALIFORNIA MEN'S COLONY
CONSULTANT'S RECORD**
CDC-7243

| | |
|---------|----------------|
| CDC NO: | T-43585 |
| NAME: | CAMPA, ANTHONY |
| DOB: | 7/2/80 |

EXHIBIT: C

7362. #1797320

TO: CMO. DT: 5.2.12.

Case 1:12-cv-01897-AWI-MJS Document 1 Filed 11/19/12 Page 19 of 100

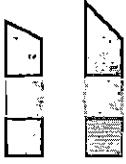
TO CMO OF NKSP. I AM TAKING THIS MATTER DIRECTLY TO YOU AS I HAVE 3 H/C G02 OVERDUE AT THE 2ND LEVEL → WHATS MORE IS THAT MD ROBLES & MED STAFF ARE DOING ALL WITHIN THEIR POWER TO DISCRIMINATE AGAINST ME, DEPRIVING ME OF ANY ADEQUATE FORM OF RELIEF HAVING BEEN MADE AWARE OF MY INJURY IN ADA / ONM & YET I ALSO HAVE NOT BEEN ISSUED A CAIN IN THIS FACILITY. I ARRIVED HERE ON 12.9.11 VIA: PUSP MAINLINE PRIOR TO ARRIVAL I WAS BEING TREATED WITH GABAPENTIN, BACLOFIN AN MORPHINE 3X A DAY FOR OVER 2 1/2 YEARS DUE TO A PAINFULL CONDITION DOCUMENTED IN FILE (BROWN SYCHORD SYNDROM) IT'S A SPINAL CHORD INJURY & YET NKSP H/C OFFICIALS ELECTED TO TERMINATE SAID CHRONIC PAIN MANAGEMENT PLAN TO TRY OUT CYMBALTA. I WAS PROMISSED UNDER DR.'S ORDER THAT CYMBALTA WOULD WORK MORE EFFECTIVELY TO TREAT PAIN & IF IN 2 WEEKS IT WAS NOT RIGHT FOR ME, CHANGES WOULD BE MADE. I HAVE SINCE BEEN APPEALING THE ISSUE FOR FORCING AN INEFFECTIVE MED APON ME 2X IT WAS RE-ORDERED AGAINST MY REQUEST TO TERMINATE IT. & ALL MY COMPLAINTS ON H/C G02'S ARE BEING ROUGHTED BACK / ADDRESSED BY THE SAME DR. IM GRIEVING WITH FURTHER DEMONSTRATES DISCRIMINANT & RECKLESS BEHAVIOR ON H/C'S BEHALF. THE SAME MD. IS NOT SUPPOSE TO HEAR A G02 ON BOTH LEVELS PERIOD. AS OVER SEE'ER OF THE MEDICAL DEPARTMENT SOMETHING MUST BE DONE TO PREVENT THIS TYPE OF MIS ORDER & ENSURE H/C STAFF ARE HELD ACCOUNTABLE FOR ANY FORM OF MIS CONDUCT IN THAT CDCR GUIDELINES ARE MET AN PATIENTS IS PROVIDED QUALITY CARE AND ADEQUATE RELIEF FOR EXISTING ~~AND~~ CONDITIONS. THIS IS GOING TO PRISON LAW OFFICE AS WELL

— HAND COPY —

Anthony Campa TH35B's



EXHIBIT: D



HEALTH CARE SERVICES



Institution Response for Second Level HC Appeal

Date: August 29, 2011

To: CAMPA, ANTHONY, T-43585
BFB5-129L
Pleasant Valley State Prison
P.O. Box 8500
Coalinga, Ca 93210

Tracking/Log#: PVSP-27-11-12313

Appeal Issue:

You state on May 26, 2011, you were seen by your Primary Care Provider (PCP), due to extreme pain as a result of swelling, stiffness, and poor circulation in your right leg, knee, and ankle. You state you had requested renewal of your prescribed pain medication at which time your PCP became rude, hostile, and disrespectful towards you in an attempt to discourage you from voicing your concerns about the extremely painful medical condition. You state your PCP called the Correctional Officer to enter the room, at which time her hostility became even more violent and hostile toward you in an apparent attempt to incite you. You state your PCP told you, you were not a Doctor to self diagnose yourself and to shut up and get out. You stated your PCP failed to evaluate or bother to examine your leg, knee, or ankle, nor did she address your medical concerns.

| <u>Issue Type</u> | <u>Action Requested</u> | <u>Disposition</u> |
|---|--|--------------------------|
| Issue 1: Medication (Long term) | You request to be given long term medication renewal per patient/provider agreement as you are a member of the <u>Chronic Care Program</u> . | Partially Granted |
| Issue 2: Device Issues (Mattress or Foam Support) | You request to be provided with mattress support or foam insert due to a spinal cord injury. | Denied |
| Issue 3: Referral (Specialist) | You request to be seen and treated by a Specialist for your extreme pain, swelling, and poor circulation of your right leg, knee, and ankle. | Granted |

EXHIBIT : E

Location: Institution/Parole Region: Log # Category: 8
1. MSP-37 1. 10-15954
2. 2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. This form shall be used when the policy, action or decision being appealed involves health care services (medical, dental, or mental health). You must first informally seek relief through discussion with the appropriate staff member or by utilizing the health care service processes at your institution. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Health Care Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

| NAME | NUMBER | ASSIGNMENT | UNIT/ROOM NUMBER |
|----------|---------|------------|------------------|
| A. CAMPA | T-43585 | | B5-129 B YARD |

A. Describe Problem: I HAVE A SPINAL CHORD INJURY (BLOWN SYCHORD SYNDROM) WHICH IS DOCUMENTED IN MY FILE BY SEVERAL DR'S AN SPECIALISTS. I AM IN CONSTANT PAIN DO TO THIS INJURY AND AT TIMES I AM OVERCOME BY THE AGONIZING PAIN EVEN WITH THE MEDICATIONS I RECIEVE. THE PROBLEM IS THAT I SUFFER A GREAT DEAL AN MY CONDITION IS NOT IMPROVING AS STAFF ARE AWARE. AS SUCH I HAVE BEEN CLEARED FOR CHRONIC PAIN TREATMENT AN HAVE SIGNED A PATIENT PROVIDER AGREEMENT ON 10.1.10. I TRANSFERED FROM CMC ON 9.3.10 AND I WAS ALSO ON A PATIENT PROVIDER AGREEMENT FOR THE PAIN MANAGEMENT MEDICATIONS I HAVE BEEN RECIEVING FOR OVER 8 MONTHS NOW UP UNTIL 12.8.10 WHEN THE MEDICAL DEPARTMENT FAILED TO RE-NEW MY ORDER, NOR A BRIDGE ORDER UNTIL MY NEXT HEALTH CARE VISIT FOR A CHECK UP AN RENEWAL OF PAIN MANAGEMENT PLAN. AS SUCH I WAS FORCED TO GO WITHOUT TREATMENT AN WITHDRAW MEDICATION FOR NO REASON OTHER THAN STAFF NEGLIGENCE. THIS TYPE OF PRACTICE IS UNETHICAL AN CRUEL. WITHOUT TREATMENT MY DAY TO DAY ACTIVITIES ARE AT A MINIMAL DUE TO THE SEVERITY OF PAIN CONSUMING MY BODY SECTIONS. STAFF SHOULD BE AWARE OF THE CIRCUMSTANCES SURROUNDING THIS INJURY AND TAKE CERTAIN MEASSURES TO ENSURE I DO NOT GO WITHOUT PROPER TREATMENT FOR THIS INJURY!

If you need more space, attach one additional sheet.

B. Action Requested: STAFF FAILED TO HONOR MY PATIENT AGREEMENT PLAN BY NOT UP DATING MY MEDICATION FOR PAIN MANAGEMENT ON 12.8.10 AND IT IS NOW 12.12.10 AND I HAVE SINCE BEEN IN AGONIZING, CONTINUOS PAIN SURGING THROUGH MY DAMAGED NERUSE AND SPINAL CHORD TO SECTIONS OF MY BODY WHICH KEEPS ME FROM COMPLETING MY DAY TO DAY ACTIVITIES. I WOULD LIKE MY ORDER RENEWED FOR MS # CARAPENTIN EMEDIATELY AND FOR STAFF TO TAKE PROPER MEASSURES TO PREVENT THIS TYPE OF NEGLIGENCE FROM OCCURING AGAIN!
Inmate/Parolee Signature: Anthony Campa T43585 Date Submitted: 12.12.10

C. INFORMAL LEVEL (Date Received 12/27/10):
Staff Response: Partially Granted your medication are current AS of Dec 13 per your Medication Recan culation.

Staff Signature: [Signature] Date Returned to Inmate: DEC 29 2010

D. FORMAL LEVEL:
If you are dissatisfied, explain below, attach supporting documents (Health Care Service Request Form, CDC 7362, Comprehensive Accommodation Chrono, CDC 7410, Trust Account Statement, etc.) and submit for processing to the Health Care Appeals Coordinator at your location within 15 days of receipt of response.

I AM UNSATISFIED. STAFF WAS NOT HELD RESPONSIBLE FOR THEIR INDIFFERENCE AN NEGLIGENCE. SACRAMENTO HAS RECOGNIZED MY INJURY AN I HAVE BEEN APPROVED FOR CHRONIC PAIN TREATMENT BUT I AM NOT BEING AFFORDED A CHRONIC PAIN TREATMENT PLAN. EVERY 30, 60 OR 90 DAYS. USUALLY 30 DAYS I HAVE TO PUT IN ANOTHER SICK CALL SLIP TO HAVE MY PAIN MANAGEMENT MEDICATION RENEWED IN ITS ALWAYS A NEGOTIUS EXPERIENCE. EACH VISIT IS A DIFFERENT DR. WHO IS NOT FAMILIAR WITH MY TYPE OF INJURY AN EACH TIME IT IS A REAL CHALLENGE TO HAVE MY ORDER CONTINUED EVEN THOUGH I AM APPROVED TO RECIEVE CHRONIC PAIN CARE. AN THERE ARE TIMES SUCH AS STATED WHERE THE DR. DOES NOT RENEW MY ORDER BEFORE IT EXPIRES AN I AM LEFT TO SUFFER IN EXTREME PAIN. AS SUCH I WOULD LIKE A CHRONIC CARE PLAN FOR EVERY 6 MONTHS AT LEAST. WE ALL UNDERSTAND WHAT THE PATIENT PROVIDER AGREEMENT IS FOR. IT MEANS I AM NOT GONA EVER GET WELL OR BE FREE OF PAIN. NOT EVEN A LITTLE
Inmate/Parolee Signature: Anthony Campa Date Submitted: 1.4.11

STATE OF CALIFORNIA
 INMATE/PAROLEE HEALTH CARE
 APPEAL FORM
 DCR 602-HC (08/08)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
 CALIFORNIA PRISON HEALTH CARE SERVICES

Side 2

FIRST LEVEL: ☐ Granted ☒ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 30 working days): Date assigned: 11/6/11 Due Date: 2/18/11

Interviewed by: DUBUENH

Med refilled

Staff Signature: [Signature]

Title: FNP

Date Completed: 1/3/11

Division Head Approval

Signature: [Signature]

Title: MD

Date Returned to Inmate: FEB 7 2011

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit for processing to the Health Care Appeals Coordinator at your location within 15 days of receipt of response:

Inmate/Parolee Signature: _____

Date Submitted: _____

SECOND LEVEL: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 20 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____

Date Completed: _____

Health Care Services

Hiring Authority Signature: _____

Title: _____

Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response:

Inmate/Parolee Signature: _____

Date Submitted: _____

For the Director's Review of Health Care issues, submit all documents to:

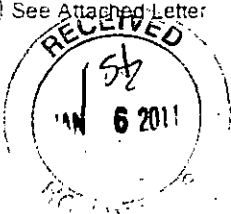
Office of Third Level Appeals – Health Care
 P O Box 4038
 Sacramento, CA 95812-4038

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

☐ See Attached Letter

Date: _____

EX-F





CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institution Response for First Level HC Appeal

Date: 3/6/2012

To: CAMPA, ANTHONY (T43585)
D 006 1126001LP
North Kern State Prison
P.O. Box 567
Delano, CA 93216-0567



Tracking/Log #: NKSP HC 12020891

Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on 1/25/2012, you state on December 24, 2011 you cane was taken from you by a doctor. You state you suffer from a spinal cord injury called "Brown Sychord Syndrome." You claim you have repeatedly fallen and suffered further injury due to lack of your assistive device. You also claim you are suffering and are in severe pain due to medical staff not providing appropriate medication or the appropriate dosages. You state NKSP elected to go against a pain management regimen that was effectively treating pain to test out something else that you claim is ineffective and has side effects.

| Issue Type | Action Requested |
|---|---|
| Issue 1: Medication (Pain Management) | Termination of ineffective medications and placed back on original pain management plan |
| Issue 2: Device Issues (Cane / Crutch) | To receive a cane |

Response:

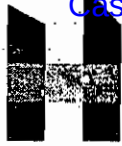
You were seen on February 2, 2012 by R. Robles, MD regarding your appeal. At this appointment, you requested a refill of Morphine. Dr. Robles noted that you walk well without a cane; therefore, you were advised there is no need for a cane. Morphine was not prescribed. Dr. Robles adjusted the medication Cymbalta. Dr. Robles also ordered your medical records from CMC for further evaluation. Effective communication was reached as you were able to ask questions and you summed the information given to you.

Appeal Decision:

Based upon the aforementioned information, your appeal is **Denied**.

A. Shittu, MD
Chief P & S, NKSP

A. Shittu, MD
Chief Physician & Surgeon
North Kern State Prison



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institution Response for Second Level HC Appeal

Date: 5/14/2012

To: CAMPA, ANTHONY (T43585)
D 006 112600ILP
North Kern State Prison
P.O. Box 567
Delano, CA 93216-0567



Tracking/Log #: NKSP HC 12020891

Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on 4/3/2012, you indicated:

| Issue Type | Action Requested |
|---|--------------------------|
| Issue 1: Medication (Pain Management) | Stronger pain medication |
| Issue 2: Device Issues (Cane / Crutch) | To receive a cane |

Response:

The First Level Appeal, received on 1/25/2012 indicated on 12/24/2011 your cane was taken from you by a doctor. You state you suffer from a spinal cord injury call "Brown Sychord Syndrome." You state you have repeatedly fallen and suffered further injury due to lack of your assistive device. You state you are suffering and in severe pain due to medical staff no providing appropriate medication or the appropriate dosages. You state NKSP elected to go against a pain management regimen that was effectively treating pain to test out something else that you claim is ineffective and has side effects.

The response stated you were seen on 2/2/2012 by R. Robles, MD regarding your appeal. At this appointment, you requested a refill of Morphine. Dr. Robles noted that you walk well without a cane; therefore, you were advised there was no need for a cane. Morphine was not prescribed, but Dr. Robles did adjust your medication of Cymbalta.

At the First Level of Review this appeal was Denied.

The Second Level Appeal, received on 4/3/2012 indicated you are still without remedy. You state Dr. Robles indicated there is no documentation in your chart regarding your medical condition which shows deliberate indifference towards your medical needs. You state the current medication does not help the pain. You state you are currently under the ADA provision and the Plata provision. You state you have not been provided effective pain relief.

The response stated you were seen again by Dr. Robles on 4/12/2012. At this appointment Dr. Robles prescribed Neurontin and completed a non formulary request, but the request was denied. According to your pharmacy profile you are still receiving Amitriptyline. Please be advised that you have a right to request treatment. However, medical treatment is determined by a physician based on the physician's evaluation,


EX. B3

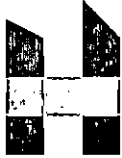
diagnosis, and departmental policy. This decision is based on the criteria set forth in the California Code of Regulations, Title 15, Section 3354(a). Although you did not receive the requested medication or treatment, you are receiving appropriate care.

A review of your appeal with attachment(s), Unit Health Record (UHR), and all pertinent departmental policies and procedures were reviewed.

Appeal Decision:

Based upon the aforementioned information, your appeal is **Denied**.


N. Odeluga, MD
Chief Medical Executive
North Kern State Prison



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Date: SEP 10 2012

To: CAMPA, ANTHONY (T43585)
North Kern State Prison
P.O. Box 567
Delano, CA 93216-0567

From: California Correctional Health Care Services
Office of Third Level Appeals - Health Care
P.O. Box 4038
Sacramento, CA 95821-4038

Tracking/Log # : NKSP HC 12020891

This appeal was reviewed on behalf of the Director, Policy and Risk Management Services, by staff under the supervision of the Chief, Office of Third Level Appeals-Health Care. All submitted information has been considered.

DIRECTOR'S LEVEL DECISION:

Appeal is denied.

PATIENT/INMATE ISSUES:

Your CDCR 602-HC, received on January 25, 2012, indicated you were appealing your medical treatment regarding the changing of your medication and your cane being taken away. You stated you have Brown-Séquard syndrome and have repeatedly suffered further injury. You stated the doctors showed a deliberate indifference to your needs.

You requested the following:

- TRUE
- Immediate termination of ineffective medications.
 - Reinstatement of original pain management plan.
 - Return of your cane.
 - To receive gabapentin.
 - To receive tramadol instead of morphine on a trial basis.

INSTITUTION DECISION:

The institution's response stated your appeal was denied and indicated the following:

- You were seen on February 2, 2012, regarding your appeal by a provider who noted you walked well without a cane, and a cane was therefore unnecessary. The doctor did not prescribe morphine, but did adjust the dosage of Cymbalta.
- Your provider completed a non-formulary request and prescribed gabapentin, but the request was denied.

F-- While you did not receive the treatment you wanted, the treatment received was appropriate.
I EXPLAINED CYMBALTA WAS NOT HELPING & WAS CAUSING IRRITATION OF ALL EXPOSED NERVE ON RIGHT SIDE & IN LEFT EYE!

EX. BS

BASIS FOR DIRECTOR'S LEVEL DECISION:

At the Director's Level of Review (DLR), received on June 4, 2012, you restate your issues and concerns as noted above. You added two new issues of unanswered CDC 7362 Health Care Services Request Forms and retaliation. *I ALSO STATED REMOVAL OF SUP. DOCS. VIOLATION OF APP. RIGHTS & CITED DATES OF 2 CONSECUTIVE GOZ HIC NEVER PROCESSED OR RETURNED. ALL ARISING FROM ORIGINAL STAFF COMPLAINT WHICH WAS ALSO REMOVED BY HIC STAFF.*

At the DLR, your appeal file and documents obtained from your Unit Health Record (UHR) were reviewed by licensed clinical staff and revealed the following:

- T • On December 23, 2011, your primary care provider (PCP) completed a disability placement evaluation that found you DNM (mobility impaired with or without assistive device) and noted a plan to discontinue your walking cane as you walked independently without difficulty. *8-9 OF 10*
- F • On December 25, 2011, your PCP noted you exaggerated pain, claiming 10/10 on the pain scale, but were seated comfortably in no distress, and planned to decrease your morphine. *FALSE. NEVER COUNCILED*
- F • On January 3, 2012, your provider noted discussion of the addictive nature of morphine and planned the discontinuation of morphine, and duloxetine was started. *NEVER COUNCILED. NEVER PRESCRIBED DULOXETINE*
- F • You received cervical magnetic resonance imaging (MRI) on January 30, 2012, and received a report of findings on February 2, 2012. *NEVER RECEIVED ANY REPORT*
- F • On February 10, 2012, your provider noted you requested a morphine refill, and further noted you claimed pain but did not show signs of pain during discussion. *HIC STAFF KNOW I SUFFER IT IS VISIBAL, AL SO DID NOT REQ. MORPHINE. REQUEST WAS FOR GABAPENTIN*
- F • On April 6, 2012, your PCP noted your complaints of pain and documented a normal musculoskeletal examination, your provider submitted a non-formulary request for gabapentin and it was denied on April 16, 2012, *PERFORMED. IF IT HAD BEEN, DEFORMITIES & SWELLING WOULD BE NOTED*
- T • On June 8, 2012, medical staff documented on a CDC 128-C chrono a pattern of refusal of amitriptyline. *I WERE ADVISED* Medical staff further documented your refusal to see your PCP on June 29, 2012. *HIC STAFF SAID MED DOES NOT TREAT PAIN.*
- T • Your pharmacy profile reveals active orders for the pain medication amitriptyline. *THIS PM MED ONLY DOES LITTLE TO HELP NIGHT SLEEP. PM REST IS STILL POOR & I WERE MADE IT CLEAR.*

You are receiving medical treatment deemed medically necessary by your licensed CDCR providers. Your PCP has not documented medical necessity for a cane or for morphine at this time. Your provider documented your ability to walk unassisted by a cane. The non-formulary request for gabapentin made on your behalf by your PCP was denied. *HIC STAFF ARE WELL AWARE MY KNEES/LEGS GIVE OUT & MY LEFT SIDE ENTIRELY IS WEAK. HAVE NOTED INJURY TO MY KNEES WHEN LEGS GIVE OUT AS WELL.*

The Department shall provide only medical services for patient-inmates that are based on medical necessity and supported by outcome data as effective medical care. In the absence of available outcome data for a specific case, treatment will be based on the judgment of the physician that the treatment is considered effective for the purpose and is supported by diagnostic information and consultations with appropriate specialists. Your contention that you have not received adequate medical care is refuted by professional health care staff familiar with your medical history, as well as a review of your medical records. *FILED 3 STAFF COMPLAINTS ON SAME MD ROBLES. NONE WERE PROCESSED. ONLY ONE GOZ WENT THRU, SHORT OF STAFF COMPLAINT AND SUPP. DOCS ON BOTH 1ST & 2ND LEVEL REVIEW.*

Inmates may not demand particular medication, diagnostic evaluation, or course of treatment. The California Code of Regulations (CCR), Title 15, Section 3354, Health Care Responsibilities and Limitations, (a) Authorized Staff, states, "Only facility-employed health care staff, contractors paid to perform health services for the facility, or persons employed as health care consultants shall be permitted within the scope of their licensure to diagnose illness or, prescribe medication and health care treatment for inmates. No other personnel or inmate may do so." *MD. ROBLES IS NOT A NEUROLOGIST OR MUSCLE SPECIALIST TO CANCEL OR DETERMINE IMMOBILIZER INJURED OR IN PAIN*

You are considered an active partner and participant in the health care delivery system. You are encouraged to cooperate with your clinicians in order to receive the proper care and management of your condition. You will continue to be evaluated and treatment will be provided based on your clinician's evaluation, diagnosis, and recommended treatment plan, in accordance with appropriate policies and procedures.

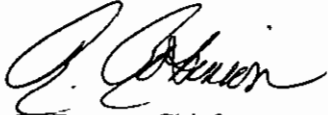
EX B6

F It is noted you added additional issues and/or requests, *unanswered CDC 7362 Health Care Services Request*
 * *Forms and retaliation*, at the Director's Level of Review. These issues will not be addressed, as you have not
 provided evidence that you attempted to address them at the lower level, per the California Code of Regulations
 (CCR), Title 15, Section 3084.1(b). *I provide more than enough verification including*
docs & # and have established the issues is on going. Even reprisal of being
removed from the ADA / DPP code / program by robes on pure observation
 F After review, there is no compelling evidence that warrants intervention at the Director's Level of Review as
 your medical condition has been evaluated and you are receiving treatment deemed medically necessary.
D.L.R fails to address the pain as a quality of life issue

RULES AND REGULATIONS:

F The rules governing these issues are: California Code of Regulations, Title 15; Inmate Medical Services Policies
 and Procedures (2011); and the Department Operations Manual. *Nothing in the manual establishes*
an H/C official to assume unlawful control over a patient in need of specific
course of treatment. I.E.: Nothing that prohibits NKSP from reinstating a
chronic pain management program treatment goals that were effectively treating
ORDER: pain to the extent that is possible. NKSP H/C & D.L.R have not established
the patient is being treated effectively, even at minimal for existing chronic
 No changes or modifications are required by the institution. *pain & injury. These decisions require*
special knowledge in order to properly
treat condition.

This decision exhausts your available administrative remedies.



L.D. Zamora, Chief
 California Correctional Health Care Services
 Office of Third Level Appeals-Health Care

df/al

EX C1



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Health Care Appeal Assignment Notice Second Level HC Appeal

Date: 4/3/2012

To: CAMPA, ANTHONY (T43585)
D 006 1126001LP
North Kern State Prison
P.O. Box 567
Delano, CA 93216-0567

Tracking/Log #: NKSP HC 12020891
Appeal Level: Second
Due Date: 5/14/2012

This acts as a notice to you that your appeal has been assigned to the Health Care Appeals Office for response. If you have any questions, please contact the Health Care Appeals Coordinator at your institution.

If you require further medical assistance, please use the "sick call" process by completing a Health Care Services Request form, CDC 7362, to request an appointment with a clinician to address your concerns.

Health Care Appeals Coordinator
Health Care Appeals Office
North Kern State Prison

EX C2

INMATE APPEAL ASSIGNMENT NOTICE

To: INMATE CAMPA, T43585
Current Housing: D 006 1126001LP

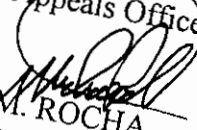
Date: April 6, 2012

From: INMATE APPEALS OFFICE

Re: APPEAL LOG NUMBER: NKSP-D-12-00523

ASSIGNED STAFF REVIEWER: MEDICAL (VERIFICATION)
APPEAL ISSUE: ADA
DUE DATE: 04/13/2012

Inmate CAMPA, this acts as a notice to you that your appeal has been sent to the above staff for MEDICAL VERIFICATION. If you have any questions, you may contact the Appeals Office.


M. ROCHA
Appeals Coordinator
North Kern State Prison



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



APPEAL HISTORY FOR (T43585) CAMPA, ANTHONY

Tracking Number:

NKSP HC 12020891

Appeal Level: Third

Appeal Status: Closed

Date Received Date Closed

Disposition Due Date

First Level 1/25/2012 4/14/2012

Denied 3/7/2012

Second Level 4/3/2012 6/11/2012

Denied 5/14/2012

Third Level 6/4/2012 9/10/2012

Denied 8/27/2012

Issue Type

Issue 1: Medication/Pain Management

Stronger pain medication F. REINSTATEMENT OF PREVIOUS PAIN MANAGEMENT PLAN FOR CHRONIC PAIN.

Issue 2: Device Issues/Cane / Crutch

To receive a cane F.

* REMOVED SUPPORTING MED DOCS 1ST/2ND LEVEL.

TO HAVE N.K.S.P. REINSTATE/ISSUE CANE

Tracking Number: NEVER PROVIDED NOTICE IT WAS RECEIVED VIA: H/C IMATE APPEAL ASSIGNMENT NOTICE.

NKSP SC 12000668

Appeal Level: Second

Appeal Status: Intake Processing

Date Received Date Closed

Disposition Due Date

Second Level 4/27/2012 5/16/2012

Not a Staff Complaint 6/8/2012

* "NEVER" RETURNED TO ME. TURNED IN A FOLLOWING 602 H/C WHICH WAS NEVER RETURNED EITHER. AND APPARENTLY NEVER PROCESSED * KEPT ALL SUPPORTING DOCS.

Tracking Number:

NKSP ADA 12005010

Appeal Level:

Appeal Status: Closed

Date Received Date Closed

Disposition Due Date

Informal 4/9/2012 4/27/2012

Complete 4/20/2012

Issue Type

Issue 1: Device Issues/Cane / Crutch

REQUEST TO BE EVALUATED FOR FALSE. MOBILITY IMPAIRMENT. REQUEST CANE.

Tracking Number:

NKSP HC 12020781

Appeal Level: First

Appeal Status: Closed

Date Received Date Closed

Disposition Due Date

First Level 1/5/2012 1/5/2012

Canceled 2/16/2012

Screen Out Date Return By Date

Level

Screenout: 1/5/2012

First

Rejection Criteria THIS WAS MY 1ST APPEAL. RESUBMITTED. SEE 1) ABOVE.

Illegible 602

REQUESTED REINSTATEMENT OF CANE. I WAS ALREADY D.N.M. ROBLES NEVER EVALUATED ME. JUST INTERVIEW. HE LATER RETURNED ADA RAST ON 5.11.12 REMOVING ME FROM ADA ENTIRELY. BROWN'S SYNDROME IS A PERMANENT DISABILITY.

CMC HC 11003807 **Appeal Level:** Second **Appeal Status:** Closed

| | Date Received | Date Closed | Disposition | Due Date |
|---------------------|----------------------|--------------------|----------------------|-----------------|
| Second Level | 8/9/2010 | 10/5/2010 | Partially Granted | 9/21/2010 |

Issue Type **Action Requested**

Issue 1: Access to Care/MD Appointment

Issue 2: Medication/Med Renewal

Tracking Number: **Institution Log#** CMCW-07-10-11031

CMC HC 11007022 **Appeal Level:** Second **Appeal Status:** Closed

| | Date Received | Date Closed | Disposition | Due Date |
|---------------------|----------------------|--------------------|----------------------|-----------------|
| First Level | 4/28/2010 | 6/21/2010 | Partially Granted | 6/9/2010 |
| Second Level | 7/6/2010 | 7/6/2010 | Rejected | 7/6/2010 |

Issue Type **Action Requested**

Issue 1: Medication/Med Specific Type / Dose

| | <u>Screen Out Date</u> | <u>Return By Date</u> | <u>Level</u> |
|-------------------|-------------------------------|------------------------------|---------------------|
| Screenout: | 7/6/2010 | 7/6/2010 | Second |

Tracking Number:

CMC HC 11006801 **Appeal Level:** Informal **Appeal Status:** Closed

| | Date Received | Date Closed | Disposition | Due Date |
|-----------------|----------------------|--------------------|--------------------|-----------------|
| Informal | 5/19/2010 | 5/19/2010 | Rejected | 5/19/2010 |

Issue Type **Action Requested**

Issue 1: Medication/Meds Not Received

| | <u>Screen Out Date</u> | <u>Return By Date</u> | <u>Level</u> |
|-------------------|-------------------------------|------------------------------|---------------------|
| Screenout: | 5/19/2010 | 5/19/2010 | Informal |

Tracking Number:

CMC HC 11007005 **Appeal Level:** Informal **Appeal Status:** Closed

| | Date Received | Date Closed | Disposition | Due Date |
|-----------------|----------------------|--------------------|--------------------|-----------------|
| Informal | 5/4/2010 | 5/11/2010 | Granted | 5/18/2010 |

Issue Type **Action Requested**

Issue 1: Medication/Med Specific Type / Dose

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

**REASONABLE MODIFICATION OR
ACCOMMODATION REQUEST**

CDCR 1824 (Rev. 10/06)

INSTITUTION/PAROLE REGION:

NKSP-D

LOG NUMBER:

12-00523

CATEGORY:

18. ADA

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

| | | | | |
|------------------------------|------------|------------|-------------|---------|
| INMATE/PAROLEE'S NAME(PRINT) | CDC NUMBER | ASSIGNMENT | HOURS/WATCH | HOUSING |
| CAMPA ANTHONY | T43585 | | | DG-1264 |

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you. If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:

DPP / DNM

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?

MEDICALLY DIAGNOSED WITH (BROWN SYCHORD SYNDROM)
SPINAL CHORD INJURY.
(VERIFICATION ENCLOSED)

DESCRIBE THE PROBLEM:

~~STATE~~ ~~MY~~ ~~LEG~~ ~~EXTREMITIES~~ ~~GIVE~~ ~~OUT~~ ~~ON~~ ~~ME~~ ~~AT~~ ~~RANDOM~~ ~~LEFT~~ ~~SIDED~~ ~~WEAKNESS~~ ~~AS~~ ~~WELL~~ ~~I~~ ~~WAS~~ ~~ISSUED~~ ~~A~~ ~~CAN~~ ~~OVER~~ ~~2~~ ~~1~~ ~~2~~ ~~YEARS~~ ~~AGO~~ ~~I~~ ~~YET~~ ~~NKSP~~ ~~FAILS~~ ~~TO~~ ~~RECOGNIZE~~ ~~THE~~ ~~DISABILITY~~ ~~AN~~ ~~RE~~ ~~IN~~ ~~STATE~~ ~~WALKING~~ ~~DEVICE~~ ~~I~~ ~~HAVE~~ ~~SINCE~~ ~~HURT~~ ~~MY~~ ~~SELF~~ ~~FURTHER~~ ~~WHENEVER~~ ~~LEGS~~ ~~GO~~ ~~OUT~~ ~~I~~ ~~HAVE~~ ~~NO~~ ~~SUPPORT~~ ~~W~~ ~~OUT~~ ~~CAN~~ ~~SO~~ ~~IMPACT~~ ~~IS~~ ~~HARDER~~

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?

ALL I REQUEST IS CHRONO RENEWAL FOR ASSISTIVE
DEVICE AS WELL AS REISSUANCE OF SAME DEVICE
ASAP WITHOUT DISCRIMINATION

Anthony Campa T43585
INMATE/PAROLEE'S SIGNATURE

RECEIVED
APR 9 2012
3:07 PM
DATE SIGNED

NKSP
APR 8 6 2012
MVP
APPEALS

NKSP
APR 03 2012
LAP
APPEALS

APPEALS **EX E2**
EFFECTIVE COMMUNICATION CONFIRMATION

INMATE NAME CAMPBELL CDCR NUMBER TL3885 HOUSING Screen only APPEAL LOG# 12-00523 TABE Score 10.3

A. DOES THE INMATE HAVE DISABILITIES OR COMMUNICATION ISSUES?

1. ☒ Reads and comprehends without assistance (asked inmate or confirmed by past records).
2. ☒ No disabilities or effective communication needs found after review of DECS & TABE/Learning Disability lists.

IF ITEMS #1 AND #2 ARE BOTH CHECKED, GO TO SECTION B, AND SIGN AND DATE.

3. ☐ Identified with a disability or effective communication need (check all that apply):

- ☐ TABE 4.0 or lower, or no score ☐ Hearing ☐ Learning disability
☐ Requires reading/comprehension assistance ☐ Vision ☐ Developmental disability
☐ Foreign language speaking ☐ Speech ☐ EOP ☐ CCCMS

B. APPEAL INTERVIEW

1. How was assistance provided? Check all that apply.

- ☐ Simple English spoken slowly & clearly ☐ Inmate stated no need for EC assistance ☐ Large print material used
☐ Read documents to inmate ☐ Used text magnifier ☐ Lip reading
☐ Inmate was wearing hearing aid(s) ☐ Sign language interpreter used; Name: _____
☐ Written notes used (notes attached) ☐ Language interpreter used; Name: _____
☐ Other: _____

2. How was effective communication achieved? Check all that apply.

- ☐ Inmate reiterated in his own words, what was explained.
☐ Inmate provided appropriate, substantive responses to questions asked.
☐ Inmate asked appropriate questions regarding the information provided.
☐ Inmate did not appear to understand the communication, even though the primary method of communication was used.
☐ Other: _____

M. Mello at the time 5/3/12
Printed Name & Title Signature Date

C. APPEAL RESPONSE - FIRST LEVEL

1. How was assistance provided?

- ☐ No assistance required as indicated by Section A, #1, and #2 of this form. (Sign and date below).
☐ Effective communication assistance was provided as identified in Section B, #1 of this form.

2. How was effective communication achieved?

- ☐ Effective communication assistance was provided as identified in Section B, #2 of this form.

Additional Comments: _____

Printed Name & Title Signature Date

D. APPEAL RESPONSE - SECOND LEVEL

1. How was assistance provided?

- ☐ No assistance required as indicated by Section A, #1, and #2 of this form. (Sign and date below).
☐ Effective communication assistance was provided as identified in Section B, #1 of this form.

2. How was effective communication achieved?

- ☐ Effective communication assistance was provided as identified in Section B, #2 of this form.

Additional Comments: _____

Printed Name & Title Signature Date

North Kern State Prison
Inmate Appeals Office

EX. 23

MODIFICATION ORDER

April 3, 2012

AW-RC/FAC D

RE: CAMPA, T43585
D 006 1126001LP
NKSP-D-12-00523
ADA

Please be informed that as a result of a Level I Decision, the above referenced appeal has been . Please complete this modification order to comply with the decision.

DUE DATE: 04/05/2012

ENSURE MEDICAL CONSULT COMPLT

Per the new ADA procedures, inmate must be provided with a temporary assisted walking device pending medical evaluation. If it is determined he does not meet the criteria for the Armstrong Remedial Plan, the walking device will need to be returned. Please note this accommodation must be completed within 2 days. Please sign and return to the appeals office...Thank you.

The modification was completed in the following manner:

| |
|--|
| RN. EUSEBET HAS ORDERED AN ASSISTED WALKER ON 4/5/12 AT 1140 HRS |
| |
| |
| |
| |
| |
| |
| |

(You must attach a copy of any documents proving compliance, such as CDC Form 128-G, Classification Chrono; CDC Form 128-C, Medical Chrono; CDC Form 115, Rules Violation Report, etc.)

Certified as completed by:

C. Cunningham
Name (Signed)

c/o

Title

C. CUNNINGHAM
Name(Printed)

4/5/12

Date

DATA CLINIC
Location

~~FALSE HE IS JUST~~
~~AN ESCORT~~

North Kern State Prison

Inmate Appeals Office EX E4

MODIFICATION ORDER

April 30, 2012

AW-RC/ FAC D

RE: CAMPA, T43585
 D 006 1126001LP
 NKSP-D-12-00523
 ADA

Please be informed that as a result of a Level I Decision, the above referenced appeal has been CANCELLED. Please complete this modification order to comply with the decision.

DUE DATE: 05/02/2012

OTHER

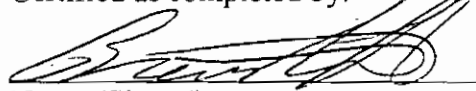
Per the MVP, inmate does not meet the criteria for the Armstrong Remedial Plan; no need for walker. Please have inmate return walker. Once MOD has been completed, signed and dated please return to the Appeals Office. Thank you.

The modification was completed in the following manner:

| |
|--|
| INMATE CAMPA T43585 HAS NOT HAD BEEN ISSUED A WALKER |
| WHILE HOUSED IN ASU. THERE IS NO WALKER TO RETURN. |
| |
| |
| |
| |
| |

(You must attach a copy of any documents proving compliance, such as CDC Form 128-G, Classification Chrono; CDC Form 128-C, Medical Chrono; CDC Form 115, Rules Violation Report, etc.)

Certified as completed by:



Name (Signed)

LT

Title

FDB6 ASU

Location

R. BREWSTER

Name(Printed)

5/1/12

Date

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

| | | | | |
|--------------------------------------|-------------------------------|-----------------------------|----------------------------------|--|
| INMATE NAME: <i>Camp, Anthony</i> | CDC NUMBER: <i>T-43585</i> | INSTITUTION: <i>NHSP</i> | HOUSING ASSIGNMENT: <i>D6</i> | DATE FORM INITIATED: <i>4/27/12</i> |
|--------------------------------------|-------------------------------|-----------------------------|----------------------------------|--|

Sections A - B to be completed by licensed medical staff.

| SECTION A: REASON FOR INITIATION OF FORM | SECTION B: DISABILITY BEING EVALUATED |
|---|---|
| <input type="checkbox"/> Inmate self-identifies to staff <input checked="" type="checkbox"/> Observation by staff <input type="checkbox"/> Third party evaluation request <input type="checkbox"/> Medical documentation or Central File information | <input type="checkbox"/> Blind/Vision Impaired <input type="checkbox"/> Deaf/Hearing Impaired <input type="checkbox"/> Speech Impaired <input checked="" type="checkbox"/> Mobility Impaired |

Sections C - G to be completed by a physician only.

| SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT | SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT |
|--|--|
| 1. <input type="checkbox"/> FULL TIME WHEELCHAIR USER - DPW Requires wheelchair accessible housing and path of travel. 2. <input type="checkbox"/> INTERMITTENT WHEELCHAIR USER - DPO Requires lower bunk, wheelchair accessible path of travel and does not require wheelchair accessible cell. 3. <input type="checkbox"/> MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel. 4. <input type="checkbox"/> DEAF/HEARING IMPAIRMENT - DPH Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements. 5. <input type="checkbox"/> BLIND/VISION IMPAIRMENT - DPV Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E). 6. <input type="checkbox"/> SPEECH IMPAIRMENT - DPS Does not communicate effectively speaking or in writing. | 1. NO CORRESPONDING CATEGORY 2. NO CORRESPONDING CATEGORY 3. <input type="checkbox"/> MOBILITY IMPAIRMENT (Lower Extremities) - DNM Walks 100 yards without pause with or without assistive devices. <input type="checkbox"/> No Housing Restrictions <input type="checkbox"/> See HOUSING RESTRICTIONS in Section E <input type="checkbox"/> Requires relatively level terrain and no obstructions in path of travel. Do not place at: CCI, CMC-E, CRC, CTF-C, FSP, SAC, SCC I or II, SOL, or SQ. (CDC 128-C: _____) 4. <input type="checkbox"/> HEARING IMPAIRMENT - DNH With residual hearing at a functional level with hearing aid(s). 5. NO CORRESPONDING CATEGORY 6. <input type="checkbox"/> SPEECH IMPAIRMENT - DNS Does not communicate effectively speaking, but does when writing. |

SECTION E: ADDITIONAL MEDICAL INFORMATION

| | |
|--|---|
| CSRALERT: <input type="checkbox"/> Requires relatively level terrain and no obstructions in path of travel <input type="checkbox"/> Complex medical needs affecting placement <input type="checkbox"/> CDC 128-C _____ ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING: <input type="checkbox"/> Feeding or Eating <input type="checkbox"/> Bathing <input type="checkbox"/> Grooming <input type="checkbox"/> W/C transferring <input type="checkbox"/> Toileting <input type="checkbox"/> Other: _____ <input type="checkbox"/> CDC 128-C(s) dated: _____ HOUSING RESTRICTIONS: <input type="checkbox"/> Lower bunk <input type="checkbox"/> No stairs <input type="checkbox"/> No triple bunk. CDC 128-C(s) dated: _____ | HEALTH CARE APPLIANCE / IDENTIFICATION VEST: <input type="checkbox"/> Cane <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Leg/Arm prosthesis <input type="checkbox"/> Vest <input type="checkbox"/> Other: _____ <input type="checkbox"/> CDC 128-C(s) dated: _____ OTHER DPP DESIGNATIONS: <input type="checkbox"/> NONE _____ CODE _____ DATED _____ CODE _____ DATED _____ |
|--|---|

SECTION F: EXCLUSIONS

☐ VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT claimed disability. (Explain in Comments Section and CDC 128-C dated _____).
☐ REMOVAL FROM A DPP CODE: Removal from previous DPP code: _____. (Explain in Comments Section and CDC 128-C dated: _____).
☐ REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): _____. (Explain in Comments Section and CDC 128-C dated: _____).

SECTION G: EFFECTIVE COMMUNICATION FACTORS

☐ Uses Sign Language Interpreter (SLI) ☐ Reads Braille ☐ Communicates with written notes ☐ Requires large print or magnifier
☐ Reads lips ☒ NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

He walks well w/o any support and even w/ the UE have called from behind.

| | | |
|---|--|-------------------------------|
| PHYSICIAN'S NAME (Print) <i>Robert</i> | PHYSICIAN'S SIGNATURE <i>[Signature]</i> | DATE SIGNED <i>4/27/12</i> |
| HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print) <i>Mr. Robert J. [Signature]</i> | HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE <i>[Signature]</i> | DATE SIGNED <i>4/27/12</i> |

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy for the UHR, send the inmate copy via institutional mail, and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B.

| | | | | |
|--------------------------------------|---------------------------|--------------------------|------------------------------------|------------------------------------|
| INMATE NAME: <u>Michael Anderson</u> | CDC NUMBER: <u>7-2355</u> | INSTITUTION: <u>Alto</u> | HOUSING ASSIGNMENT: <u>Du-126C</u> | DATE FORM INITIATED: <u>5/1/12</u> |
|--------------------------------------|---------------------------|--------------------------|------------------------------------|------------------------------------|

Sections A - B to be completed by licensed medical staff.

| | | | |
|---|---|--|--|
| SECTION A: REASON FOR INITIATION OF FORM | | SECTION B: DISABILITY BEING EVALUATED | |
| <input type="checkbox"/> Inmate self-identifies to staff. | <input type="checkbox"/> Third party evaluation request. | <input type="checkbox"/> Blind/Vision Impaired | <input type="checkbox"/> Speech Impaired |
| <input checked="" type="checkbox"/> Observation by staff | <input checked="" type="checkbox"/> Medical documentation or Central File information | <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Mobility Impaired |

Sections C - G to be completed by a physician only.

| | |
|--|---|
| SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT | SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT |
| 1. <input type="checkbox"/> FULL TIME WHEELCHAIR USER - DPW Requires wheelchair accessible housing and path of travel. | 1. NO CORRESPONDING CATEGORY |
| 2. <input type="checkbox"/> INTERMITTENT WHEELCHAIR USER - DPO Requires lower bunk, wheelchair, accessible path of travel and <i>does not require</i> wheelchair accessible cell. | 2. NO CORRESPONDING CATEGORY |
| 3. <input type="checkbox"/> MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel. | 3. <input type="checkbox"/> MOBILITY IMPAIRMENT (Lower Extremities) - DNM Walks 100 yards without pause with or without assistive devices. <input type="checkbox"/> No Housing Restrictions <input type="checkbox"/> See HOUSING RESTRICTIONS in Section E <input checked="" type="checkbox"/> Requires relatively level terrain and no obstructions in path of travel. <i>Do not place at:</i> CCI, CMC-E, CRC, CTF-C, FSP, SAC, SCC I or II, SOL, or SQ. (CDC 128-C) |
| 4. <input type="checkbox"/> DEAF/HEARING IMPAIRMENT - DPH Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements. | 4. <input type="checkbox"/> HEARING IMPAIRMENT - DNH With residual hearing at a functional level with hearing aid(s). |
| 5. <input type="checkbox"/> BLIND/VISION IMPAIRMENT - DPV Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E). | 5. NO CORRESPONDING CATEGORY |
| 6. <input type="checkbox"/> SPEECH IMPAIRMENT - DPS Does not communicate effectively speaking or in writing. | 6. <input type="checkbox"/> SPEECH IMPAIRMENT - DNS Does not communicate effectively speaking, but does when writing. |

SECTION E: ADDITIONAL MEDICAL INFORMATION

| | |
|---|--|
| CSR ALERT: | HEALTH CARE APPLIANCE / IDENTIFICATION VEST: |
| <input type="checkbox"/> Requires relatively level terrain and no obstructions in path of travel | <input type="checkbox"/> Cane <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Leg/Arm prosthesis <input checked="" type="checkbox"/> Vest |
| <input type="checkbox"/> Complex medical needs affecting placement <input type="checkbox"/> CDC 128-C | <input type="checkbox"/> Other: <input type="checkbox"/> CDC 128-C(s) dated: |
| ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING: | OTHER DPP DESIGNATIONS: |
| <input type="checkbox"/> Feeding or Eating <input type="checkbox"/> Bathing <input type="checkbox"/> Grooming <input type="checkbox"/> W/C transferring | <input type="checkbox"/> NONE |
| <input type="checkbox"/> Toileting <input type="checkbox"/> Other: <input type="checkbox"/> CDC 128-C(s) dated: | CODE DATED CODE DATED |
| HOUSING RESTRICTIONS: <input type="checkbox"/> Lower bunk <input type="checkbox"/> No stairs <input type="checkbox"/> No triple bunk. CDC 128-C(s) dated: | |

SECTION F: EXCLUSIONS

| |
|---|
| <input type="checkbox"/> VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT <i>claimed</i> disability. (Explain in Comments Section and CDC 128-C dated:) |
| <input type="checkbox"/> REMOVAL FROM A DPP CODE: Removal from previous DPP code: <u>NA</u> (Explain in Comments Section and CDC 128-C dated:) |
| <input type="checkbox"/> REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): <u>NA</u> (Explain in Comments Section and CDC 128-C dated:) |

SECTION G: EFFECTIVE COMMUNICATION FACTORS

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Uses Sign Language Interpreter (SLI) | <input type="checkbox"/> Reads Braille | <input type="checkbox"/> Communicates with written notes | <input type="checkbox"/> Requires large print or magnifier |
| <input type="checkbox"/> Reads lips | <input checked="" type="checkbox"/> NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD | | |
| PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.) | | | |

| | | |
|---|--|-------------|
| PHYSICIAN'S NAME (Print) | PHYSICIAN'S SIGNATURE | DATE SIGNED |
| HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print) | HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE | DATE SIGNED |

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy, for the UHR, send the inmate copy via institutional mail and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

DISTRIBUTION: Original - Top General Chrono Section of C-File; Green - Chrono Section, Unit Health Record; Canary - C&PR/CC-III; Pink-CC-I; Gold-Inmate

State of California
CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

May 03, 2012

CAMPA, T43585

D 006 1126001LP

ADA, Medical appliance - need, 05/03/2012

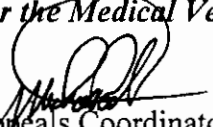
Log Number: NKSP-D-12-00523

(Note: Log numbers are assigned to all appeals for tracking purposes)

The enclosed documents are being returned to you for the following reasons:

Your appeal issue no longer warrants processing as a CDCR Form 1824 issue for the following reason(s):

Per the Medical Verification Process, your appeal has been cancelled.


Appeals Coordinator
North Kern State Prison



OVER DUE SINCE: 4-13-12

NONE OF THESE ORDERS WERE MET. I RECEIVED
THIS OVER DUE TODAY ON 5.11.12

RN: CORTAZ FAILED TO ISSUE WALKING DEVICE.
DR. ROBLES FAILED TO RECOGNIZE PERMINANT DISABILITY. DNM
I HAVE PROVIDED NECESSARY DOCUMENTATION WHICH WAS
DETACHED FROM THIS FORM BY H/C OFFICIALS

COMPLAINT: NKSP H/C.

CRIMINAL CODUCT:

C.M.O IS AWARE OF ALL STAFF COMPLAINTS BUT
FAILS TO ASSIGN THEM AS SUCH FOR

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

EX-FI

| | | | |
|--|---------------------------------|---|--|
| <input checked="" type="radio"/> Permanent | <input type="radio"/> Temporary | <input type="radio"/> Expires on: _____ | <input type="radio"/> Expiration Unspecified, review in 6 months |
|--|---------------------------------|---|--|

| Level of Care Based on Patient Need ¹ | |
|--|---|
| <input checked="" type="radio"/> OP | Acute Rehab <input type="radio"/> |
| | Hospice <input type="radio"/> |
| OHU <input type="radio"/> | SNF <input type="radio"/> |
| CTC <input type="radio"/> | GACH/Outside Hospital <input type="radio"/> |

| Classification Factors: | |
|---|--|
| Temporary Medical Hold* <input type="checkbox"/> | Long-Term Stay <input type="checkbox"/> |
| Temporary Med Isolation* <input type="checkbox"/> | Override ² * <input type="checkbox"/> |

Intensity of Services

| Proximity to Consult | Functional Capacity | Medical Risk | Nursing Care Acuity |
|--|---|--|--|
| No particular need <input type="radio"/> | Vigorous Activity <input type="radio"/> | Low Risk <input type="radio"/> | Basic Nursing <input type="radio"/> |
| Infreq Basic Consultation <input checked="" type="radio"/> | Full Duty <input type="radio"/> | Medium Risk <input checked="" type="radio"/> | Uncomplicated Nursing <input checked="" type="radio"/> |
| Freq Basic Consultation <input type="radio"/> | Limited Duty* <input type="radio"/> | High Risk <input type="radio"/> | Low-Intensity Nursing <input type="radio"/> |
| Tertiary Consultations* <input type="radio"/> | Totally Disabled <input checked="" type="radio"/> | | Medium-Intensity Nursing <input type="radio"/> |
| Community Placement* <input type="radio"/> | | | High-Intensity Nursing <input type="radio"/> |
| | | | Special Nursing <input type="radio"/> |

Specialized Services

Institutional-Environmental

| | | | |
|--|---|--|--|
| Clinical Category 1 <input type="checkbox"/> | Therapeutic Diet ¹ * <input type="checkbox"/> | Restricted - Altitude* <input type="checkbox"/> | Req. Electrical Access ¹ * <input type="checkbox"/> |
| Clinical Category 2 <input type="checkbox"/> | Respiratory Isolation <input type="checkbox"/> | Restricted - Cocci Area* <input type="checkbox"/> | Requires Adaptive Eq ¹ * <input type="checkbox"/> |
| Pregnancy Program <input type="checkbox"/> | Speech/Occupational Th* <input type="checkbox"/> | Restricted - No Stairs ¹ * <input type="checkbox"/> | Req. Medical Transport* <input type="checkbox"/> |
| Transplant Center <input type="checkbox"/> | Physical Therapy <input type="checkbox"/> | | ¹ See CDCR 1845 and 7410* <input type="checkbox"/> |
| Hemodialysis <input type="checkbox"/> | Durable Med Equip ¹ * <input type="checkbox"/> | | |
| Dementia <input type="checkbox"/> | | | |

Comments (all * items)
(non-confidential)

DRP

(medically-confidential)

| | | | |
|---|----------------------|--|--|
| Completed By (print name): <u>W. CAIN</u> | | CDC NUMBER, NAME (LAST, FIRST, MI), DATE OF BIRTH: | |
| Signature: <u>[Signature]</u> | | T43585 | |
| Title: <u>DRS</u> | Date: <u>3-16-10</u> | CAMP, ANTHONY | |
| Institution: <u>CMC-W</u> | | 7-2-80 | |

MEDICAL CLASSIFICATION CHRONO

¹ Include details in Comments

¹ Include detail in CDCR 1845 or CDCR 7410 as appropriate
² Regional Medical Executive only. State factors overridden in Comments

STATE OF CALIFORNIA
 DISABILITY PLACEMENT PROGRAM VERIFICATION (DPPV)
 CDC 1845 (Rev. 01/04)

EX-F2

DEPARTMENT OF CORRECTIONS
 CHECK ALL APPLICABLE BOXES

THIS FORM ONLY VERIFIES OR DISCONFIRMS CLAIMED PHYSICAL DISABILITIES LISTED IN SECTION B

INMATE NAME: Campa Anthony CDC NUMBER: 43585 INSTITUTION: CMC HOUSING ASSIGNMENT: 1-10-12L DATE FORM INITIATED: 3-16-10

Sections A - B to be completed by licensed medical staff.

SECTION A: REASON FOR INITIATION OF FORM

SECTION B: DISABILITY BEING EVALUATED

- ☒ Inmate self-identifies to staff
☐ Observation by staff
☐ Third party evaluation request
☐ Medical documentation or Central File information

- ☐ Blind/Vision Impaired
☐ Deaf/Hearing Impaired
☐ Speech Impaired
☒ Mobility Impaired

Sections C - G to be completed by a physician only.

SECTION C: PERMANENT DISABILITIES IMPACTING PLACEMENT

SECTION D: PERMANENT DISABILITIES NOT IMPACTING PLACEMENT

1. ☐ FULL TIME WHEELCHAIR USER - DPW
 Requires wheelchair accessible housing and path of travel.
2. ☐ INTERMITTENT WHEELCHAIR USER - DPO
 Requires lower bunk, wheelchair accessible path of travel and does not require wheelchair accessible cell.
3. ☐ MOBILITY IMPAIRMENT - With or Without Assistive Device (Wheelchairs shall not be prescribed) - DPM
 Orthopedic, neurological or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause). Requires lower bunk, no triple bunk, and no stairs in path of travel.
4. ☐ DEAF/HEARING IMPAIRMENT - DPH
 Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or localize emergency warnings or public address announcements.
5. ☐ BLIND/VISION IMPAIRMENT - DPV
 Not correctable to central vision acuity of better than 20/200 with corrective lenses in at least one eye (See HOUSING RESTRICTIONS IN SECTION E).
6. ☐ SPEECH IMPAIRMENT - DPS
 Does not communicate effectively speaking or in writing.

1. NO CORRESPONDING CATEGORY
2. NO CORRESPONDING CATEGORY
3. ☒ MOBILITY IMPAIRMENT (Lower Extremities) - DNM
 Walks 100 yards without pause with or without assistive devices.
☐ No Housing Restrictions ☒ See HOUSING RESTRICTIONS in Section E.
☐ Requires relatively level terrain and no obstructions in path of travel. Do not place at: CCI, CMC-E, CRC, CTF-C, FSP, SCC I or II, SOL, or SQ. (CDC 128-C: _____)
4. ☐ HEARING IMPAIRMENT - DNH
 With residual hearing at a functional level with hearing aid(s).
5. NO CORRESPONDING CATEGORY
6. ☐ SPEECH IMPAIRMENT - DNS
 Does not communicate effectively speaking, but does when writing.

SECTION E: ADDITIONAL MEDICAL INFORMATION

CSR ALERT:

- ☐ Requires relatively level terrain and no obstructions in path of travel
☐ Complex medical needs affecting placement ☐ CDC 128-C _____

ASSISTANCE NEEDED WITH ACTIVITIES OF DAILY LIVING:

- ☐ Feeding or Eating ☐ Bathing ☐ Grooming ☐ W/C transferring
☐ Toileting ☐ Other: _____ ☐ CDC 128-C(s) dated: _____

HOUSING RESTRICTIONS:

- ☒ Lower bunk ☐ No stairs ☐ No triple bunk. CDC 128-C(s) dated: 1-29-10

HEALTH CARE APPLIANCE / IDENTIFICATION VEST:

- ☒ Cane ☐ Crutch ☐ Walker ☐ Leg/Arm prosthesis ☐ Vest

Other: _____ ☒ CDC 128-C(s) dated: 1/29/10

OTHER DPP DESIGNATIONS:

- ☐ NONE _____ CODE DATED CODE DATED

SECTION F: EXCLUSIONS

- ☐ VERIFICATION OF CLAIMED DISABILITY NOT CONFIRMED: My physical examination or other objective data DOES NOT SUPPORT claimed disability. (Explain in Comments Section and CDC 128-C dated: _____)
- ☐ REMOVAL FROM A DPP CODE: Removal from previous DPP code: _____. (Explain in Comments Section and CDC 128-C dated: _____)
- ☐ REMOVAL FROM ENTIRE PROGRAM: Removal from DPP code(s): _____. (Explain in Comments Section and CDC 128-C dated: _____)

SECTION G: EFFECTIVE COMMUNICATION FACTORS

- ☐ Uses Sign Language Interpreter (SLI) ☐ Reads Braille ☐ Communicates with written notes ☐ Requires large print or magnifier
☐ Reads lips ☒ NO "EFFECTIVE COMMUNICATION" ISSUES OBSERVED OR DOCUMENTED IN THE UNIT HEALTH RECORD

PHYSICIAN'S COMMENTS: (Focus on affected systems and functional limitations. No specific diagnosis or other confidential medical information.)

PHYSICIAN'S NAME (Print) W. CAIN MD PHYSICIAN'S SIGNATURE [Signature] DATE SIGNED 3-16-10
 HEALTH CARE MANAGER'S / DESIGNEE'S NAME (Print) [Signature] HEALTH CARE MANAGER'S / DESIGNEE'S SIGNATURE [Signature] DATE SIGNED 3/17/10

NOTE: After review by the Health Care Manager or Chief Physician & Surgeon, health care staff shall retain green copy for the UHR, send the inmate copy via institutional mail, and route the original and remaining copies to the C&PR/RC CC-III for tracking and further distribution according to the instructions below.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

EX-F3
COMPREHENSIVE ACCOMMODATION CHRONO

INSTRUCTIONS: A physician shall complete this form if an inmate requires an accommodation due to a medical condition. Circle P if the accommodation is to be permanent, or T if the accommodation is to be temporary. If the accommodation is temporary, write the date the accommodation expires on the line. A new form shall be generated when a change to an accommodation is required or upon renewal of a temporary accommodation. Any new form generated shall include previous accommodations, if they still apply. Chronos indicating permanent accommodations shall be reviewed annually. This form shall be honored as a permanent chrono at all institutions.

A. HOUSING

None _____ 4. Bottom Bunk (P) T 1/12
 1. Barrier Free/Wheelchair Access P/T _____ 5. Single Cell (See 128-C date: _____) P/T _____
 2. Ground Floor Cell (P) T 1/12 6. Permanent OHU / CTC (circle one) P/T _____
 3. Continuous Powered Generator P/T _____ 7. Other _____ P/T _____

B. MEDICAL EQUIPMENT/SUPPLIES

None _____ 16. Wheelchair: (type) _____ P/T _____
 8. Limb Prosthesis _____ P/T _____ 17. Contact Lens(es) & Supplies _____ P/T _____
 (9) Brace Lumbar (P) T 1/12 18. Hearing Aid _____ P/T _____
 10. Crutches _____ P/T _____ 19. Special Garment: _____ P/T _____
 (11) Cane: (type) fringe (P) T 1/12 (specify) _____ P/T _____
 12. Walker _____ P/T _____ 20. Rx. Glasses: _____ P/T _____
 13. Dressing/Catheter/Colostomy Supplies _____ P/T _____ 21. Cotton Bedding _____ P/T _____
 14. Shoe: (specify) _____ P/T _____ (22) Extra Mattress (P) T 1/12
 15. Dialysis Peritoneal _____ P/T _____ 23. Other _____ P/T _____

C. OTHER

None _____ 26. Therapeutic Diet: (specify) _____ P/T _____
 24. Attendant to assist with meal access P/T _____ and other movement inside the institution. _____ P/T _____
 Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene. _____ P/T _____
 25. Wheelchair Accessible Table _____ P/T _____ 27. Communication Assistance _____ P/T _____
 28. Transport Vehicle with Lift _____ P/T _____
 29. Short Beard _____ P/T _____
 30. Other _____ P/T _____

D. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS

Based on the above, are there any physical limitations to job assignments? ☐ Yes ☐ No

If yes, specify: _____

| | | |
|---|---|---|
| INSTITUTION <u>P150</u> | COMPLETED BY (PRINT NAME) <u>C. HARRIS</u> | TITLE <u>MD</u> |
| SIGNATURE <u>[Signature]</u> | DATE <u>12-7-11</u> | CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH <u>CLAYTON, ANTHONY</u> <u>T 43585</u> <u>7 2 80</u> <u>B 5 1291</u> |
| HCM/CMO SIGNATURE <u>[Signature]</u> | DATE <u>12-15-11</u> | |
| APPROVED (list the number of items approved) <u>2</u> | | |
| DENIED (list the number of items denied) <u>0</u> | | |

**COMPREHENSIVE ACCOMMODATION
 CHRONO**

Distribution:

EX. G1

SECTION A: INMATE/PAROLEE REQUEST

| | | | |
|--|-----------------------------|------------------------------|--|
| NAME (Print): (LAST NAME) CAMPANA | (FIRST NAME) | CDC NUMBER: T43585 | SIGNATURE: |
| HOUSING/RED NUMBER: DG-126L | ASSIGNMENT: _____ | HOURS FROM _____ TO _____ | TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): H/C RESPONSE CDZ |

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

I HAVE BEEN WAITING ON AN H/C GOV RESPONSE FOR OVER 30 DAYS AND IT NEEDS TO BE TRACK DOWN PLEASE. I ALSO NEED THE LOG # FOR SAID H/C APPEAL ASAP. THE ISSUE IS LONG OVER DUE.

THANK

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

☒ SENT THROUGH MAIL, ADDRESSED TO: **MEDICAL APPEALS COORDINATOR** DATE MAILED: **2/7/12**
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE)

| | | | |
|--|-----------------------|--|---|
| RECEIVED BY: PRINT STAFF NAME: _____ | DATE: _____ | SIGNATURE: _____ | FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| IF FORWARDED - TO WHOM: _____ | | DATE DELIVERED/MAILED: _____ | METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input type="checkbox"/> BY US MAIL <input checked="" type="checkbox"/> |

SECTION B: STAFF RESPONSE

| | | | |
|--|-----------------------|----------------------------|--------------------------------|
| RESPONDING STAFF NAME: _____ | DATE: _____ | SIGNATURE: _____ | DATE RETURNED: _____ |
|--|-----------------------|----------------------------|--------------------------------|

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

| | |
|----------------------------|---------------------------------|
| SIGNATURE: _____ | DATE SUBMITTED: _____ |
|----------------------------|---------------------------------|

SECTION D: SUPERVISOR'S REVIEW

| | | | |
|--|-----------------------|----------------------------|--------------------------------|
| RECEIVED BY SUPERVISOR (NAME): _____ | DATE: _____ | SIGNATURE: _____ | DATE RETURNED: _____ |
|--|-----------------------|----------------------------|--------------------------------|

EX. 100 F4

INMATE: CAMPA, ANTHONY CDC NUMBER: T43585 HOUSING: D 006 1126001LP

MOBILITY IMPAIRMENT (Lower Extremities) - DNM Walks 100 yards without pause with or without assistive devices. Requires relatively level terrain and no obstructions in path of travel. REQUIRES LOWER BUNK, NO STAIRS, NO TRIPLE BUNK HOUSING. HIS DISABILITY DOES NOT IMPACT PLACEMENT

CC: C-File (Original)
Medical File
Assignment Lieutenant
Unit Sergeant
Housing Officer
Inmate

PHYSICIAN: Dr. LEONG, A

ARRIVAL DATE: 12/9/2011

DATE: 12/23/2011 NKSP MEDICAL CHRONO CDC-128-C

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: CAMPA - A CDC NUMBER: T43585 HOUSING: DG 1264

PATIENT SIGNATURE: [Signature] DATE: 3-1-12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had The Problem):

THIS IS MY 2ND REQUEST FOR AN OVER DUE H/C APPEAL N.K.S.P MEDICAL HAS FAILED TO PROVIDE ANY FORM OF RELIEF REGARDING SAID GRIEVENCE AND NOW MEDICAL STAFF HAVE TOOK THE GOZ ISSUE BEYOND THE CDCR TIME CONSTRAINTS. FORWARD MY GOZ

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM WITHOUT FURTHER DELAY.

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office)

[Large grid area for medical notes and staff completion]

INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE

CDCR 22 (10/09) Case 1:12-cv-01897-AWI-MJS Document 1 Filed 11/19/12 Page 47 of 100

SECTION A: INMATE/PAROLEE REQUEST **EX. G3**

| | | |
|--|------------------------------|---|
| NAME (PRINT) (LAST NAME) (FIRST NAME) CAMPA, A | CDC NUMBER: T43585 | SIGNATURE |
| HOUSING/BED NUMBER: DG-126L | ASSIGNMENT: | HOURS FROM TO VIOLATION OF ADA APPEAL |

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW.

**I HAVE NOT RECEIVED A RESPONSE ON ADA ISSUE NOR WAS
I PROVIDED A CAIN.**

THIS WAS DUE 4.13.12

**WHAT IS THE PROBLEM? ALL VERIFICATION WAS INCLUDED
APPEAL LOG # WKSP-D-12-00523**

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

☐ SENT THROUGH MAIL: ADDRESSED TO: DATE MAILED: / /

☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

| | | | |
|---|------------------------|----------------|--|
| RECEIVED BY: PRINT STAFF NAME: 410 S. Scott | DATE: 5.4.12 | SIGNATURE: | FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO |
|---|------------------------|----------------|--|

| | | |
|---|---|--|
| IF FORWARDED - TO WHOM: AdSeg SGT | DATE DELIVERED/MAILED: 5.4.12 | METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL |
|---|---|--|

SECTION B: STAFF RESPONSE

| | | | |
|------------------------|-------|------------|----------------|
| RESPONDING STAFF NAME: | DATE: | SIGNATURE: | DATE RETURNED: |
|------------------------|-------|------------|----------------|

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

| | |
|------------|-----------------|
| SIGNATURE: | DATE SUBMITTED: |
|------------|-----------------|

SECTION D: SUPERVISOR'S REVIEW

| | | | |
|--------------------------------|-------|------------|----------------|
| RECEIVED BY SUPERVISOR (NAME): | DATE: | SIGNATURE: | DATE RETURNED: |
|--------------------------------|-------|------------|----------------|

SECTION A: INMATE/PAROLEE REQUEST

EX G4

| | | | |
|---------------------------|--------------|---------------|---|
| NAME (Print): (LAST NAME) | (FIRST NAME) | CDC NUMBER: | SIGNATURE: |
| CAMPANA | A | T43585 | |
| HOUSING/BED NUMBER: | ASSIGNMENT: | HOURS FROM TO | TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): |
| DG-126L | | | H/C APP VIOLATION |

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

ON 3-28-12 I SUBMITTED AN H/C APPEAL WHICH WAS OVER 31 DAYS AGO AND H/C APPEALS OFFICE HAS FAILED TO PROVIDE A LOG # WHICH ONLY DELAYS THE PROCESS AND DEPRIVES APPELLANT RELIEF FROM STAFF MISCONDUCT. WHAT IS THE HOLD UP? WHERE IS MY LOG # AT?

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

☐ SENT THROUGH MAIL, ADDRESSED TO _____ DATE MAILED: 1/2/12
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE)

| | | | |
|--------------------------------|------------------------|-----------------------------------|-----------------------------|
| RECEIVED BY: PRINT STAFF NAME: | DATE: | SIGNATURE: | FORWARDED TO ANOTHER STAFF? |
| CLG SGT | 5-4-12 | | (CIRCLE ONE) YES NO |
| IF FORWARDED - TO WHOM: | DATE DELIVERED/MAILED: | METHOD OF DELIVERY: | |
| Ad Sec SGT | 5-4-12 | (CIRCLE ONE) IN PERSON BY US MAIL | |

SECTION B: STAFF RESPONSE

| | | | |
|------------------------|-------|------------|----------------|
| RESPONDING STAFF NAME: | DATE: | SIGNATURE: | DATE RETURNED: |
| | | | |

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL GOLDENROD COPY.

| | |
|------------|-----------------|
| SIGNATURE: | DATE SUBMITTED: |
| | |

SECTION D: SUPERVISOR'S REVIEW

| | | | |
|--------------------------------|-------|------------|----------------|
| RECEIVED BY SUPERVISOR (NAME): | DATE: | SIGNATURE: | DATE RETURNED: |
| | | | |

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: CAMPBELL, ANTHONY CDC NUMBER: 743585 HOUSING: DG-1264

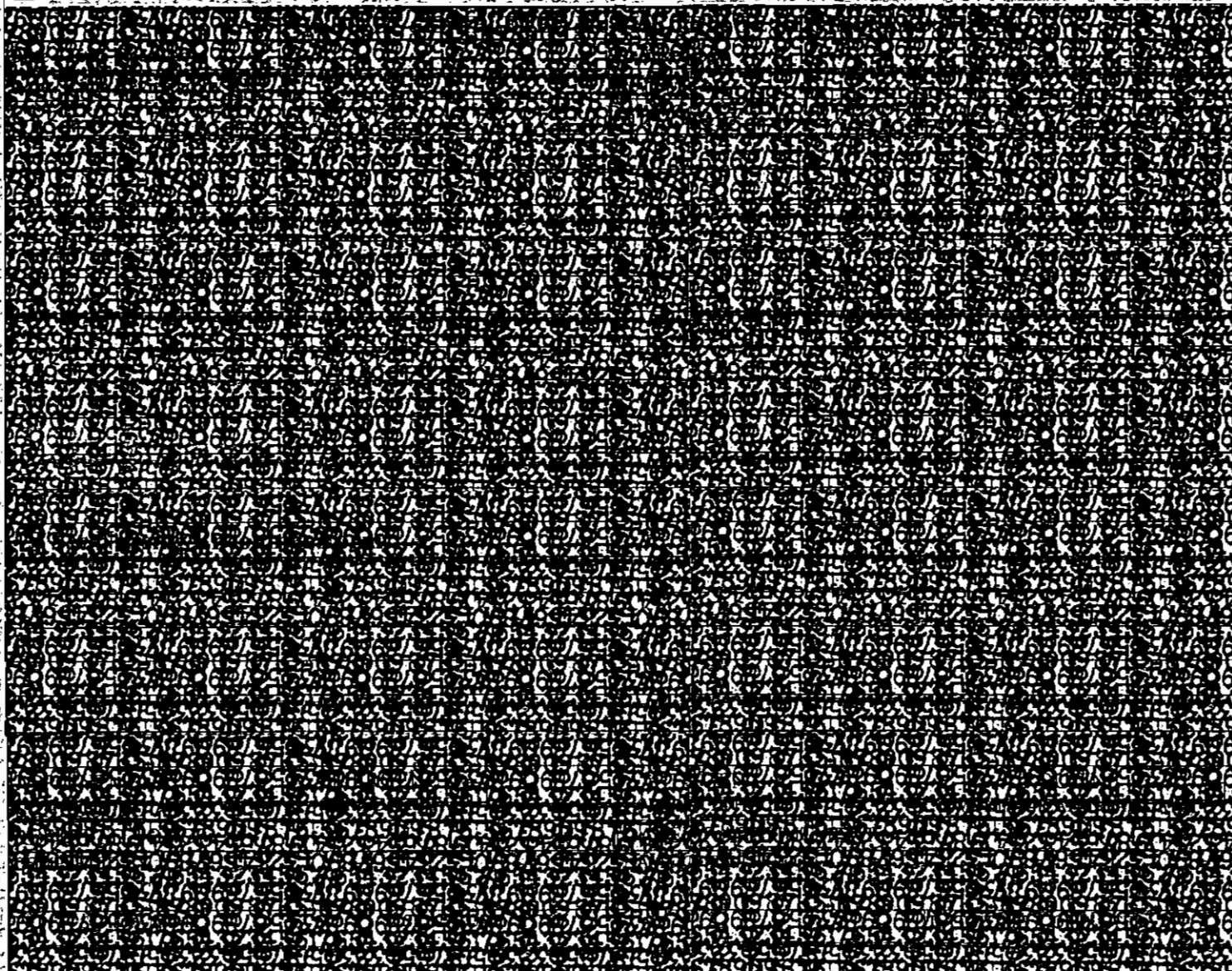
PATIENT SIGNATURE: [Signature] DATE: 5.10.12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES: (Describe Your Health Problem And How Long You Have Had The Problem) MY ISSUE IS THAT H/C COMPLAINTS CONTINUE TO BE ROUTED TO DR. ROBLES WHICH I HAVE PREVIOUSLY ADDRESSED. FURTHER A RIGHTS AND RESPONSIBILITY FORM WAS SUBMITTED ON ROBLES IN CLOSE WITH A G.O. & SUPPORTING DOCS ON 3.31.12. THIS WAS OVER 30 DAYS AGO & YOU FAIL TO PROVIDE A LOG # AS WELL AS FAILED TO PROCESS STAFF COMPLAINT IN ACCORDANCE TO D.O.M. 5

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM. DAYS MAX. I'M SUFFERING FOR MORE THAN YOU ACKNOWLEDGE. PLEASE CONTACT

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT INTERNAL AFFAIRS

☒ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office) NOW



ALSO I NEED H/C APL LOG # WK SP HC 12020891 RETURNED ASAP. IT IS DUE ON 5.14.12. THERE IS NO REASON OR JUSTIFICATION FOR ALL THESE DELIBERATE VIOLATIONS I SET BACKS.

EX 66

1247479

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: CIMA, A CDC NUMBER: T43585 HOUSING: DG-1264

PATIENT SIGNATURE: [Signature] DATE: 5.18.12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had The Problem): I HAVE BEEN PATIENTLY WAITING FOR I/C TO REINSTATE MY GABAPENTIN TREATMENT AND A PAIN MANAGEMENT MEDICATION. WHAT IS THE DELAY? I AM SUFFERING FAR TOO MUCH PAIN FOR MONTHS NOW! EVER SINCE NKSP ELECTED TO TERMINATE TO TERMINATE MY PREVIOUS PAIN MANAGEMENT PLAN TO TRY OUT CYMBALTA. AND I CONTINUE TO INFORM

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM. DR ROBLE TO DISCONTINUE CELYTRIDON AS

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT TAKE IT !!

☒ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.) WHY ARE YOU GLYSSIDONG THIS TO ME??

HEALTH CARE SERVICES REQUEST FORM

1247480

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☒ DENTAL ☒ MEDICATION REFILL ☒

NAME: CAMPAN ☒ CDC NUMBER: T43585 ☒ HOUSING: DG-1264 ☒

PATIENT SIGNATURE: [Signature] ☒ DATE: 5-21-12 ☒

REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had The Problem): THIS IS MY 3d REQUEST UNACKNOWLEDGED. ISSUE #1 CMO4 DR ROBLETS HAVE MADE NO ATTEMOT TO TREAT MY INJURY OR ACKNOWLEDGE MY REQUESTS. COMPLAINTS: #1 601 LOG# NK SP HC 17020891 IS 15 DAYS OVERDUE 2nd LEVEL. ISSUE #3 I SUBMITTED STAFF COMPLAINT M/C 602 OVER 70 DAYS AGO ON 3-27-12 YOU STILL FAIL TO PROVIDE A LOG# OR RESPOND TO MY INQUIRIES. WHAT IS THE PROBLEM IN THIS PLACE? ISSUE #4 I SUBMITTED A SECOND STAFF COMPLAINT ON 5-2-12 AND AGAIN YOU FAIL TO PROVIDE LOG# AND PROCESS WITHIN SET PROVISIONS. AGAIN I ASK FOR RELIEF SO MY ORIGINAL ISSUE CAN BE ADDRESSED. NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM. I SSED. ALSO IM REQUESTING INTERNAL AFFAIR INVOLVEMENT FOR A 2ND TIME.

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☒ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office)

[Large blacked-out area covering the main body of the form]

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: ☒ MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: **CAMPA, A.** CDC NUMBER: **T43585** HOUSING: **DG-1264**

PATIENT SIGNATURE: *[Signature]* DATE: **5.20.12**

REASON YOU ARE REQUESTING HEALTH CARE SERVICES: (Describe Your Health Problem And How Long You Have Had The Problem) **I DONT KNOW WHY YOU CONTINUE TO RETURN MY H/C APPEAL WITHOUT**

MY SUPPORTING DOCUMENTS LOG # 12070891. COMPLAINT WAS ORIGINALLY ADDRESSED ON 1.2.12 PRIOR TO THAT I HAD REQUESTED H/C SERVICES MORE THAN 1X AND PROVIDED RECEIPTS OF H/C REQ. WITH MY GOZ. YOU SCREENED IT OUT & KEPT MY RECEIPTS. THEN I RESUBMITTED WITH MORE P/W AND YOU AGAIN REMOVED MY P/W. THE ORIGINAL GOZ WAS WITHHELD ALONG WITH H/C REQUEST. HENCE I DRAFTED A NEW GOZ ON 3.31.12 AND YOU FAIL TO PROCESS SAID APPEAL. AND NOW ON 5.25.12 MY H/C APPEAL IS RETURNED FROM 2ND LEGAL REVIEW WITH OUT MY SUPPORT DOCS FROM MY MED FILE. RETURN MY DOCS AND PROCESS

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE TEAM MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM. **MY APPEAL SAME TEAM MEMBER SHALL COMPLETE THE FORM FOR INFO/RELIEF WHICH GO UN ANSWERD. ALSO THIS**

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☒ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office) **IS NOT A LAST REQ. FOR PROCESSING OF A GOZ H/C SUBMITTED 5.8.12 H/C IS BEING DEPRIVED OF ME**

[The main body of the form is heavily obscured by a dense, repeating pattern of the text "CDC 7362 (Rev. 03/04)".]

H/C LOG # 5454P AND RETURN THE PERSONAL DOCS YOU OR CME REMOVED FROM GOZ

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I - TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME CAMPANA A CDC NUMBER T43585 HOUSING D6 126

PATIENT SIGNATURE DATE 5-30-12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had The Problem)

I CONTINUE TO RESPECTFULLY REQUEST PROCESSING OF 2 SEPERATE H/C APPEALS IN DOING SUCH YOU ARE DEPRIVING ME ANY FORM OF RELIEF. ONE WAS SUBMITTED ON 3-31-12 AS STAFF COMPLAINT & ONE WAS SUB. ON 5-2-12. FURTHER YOU ALLOWED SUPPORTING DOCS TO BE REMOVED ON BOTH 1ST & 2ND LEVEL OF REV. LOG # H/C 120208V RETURN MY DOCS & DO UR JOB PLEASE. NOT ONCE HAS ANY NOTE IF THE PATIENT IS UNABLE TO COMPLETE THE FORM A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM. EFFORT BEEN MADE TO PROVIDE REMEDY & STAFF HAVE SINCE TOOK REPRISAL FOR THE FILING OF

PART III - TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☒ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office)

| | | | |
|--------------------|----------------------------------|---|--------|
| UNIT HEALTH RECORD | INMATE (IF COPAYMENT APPLICABLE) | INMATE TRUST OFFICE (IF COPAYMENT APPLICABLE) | INMATE |
|--------------------|----------------------------------|---|--------|

SAID H/C APPEALS

EX G10

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME COMPA-A CDC NUMBER 743585 HOUSING DG-1264

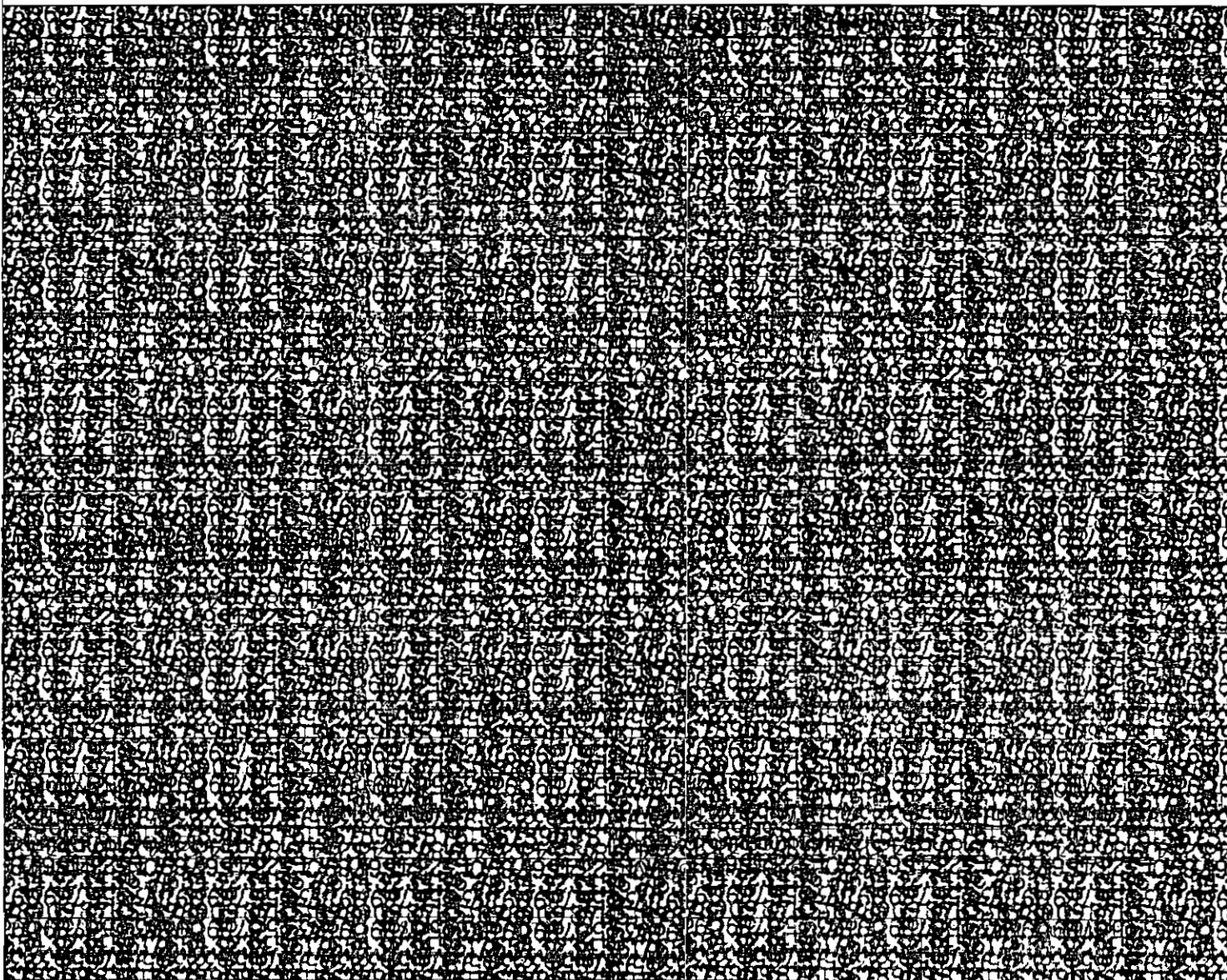
PATIENT SIGNATURE DATE 6.2.12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I CONTINUE REQUEST THE PROCESSING OF TWO H/C GOZ'S

AND YOU FAIL TO ACKNOWLEDGE MY REQUEST OR DRIVE LOG#S. IN DOING SUCH YOU VIOLATE THE PROCESS & DEPRIVE ME OF REMEDY AS THE ORIGINAL APPEAL CAN NOT BE RESOLVED UNTIL THE NEW ISSUE ARE ADDRESSED & CORRECTED. SUR: 3.31.12 & 5.2.12 H/C COMPLAINT

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM ACCOMPANIED WITH A RIGHTS/RESPONSE

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

1247481

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)EXG11
HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

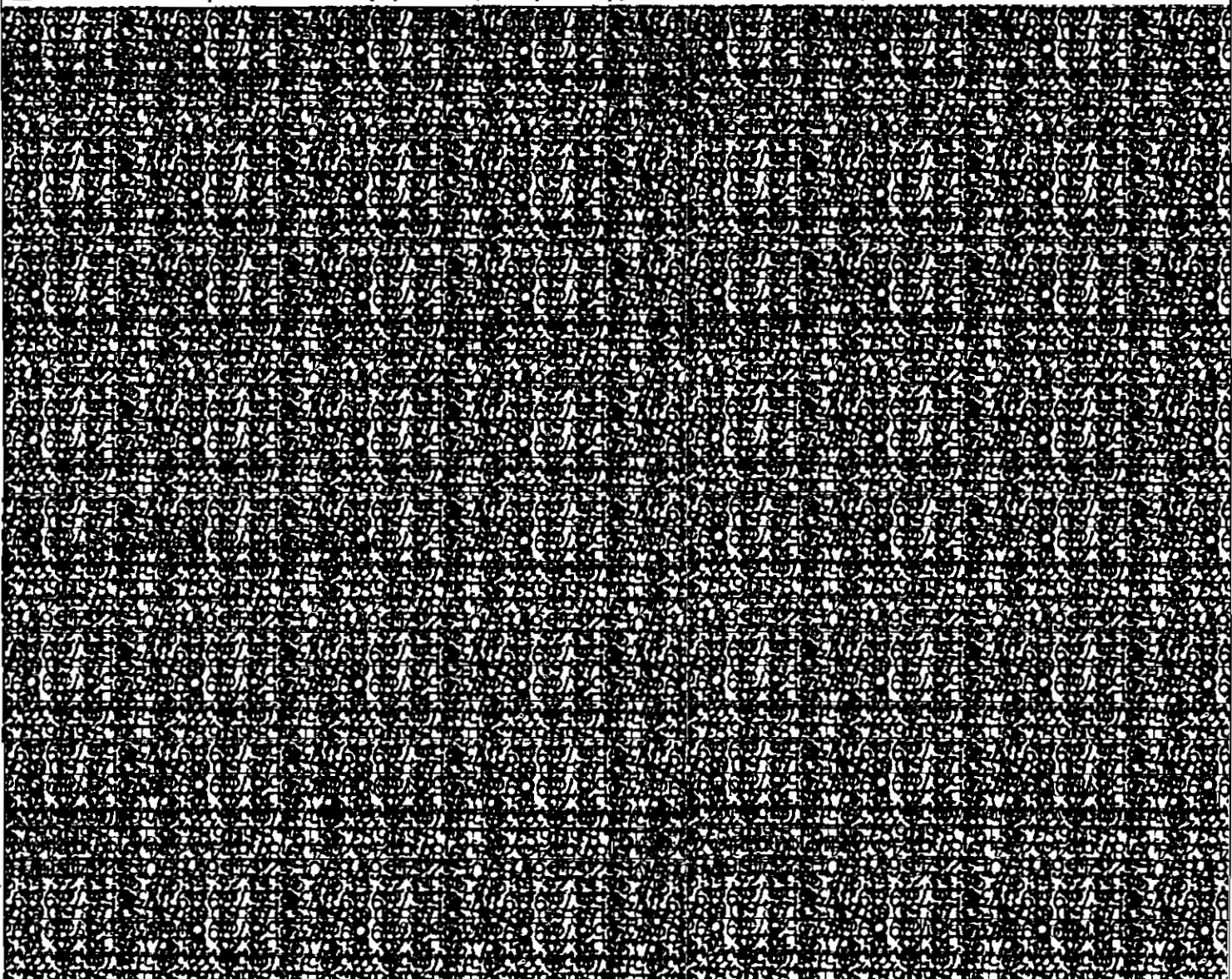
PART I: TO BE COMPLETED BY THE PATIENT*A fee of \$5.00 may be charged to your trust account for each health care visit.*

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME CAMPANA CDC NUMBER 743585 HOUSING DC-1264PATIENT SIGNATURE [Signature] DATE 6.7.12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I SUBMITTED AN APPEAL NCCO2 ON 3.77.12 & A SEPERATE ONE ON 5.8.12 & I HAVE NOT BEEN AFFORDED AN INTERVIEW OR LOG #3 AND I HAVE MADE IMMEDIOUS ATTEMPTS TO RESOLVE ISSUES IN ORDER TO RECIEVE HEALTH CARE SERVICES. TUE ALSO ASKED AT LEAST 4 TIMES TO TERMINATE AMITRIPTILIN I DID NOT TAKE IT. IT DOES NOTHING TO TREAT DAIN.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

EX G12

0031587

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

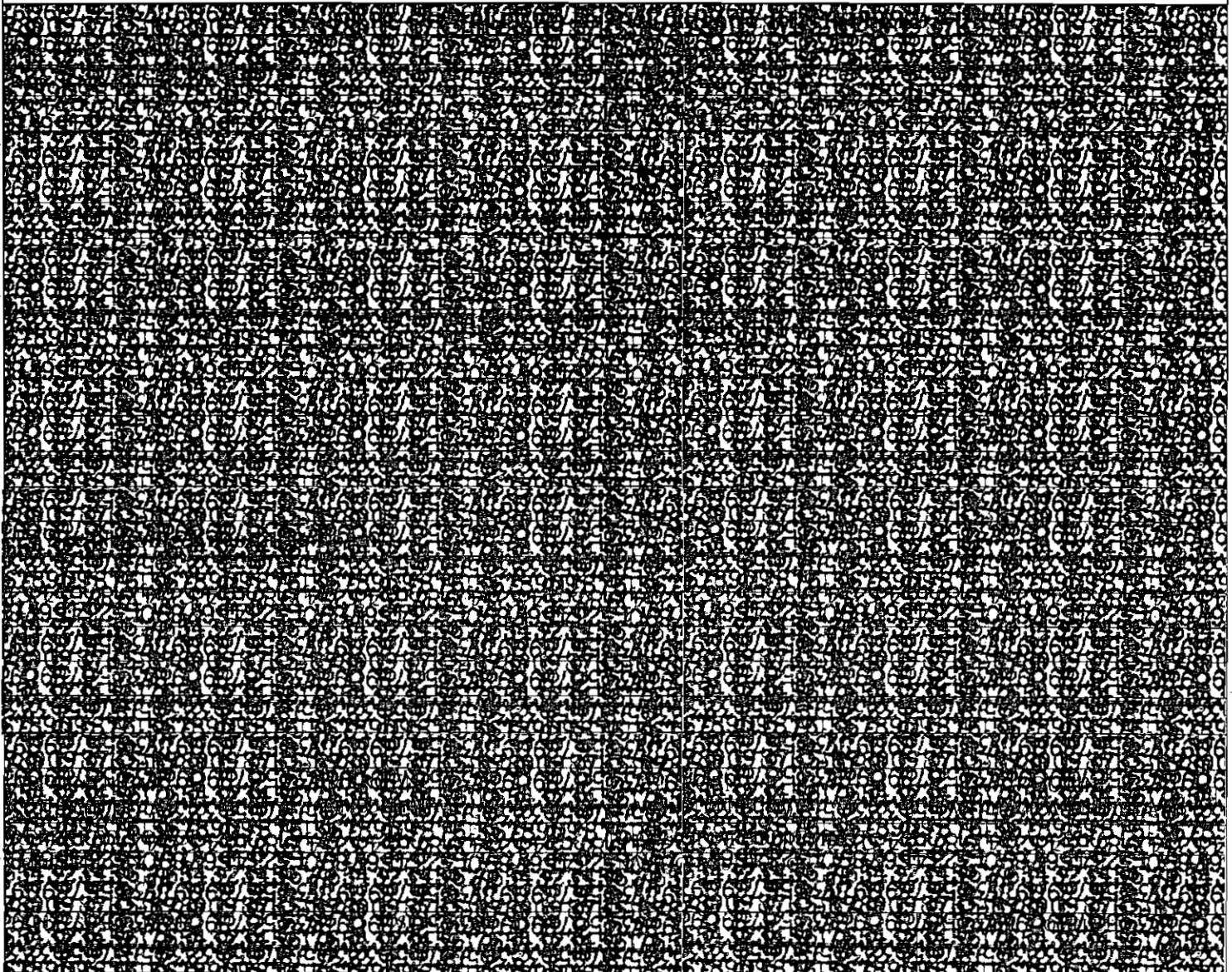
If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME CAMPA. A CDC NUMBER T43585 HOUSING DG-126PATIENT SIGNATURE [Signature] DATE 10-16-12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I SUFFER FROM CHRONIC NEUROPATHIC PAIN WHICH H/C IS AWARE OF AND THE MEDICATION YOU ARE GIVING ME IS NOT TREATING PAIN AT ALL. I AM REQUESTING TO SEE A SPECIALIST FOR THIS SPIN INJURY. (BROWN SYNDROME SYNDROME) I'VE ALREADY BEEN THROUGH ALL UR "POLICY" FOR CHRONIC TREATMENT PAIN MEDS. I'M IN TOO MUCH PAIN

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM FOR TO LONG.

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: CAMPA, A. CDC NUMBER: T43585 HOUSING: DG 12G

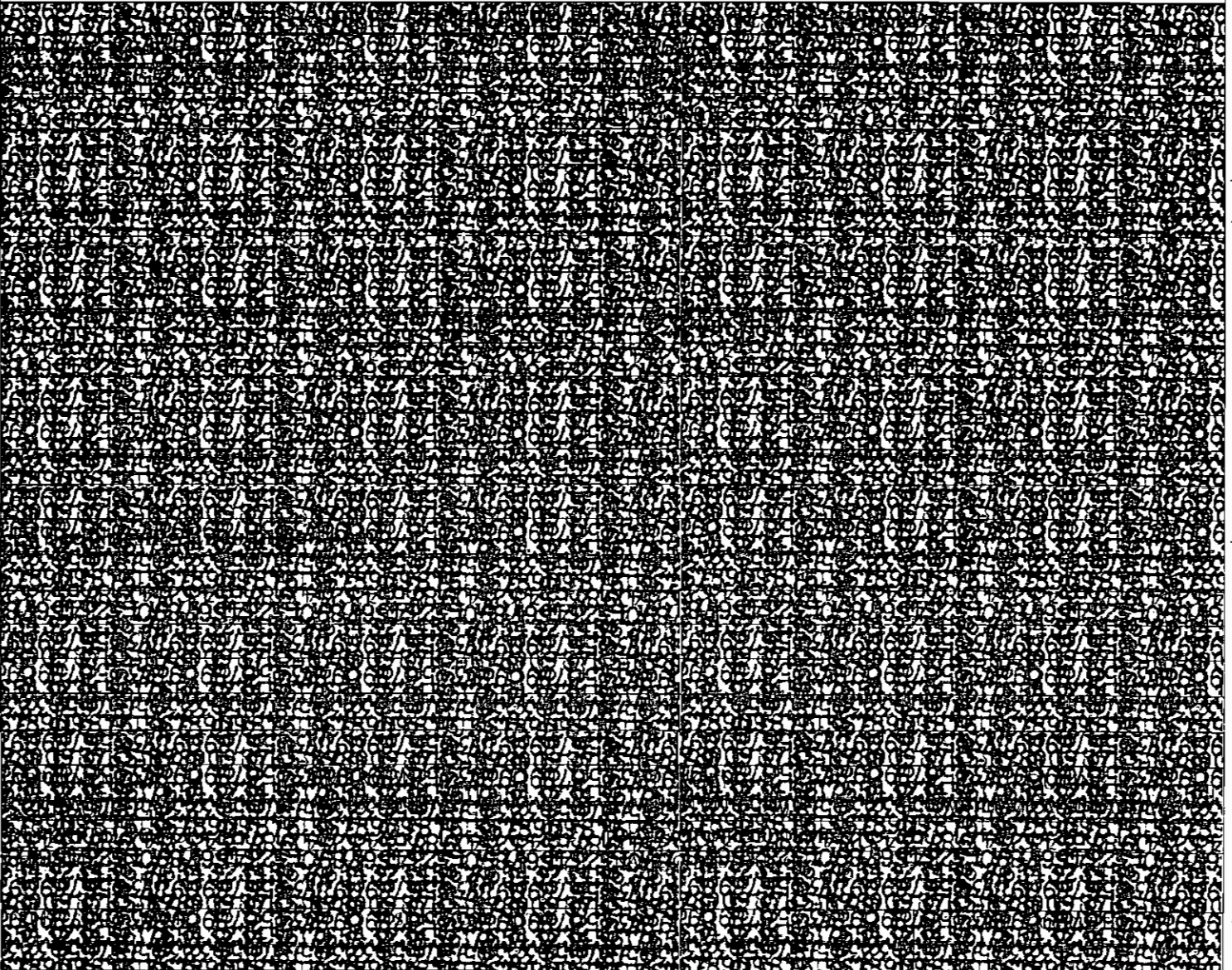
PATIENT SIGNATURE: [Signature] DATE: 11-7-12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had

The Problem) AS MEDICAL IS AWARE I US BEEN REQUESTING TREATMENT TO EFFECTIVELY TREAT MY SPINAL CHORD INJURY. NK SP FILED TO TERMINATE MY CHRONIC PAIN MANAGEMENT PLAN & GOALS & FAIL TO RESOLVE A PAIN. I SUFFER FURTHER INJURY EACH TIME MY NERVOUS FAIL ME & MY LEGS GIVE OUT. IVE REPORTED FALLING ON 3 OCCASIONS AN STAFF DID NOT EVEN EVALUATE OR EXAMINE INJURIES. THE COMPLAINTS ON GOING I SUFFER FROM A SPINAL CHORD INJURY WHICH IS WELL DOCUMENTED. THIS MORNING I FELL AN SUSTAINED INJURY AGAIN WHILE BEING ESCORTED BY C/O QUIN AND ROMERO. I AM REQUESTING A DAI/RECOMADATION. CAIN & REINSTATEMENT OF CHRONIC PAIN MANAGEMENT PLAN. ALSO TO BE SEEN BY A SPECIALIST FROM THE OUTSIDE.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM. SINCE YOU GUYS ARE TAMPERING WITH MY MED FILE AN FORGING FALSE DOCUMENTS.

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

EX. G 14

7362: #1797320. TO: C.M.O. VIA: CAMPA. A T43585
DT: 5-2-12. (HAND COPY) LAW LIBRARY REFUSES ASSLT.

TO C.M.O. OF N.K.S.P. I AM TAKING THIS MATTER DIRECTLY TO YOU AS
I HAVE 3 H/C 602^s OVERDUE AT THE 2ND LEVEL → WHAT'S MORE IS THAT MD
ROBLES & MED STAFF ARE DOING ALL WITHIN THEIR POWER TO DISCRIMINATE AGAINST
ME, DEPRIVING ME OF ANY ADEQUATE FORM OF RELIEF HAVING BEEN MADE AWARE
OF MY INJURY IN MOC/DNM & YET I ALSO HAVE NOT BEEN ISSUED A COIN IN THIS FACIL
Y. I ARRIVED HERE ON 12-9-11 VIA PUSP MAINLINE. PRIOR TO ARRIVAL I WAS BEING
TREATED WITH GABAPENTIN, BACLOFIN AN MORPHINE 3X A DAY FOR OVER 2 1/2 YEARS
DUE TO A PAINFUL CONDITION DOCUMENTED IN FILE (BROWN SYNDROM SYNDROM)
IT'S A SPINAL CHORD INJURY & YET N.K.S.P. H/C OFFICIALS ELECTED TO TERMINATE
SAID CHRONIC PAIN MANAGEMENT PLAN TO TRY OUT Cymbalta. I WAS PROMISED UNDER
DR ORDERS THAT CYMBALTA WOULD WORK MORE EFFECTIVE TO TREAT PAIN & IF IN 2
WEEKS IT WAS NOT ~~FOR ME~~ RIGHT FOR ME, CHANGES WOULD BE MADE. I HAVE SINCE
BEEN APPEALING THE ISSUE FOR FORCING AN INEFFECTIVE MED. UPON ME. 2X IT WAS
RE ORDERED AGAINST MY REQUEST TO TERMINATE IT. & ALL MY COMPLAINTS ON
H/C 602^s ARE BEING RAUGHTED/ADDRESSED BY THE SAME DR. I'M GRIEVING
WHICH FURTHER DEMONSTRATES DISCRIMINANT & RECKLESS BEHAVIOR ON H/C'S BEHALL
THE SAME MD. IS NOT SUPPOSE TO REVIEW A 602 ON BOTH LEVELS PERIOD. AS OVER
SEE'ER OF THE MEDICAL DEPARTMENT SOMETHING MUST BE DONE TO PREVENT
THIS TYPE OF MISORDER & ENSURE H/C STAFF ARE HELD ACCOUNTABLE FOR ANY
FORM OF MISCONDUCT. IN THAT COER GUIDELINES ARE MET AN PATIENT IS
PROVIDED QUALITY CARE & ADEQUATE RELIEF FOR EXISTING CONDITIONS.
THIS IS GOING TO THE PRISON LAW OFFICE AS WELL.

Anthony G. G. T43585

SECTION A: INMATE/PAROLEE REQUEST

EX. H1

| | | | |
|--|--------------|------------------------------|--|
| NAME (Print): (LAST NAME) CAMPA. A. | (FIRST NAME) | CDC NUMBER: T43585 | SIGNATURE: <i>Anthony Campa</i> |
| HOUSING/BED NUMBER: DG-126^L | ASSIGNMENT: | HOURS FROM _____ TO _____ | TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): INMATE WELFARE |

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

MR BREWSTER, UNDER PENALTY OF PERGERY, CAN YOU TELL ME WHO IS THE DESIGNATED HEALTHCARE APPEALS COORDINATOR PLEASE.

ALSO IT IS IMPERITIVE I ADDRESS CERTAIN ISSUES A SPECIFIC WAY WHICH REQUIRES ME TO KNOW THE THE IDENTITY OF NKSP^S COURT APPOINTED MEDICAL RECIEVER IN ADITION TO THE FORECLOSED REQUEST.

PLEASE CONTINUE TO ENJOY UR

DAY, THANK YOU.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO: **TO: LT. BREWSTER** DATE MAILED: **11/1/12**

☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

| | | | |
|--|-------------------------|--|---|
| RECEIVED BY: PRINT STAFF NAME: BREWSTER, R | DATE: 11/2/12 | SIGNATURE: <i>Brewster</i> | FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES <input type="radio"/> NO <input checked="" type="radio"/> |
| IF FORWARDED - TO WHOM: | DATE DELIVERED/MAILED: | METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input type="radio"/> BY US MAIL <input type="radio"/> | |

SECTION B: STAFF RESPONSE

| | | | |
|--|-------------------------|-------------------------------|----------------------------------|
| RESPONDING STAFF NAME: BREWSTER | DATE: 11/2/12 | SIGNATURE: <i>Brewster</i> | DATE RETURNED: 11/2/12 |
| CME-CHIEF MEDICAL EXECUTIVE IS NDUKWE ODELOGA | | | |
| CEO-CHIEF EXECUTIVE OFFICER IS TED KUBICKI | | | |

APPEALS CORR DINATOR MICHAEL ROCHA ALL APPEAL GO TO THIS OFFICE. I DONTKNOW THE NAME OF ANYONE OR ANY OFFICER THAT IS TITLED MEDICAL APPEALS CORR DINATOR.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

| | |
|------------|-----------------|
| SIGNATURE: | DATE SUBMITTED: |
|------------|-----------------|

SECTION D: SUPERVISOR'S REVIEW

| | | | |
|--------------------------------|-------|------------|----------------|
| RECEIVED BY SUPERVISOR (NAME): | DATE: | SIGNATURE: | DATE RETURNED: |
|--------------------------------|-------|------------|----------------|

MEDICAL PROGRESS NOTE

| | | |
|-------------------------------------|----------------------------|-------------------------------|
| PATIENT NAME: CAMPA, Anthony | CDCR#: T43585 | BIRTH DATE: 07/02/1980 |
| DATE OF SERVICE: 12/04/2009 | HOUSING: RC B5-223L | PAROLE DATE: |

TIME: 1140 hours

SUBJECTIVE: This is a 29-year-old gentleman who came here to see me today for the followup. The patient has been trying to get MD line since he has arrived and he is supposed to see us in a couple of months and because of the tight schedule of the rescheduling the patient has been postponed. He is supposed to go to the California Men's Colony (CMC) transfer and somehow he has been scratched from the bus. He has a history of a stab wound in the neck in the beginning of this year. During that time, he developed left-sided weakness and also walking with a walking cane and gradually has improved, but he has extensive pain on the left upper extremity and the left lower extremity plus the right lower leg pain which is hot and the pain is constant, sometimes numb and sometimes shooting pain. He was on low-dose Neurontin, which has not improved his pain control. He stated he has the weakness on the left side of the body and he wanted to have a walking cane because he stated he has imbalance when he walks.

REVIEW OF SYSTEMS: Unremarkable, except for the weakness on the left side of the body with extreme pain on the right and also right leg cramp at nighttime frequently.

SOCIAL HISTORY: The patient drinks occasionally and he smoked weed. He smoked cigarettes, a pack a day, for 15 years.

FAMILY HISTORY: Diabetes in the grandma.

MEDICATION LIST: The patient is on Neurontin only. There is no pain medication at this time.

OBJECTIVE: VITAL SIGNS: Temperature 98.7, pulse rate 58, respiratory rate 18, blood pressure 132/63. Weight 221 pounds. Oxygen saturation 100%. **APPEARANCE:** A heavyset body built gentleman. A very muscular gentleman found walking and ambulating without any discomfort. Gait is normal. **HEENT:** Pupils equal, round, and reactive to light and accommodation. Extraocular movements intact. No jaundice. Oral hygiene good. **NECK:** Scar at left side of neck. Range of motion of neck normal. No JVD. No lymph node enlargement. **LUNGS:** Air entry equal and no wheezing or rhonchi. **HEART:** Rate, rhythm regular. S1, S2 appreciated. No extra sound. No murmur. **ABDOMEN:** Soft, benign. No mass. No guarding. Bowel sounds active. **EXTREMITIES:** No atrophy. No contractures found. No vesiculation noted. **NEUROLOGIC:** Awake, alert, oriented x3. Cranial nerves II-XII intact. Deep tendon reflexes brisk on left side biceps, brachialis, triceps, and knee reflexes compared with right side. Muscle strength weak on left side. Sensation: Hyperesthesias at right lower spine area noted and compared with left side. Slight numbness on left side was found. Plantars downgoing. Gait normal. Able to walk on heels. Not able to walk on toes because of weakness on left side.

ASSESSMENT:

1. Stab wound in the neck with left hemiparesis.

CAMPA A
 T435
 07/07
 RC
 Medica

2. Hyperesthesias at the right lower lumbar region, which is matched to the spinal cord injury at the cervical spine level.

PLAN:

1. Increase the Neurontin to 900 mg 3 times a day and add a pain medication with salsalate 500 mg 3 times a day and a muscle relaxant with Robaxin 500 mg 2 times a day for 7 days.
2. The patient will come back and see me in 4 weeks. There is no medical hold on this gentleman. Will consider doing an MRI of the cervical spine if the symptoms persist.

EDUCATION: Counseling and education are done. The patient understood well.



Andrew Leong, MD

AL/mb

D: 12/04/2009 12:11:00 pm

T: 12/04/2009 12:46:41 pm

Job #: 19535

Patient Information:

CAMPA Anthony

T43585

07/02/1980

RC B5-223L

Medical Progress Note

EX. 53

DEPARTMENT OF CORRECTIONS
FOLSOM STATE PRISON

SOAPE NOTE

PATIENT: CAMPA, ANTHONY

T43585
CDC: ~~T42585~~

DATE OF BIRTH: 07/02/1980

DATE OF SERVICE: 01/06/2010

HOUSING UNIT:

PAROLE DATE: 2012/2013

DATE OF ARRIVAL:

VISIT TIME: 09:14

PAROLE DATE: He paroles either late 2012 or early 2013.

S: This patient is here today regarding seizure disorder. The patient's history was he had a stab wound to the left side of the neck on January 1, 2009 and got paralyzed from the waist down for 2 weeks. He was in the hospital. After, he had no control about his urination and bowel movement. He had seizures also at that time which lasted through June, and he has been on Neurontin. At the present time, he is on 900 mg 3 times a day. He was incarcerated after this incident due to drug possession of crystal methamphetamine.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

O:

VITAL SIGNS: BP is 138/76, temperature 98.8, pulse 60, respirations 14. He is 5 feet 7 inches, weighs 205 pounds.

GENERAL: He is alert and oriented x3. He is cooperative.

HEENT: Normocephalic and atraumatic. He is not pale nor jaundiced.

NECK: No adenopathy. He has a scar from the stab wound on the left lateral base of the neck supraclavicular region.

HEART: Within normal limits.

LUNGS: Within normal limits.

ABDOMEN: Soft. No tenderness.

EXTREMITIES: No edema.

NEUROLOGICAL: He has grip on the right side is 5/5 and on the left side is 3/5. His knee jerk reflex is hyperactive on the left side. His gastrocnemius is smaller than the right side. Knee extension and flexion is about 50% weaker than the right side. He walks by dragging his left leg partially.

A:

1. Seizure disorder.
2. Left hemiparesis secondary to stab wound to left side of the neck on January 1, 2009.

PLAN OF TREATMENT: We will obtain copies of his hospital record after the stabbing incident. I will increase his Neurontin from 900 mg 3 times a day to 1,200 mg 3 times a day. We will give him a back brace, and a chrono was

PATIENT: ANTHONY CAMPA
DATE OF SERVICE: 01/06/2010
Page 2

Case 1:12-cv-01897-AWI-MJS Document 1 Filed 11/16/12 Page 63 of 100

EX. 54

T43585
CDC: T42585

filled out regarding. Will probably see him again about 2-3 weeks or after his medical files are back. The patient understands and agrees to the plan of treatment.

Isidro A. Cardeno

ISIDRO A. CARDENO, M.D., FAAFP, CCHP

IAC/sts
D: 01/06/2010 09:14:00 EST
T: 01/09/2010 20:39:08 EST
Job #: 32904

MRI OF SAN LUIS OBISPO

Timothy L. Auran, M.D.
William C. Burnette, M.D.
Harry F. Corbett, M.D.
Michael P. Curran, M.D.
Arthur C. Duberg, M.D.
Stephen R. Holtzman, M.D.
Cheng S. Kim, M.D.
Thomas L. Miller, M.D.
Erik M. Olson, M.D.
Jaywant P. Parmar, M.D.
William M. Russell, M.D.
Timothy D. Watson, M.D.
Donna E. Wittingham, M.D.



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Digital Medical Imaging (DMI)
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PH: (805) 779-7900 FAX: (805) 779-7910

MRI of San Luis Obispo
1064 Murray Ave., San Luis Obispo, CA 93405
PH: (805) 543-5874 FAX: (805) 543-5818

Radiology Diagnostic Center
1310 Les Tablas Road, Ste# 103, Templeton, CA 93465
PH: (805) 434-0829 FAX: (805) 434-0826

Patient Name: **CAMPA, ANTHONY**
Date of Exam: **03/18/2010 7:22**
Referring MD: **HENRY C. LEE M.D. 2595**

Accession No: **0029503077RA4**
Date of Birth: **07/02/1980**
Patient ID: **621598**

T43585

Authorization #: _____ Ins Code: _____ Class: 40

PROCEDURE: **MRI BRAIN WITHOUT I.V. CONTRAST (SEIZURE PROTOCOL)**

COMPARISON: **None.**

INDICATIONS: **Increased headaches with left sided weakness.**

TECHNIQUE: **Sagittal T1, axial T2, whole-brain coronal FLAIR, axial DWI, axial T1, axial MPGR and coronal oblique magnified T2 high-resolution images through temporal lobes of the brain were obtained on a 1.5 Tesla MRI scanner.**

FINDINGS:**VENTRICLES/SULCI:****CEREBRUM:****CEREBELLUM:****BRAINSTEM:****BASAL CISTERNS:****SKULL:****OTHER:**

- A cavum septum pellucidum et vergae is noted incidentally; otherwise unremarkable.
- No intracranial hemorrhage, mass or mass effect. No heterotopic grey matter. No evidence of mesial temporal sclerosis.
- No mass or mass effect.
- Normal.
- Normal.
- Normal.
- Mild left maxillary and sphenoid sinus disease is noted incidentally.

CONCLUSION:

1. The intracranial contents appear within normal limits.
2. Incidental note of mild left maxillary and sphenoid sinus disease.

Dict: Thomas L. Miller, M.D., M.H.A. on 03/18/2010 at 9:45

Trans: UTTERBACK on 03/18/2010 at 10:00

This report was verified electronically by Thomas L. Miller, M.D., M.H.A. on 03/18/2010 at 11:32

EX-56

CDC Drug Formulary

Health Care Services

NONFORMULARY DRUG REQUEST (CDC Form 7374)

TO BE COMPLETED BY PRESCRIBER:

1. This form must be completed before the pharmacy can acquire a nonformulary drug for dispensing.
2. A 24 to 48 hour advance notice may be required before approved nonformulary drug request items can be obtained by the pharmacy for dispensing. The pharmacy will notify the prescriber in all cases of delay.
3. A therapeutically equivalent agent may be available in the formulary. Please call your pharmacist for assistance in making this determination.

| | |
|--|---|
| TO: Chief Medical Officer Chief Psychiatrist Chair, Pharmacy Services Committee or Chair, Pharmacy and Therapeutics Committee | FROM (Physician, Dentist or other authorized prescriber): Name: <u>W. CAIN</u> Signature: <u>[Signature]</u> Date: <u>W. Cain, M.D.</u> |
|--|---|

The inmate named below has therapeutic requirements that cannot be met by currently available standard stock resources, therefore, the acquisition of the following agent(s) is requested:

| | | |
|--|---------------------------|-------------------------|
| Patient's Name: <u>Campa, A</u> | CDC Number: <u>743585</u> | Housing: |
| Medication Requested: <u>Baclofen</u> | Strength: <u>100mg</u> | Dosage Form: <u>tab</u> |
| Indication: <u>Brown Sequard Syndrome</u> | | |
| Expected Duration of Therapy: <u>lifetime - possibly 2 yrs</u> | | |
| Formulary Medications Already Tried: <u>Colapantol; Mergin</u> | | |
| Reason(s) Why Formulary Medications Are Not Suitable: <u>Rec by M. Lee</u> | | |

AUTHORIZATION FOR ACQUISITION:

- ☐ APPROVED
- ☐ DISAPPROVED

Reason for disapproval:

Chief Medical Officer/ Chief Psychiatrist
Chair of Pharmacy Services Committee Pharmacy and Therapeutics Committee

Date

EX 37

STATE OF CALIFORNIA
PRIMARY CARE PROVIDER PROGRESS NOTE
CDCR 7230-M (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 3/16/11 TIME: 9:55 AGE: 28 UHR Present: ☒ Yes ☐ No MAR Present: ☒ Yes ☐ No
 Temp: 98.9 Pulse: 51 BP: 110/60 RR: 16/97% Ht: 5'8" Wt: 205 BMI: 31

Chief Complaint:

Allergies: ☐ NKA

Signature/Title:

SUBJECTIVE:

- reg ↑ dose for med
 - see Current neurology 2-25-10
 → odd Belofen
 - no new Sx.

| OBJECTIVE: | WNL* | ABN | *Checking "WNL" documents that all exam elements listed in the Primary Care Provider Clinical Decision Support dated June 11, 2009 are within normal limits. | WNL* | ABN | STUDY RESULTS: |
|-------------------|--------------------------|-------------------------------------|--|---------------------|-------------------------------------|----------------|
| 1. General | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Low Carb | 7. Musculoskeletal | <input type="checkbox"/> | |
| 2. HEENT/Neck | <input type="checkbox"/> | <input type="checkbox"/> | | 8. Skin/Ext. | <input type="checkbox"/> | |
| 3. Cardio | <input type="checkbox"/> | <input type="checkbox"/> | | 9. Neurological | <input checked="" type="checkbox"/> | |
| 4. Pulmonary | <input type="checkbox"/> | <input type="checkbox"/> | | 10. Psychiatric | <input type="checkbox"/> | |
| 5. Abdomen | <input type="checkbox"/> | <input type="checkbox"/> | | 11. Rectal/Prostate | <input type="checkbox"/> | |
| 6. Genito-Urinary | <input type="checkbox"/> | <input type="checkbox"/> | | 12. Breast/Pelvic | <input type="checkbox"/> | |

see note 2-11-10 to R.E. ←

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

Ally - Brown Sequard syndrome
 - NFR Belofen 10mg tid
 - 1845 done
 ↑ Night dose of MS Centr to 30mg
 - PFS P.T.

PATIENT EDUCATION: ☐ Patient able to verbalize understanding of A/P ☒ Meds ☐ Lab/Study Results ☐ Diet ☐ Exercise ☐ Wt. Mgmt. ☐ Smoking

Self Management Goal(s):

Next Visit: 1-2 mos

Primary Care Provider (Print Name/Title):

Primary Care Provider Signature:

W. Cain, M.D.

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

T43585

CAMP, ANTHONY

7/21/1980

1-10-12

EX-58

STATE OF CALIFORNIA
PRIMARY CARE PROVIDER PROGRESS NOTE
CDCR 7230-M (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 3/26/10 TIME: 0805 AGE: 28 UHR Present: ☒ Yes ☐ No MAR Present: ☒ Yes ☐ No

Temp: 98.1 Pulse: 50 BP: 112 RR: 16 / 1w/1 Ht: 5'8" Wt: 205 BMI: 37

Chief Complaint: 69 Allergies: ☐ Penicillin ☐ Sulfonamides ☐ Iodine ☐ Latex ☐ Eggs ☐ Shellfish ☐ Fish ☐ Wheat ☐ Soy ☐ Milk ☐ Other: Signature/Title: JPN

SUBJECTIVE: Brown Sequard Syndrome (2) neck stab wound

1/10 p.m. Brown's
see neuro consult 2-25-10
it was just reviewed @ pain committee
but I report yet re. Neurotic for chronic
pain complaints

Just started on baclofen per neurology recommendation

| OBJECTIVE: | WNL* | ABN | *Checking "WNL" documents that all exam elements listed in the Primary Care Provider Clinical Decision Support dated June 11, 2009 are within normal limits. | WNL* | ABN | STUDY RESULTS: |
|-------------------|--------------------------|--------------------------|--|---------------------|--------------------------|----------------|
| 1. General | <input type="checkbox"/> | <input type="checkbox"/> | | 7. Musculoskeletal | <input type="checkbox"/> | |
| 2. HEENT/Neck | <input type="checkbox"/> | <input type="checkbox"/> | | 8. Skin/Ext. | <input type="checkbox"/> | |
| 3. Cardio | <input type="checkbox"/> | <input type="checkbox"/> | | 9. Neurological | <input type="checkbox"/> | |
| 4. Pulmonary | <input type="checkbox"/> | <input type="checkbox"/> | | 10. Psychiatric | <input type="checkbox"/> | |
| 5. Abdomen | <input type="checkbox"/> | <input type="checkbox"/> | | 11. Rectal/Prostate | <input type="checkbox"/> | |
| 6. Genito-Urinary | <input type="checkbox"/> | <input type="checkbox"/> | | 12. Breast/Pelvic | <input type="checkbox"/> | |

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

A/P - Brown Sequard Synd.
? lesion should ↓ pain in Centralized Neurology
- await pain comm. report.

PATIENT EDUCATION: ☒ Patient able to verbalize understanding of A/P ☐ Meds ☒ Lab/Study Results ☐ Diet ☐ Exercise ☐ Wt. Mgmt. ☐ Smoking

Self Management Goal(s):

Next Visit: 14 Days

Primary Care Provider (Print Name/Title):

Primary Care Provider Signature:

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

T43585
Camp, Anthony
7/2/80

1-10-12L

EX-59

STATE OF CALIFORNIA
PRIMARY CARE PROVIDER PROGRESS NOTE
CDCR 7230-M (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 2/11/10 TIME: 1255 AGE: 28 UHR Present: ☒ Yes ☐ No MAR Present: ☐ Yes ☐ No

Temp: 97.6 Pulse: 51 BP: 111/67 RR: 198% Ht: 5' 7" Wt: 205 lbs BMI:

Pinal 2013

(cc)
(5)

By stabbed in the neck, L side, base of neck on 11/1/09. Hospitalized at Santa Clara 7-10 days. After stabbing he was "paralyzed", could not walk, could move only R side, L side could not move. The PT was home at home and after 180 was able to walk with a walker. He continued "to drag" the R foot. R lat-torso & L back etc a lot of pain R & extremity in RL.

L upper & lower etc 5 week and L lost 3 fingers numb

(6)

neuro examination

L eye committal smaller than R. Pupils equal reflex present

conjugate eye movements = present RL

II-XI RL exp IX - gag reflex absent

L upper & lower extremity muscle atrophy

L hand & hypotenar eminence - flat on L side
contracted about fingers on R side

INSTITUTION

HOUSING UNIT

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

INTERDISCIPLINARY PROGRESS NOTES

Campa, A

T 43585

07/02/80

2/11/10

- BTR myo. etc: Triceps, biceps, deltoid-rotator could not be elicited
- absent L abd. reflexes and L cremasteric reflex
- L lower ext. knee flexion limited & weakened
- L knee reflex 6/4, R knee 2/4. Atrophy L buttock, & limb
- difficult stepping floor L foot, OK R foot
- sensory: non-articular limited L & R foot inspected
- light touch & pain R side & R foot dull, L side & L lower ext. sharp. Babinsky on (L) foot clonus

(Imp)

- (1) s/p stab wound at L base neck 1/2009
- (2) L cervical neuro involvement at the level of cervical plexus
- (3) Pyramidal sign on L side suggesting a spinal cord lesion of pyramidal tract on the (L) at the level of C6-T1

- (4) Probably at the same level a involvement of spinothalamic lat. tract on the (L) after resection

- (5) Incomplete Horner sign on the (L) side (6) neuropathic pain

(Plan)

- (1) Review records from Santa Clara
- (2) neurology consult on view of cervical-thoracic spinal cord MRI & MRI (L) cervical plexus
- (3) Refill medication
- (4) Pain & committee referral 11/2/10 MD

INSTITUTION

cmc-w

HOUSING UNIT

1-10-12 L

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Compa

T-42585

INTERDISCIPLINARY PROGRESS NOTES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: _____ Anticipated Length of Stay: _____

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): _____

Medical Necessity (briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant): The pt. believe his invisible limb in chest
sympathetic (partial Horner), L brachial plexus (ulnar n. involve
ment), L spinal cord (pyramidal tract) after decussation
and of no thalamic lateral). His main current issue
Estimated time for service delivery, recovery, rehabilitation and follow-up: _____

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): no neuropathic pain m need of pain









Comments (diagrams, risk factors, prognosis, alternative management, etc.): _____

| | | | |
|-----------------------------------|---------|--|------------------------------------|
| REQUESTING PHYSICIAN PRINTED NAME | N. Lugo | APPROVED / AUTHORIZED / DENIED / DEFERRED BY | DATE |
| REQUESTING PHYSICIAN SIGNATURE | N. Lugo | DATE | Utilization management tracking #: |
| DATE OF CONSULTATION | 2/25/10 | PRINTED NAME OF CONSULTANT | |

FINDINGS: 24yo ♂ 1p stab wound @ Back. - SCT 14 years ago.
 @ hemiparesis, - Initially paraplegia → Improved, has urinary
 noct → Improved, has persistent chronic neck pain since
 injury, at Hosp in Hosp > IT. Hospital, at N. New York 600-TID.

RECOMMENDATIONS: M.S. Miller to improve Trench Training & Improvement
2. New Base. DMH & DM. HPA. MED. MS Center, New York. Allie Hain ASA
RCS H/O-SF - Shalin & Log. OLSA & GLOTD, → TRH/

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: A) SCT - Brown Sequel Squad.
✓ MNI Brain. Review, Record, & EBA MRR Bachelor.

| | | |
|--|--|--|
| CONSULTANT SIGNATURE  | DATE  | CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH   |
| ETA RN SIGNATURE  | DATE  | |
| PCP SIGNATURE  | DATE  | |

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

DISTRIBUTION:

ORIGINAL - FILE IN UHR
GREEN - TO UHR PENDING ORIGINAL
CANARY - CONSULTANT
PINK - UM
GOLD - SPECIALTY SCHEDULER

STATE OF CALIFORNIA
PRIMARY CARE PROVIDER PROGRESS NOTE
CDCR 7230-M (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 2/9/10 TIME: 12:50 AGE: 29 UHR Present: ☒ Yes ☐ No MAR Present: ☒ Yes ☐ No
 Temp: 99.7 Pulse: 50 BP: 117/4 RR: 18 Ht: 5'7" Wt: 205 BMI: 38

S = "I only need to renew my MS Exam by Feb. which I will expire this February 11, 2010. O/A - In stable condition - good V.S. and in no acute distress."

P: Will re-schedule pt. for 2/11/10 due to lack of time for treatment appt. per Dr. Allen.

CAMP

HOUSING UNIT

W1-10/22

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

743585

Campa, A

7/2/80

INTERDISCIPLINARY PROGRESS NOTES

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

| | | | | | |
|----------------------|---|------------|---------|-----------------------|-----|
| PATIENT NAME | Campa | CDC NUMBER | T-43585 | INSTITUTION | GMC |
| DATE OF BIRTH | 7-2-80 | EPRO DATE | 2013 | GENDER | |
| PRINCIPLE DIAGNOSIS | L neck stab wound with neurologic focus | | | ICD-9 CODE | |
| REQUESTED SERVICE(S) | Pain management | | | CPT CODE(S) | |
| | | | | # OF DAYS RECOMMENDED | |

Please circle all that apply: Diagnostic Procedure/Consultation

Outpatient/Inpatient

Initial/Follow-up

Requested Treatment/Service is: EMERGENT

URGENT

ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider:

Anticipated Length of Stay:

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer):

Medical Necessity (briefly describe the clinical situation, the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant):

The patient would have a L5/S1 disc herniation, L5/S1 spinal cord injury, and L5/S1 nerve root compression. The diagnosis is a L5/S1 disc herniation, L5/S1 spinal cord injury, and L5/S1 nerve root compression. The diagnosis is a L5/S1 disc herniation, L5/S1 spinal cord injury, and L5/S1 nerve root compression. The diagnosis is a L5/S1 disc herniation, L5/S1 spinal cord injury, and L5/S1 nerve root compression.

Estimated time for service delivery, recovery, rehabilitation and follow-up: and treatment issue in

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

| | | |
|-----------------------------------|--|------------------------------------|
| REQUESTING PHYSICIAN PRINTED NAME | APPROVED / AUTHORIZED / DENIED / DEFERRED BY | DATE |
| N. Luca | | |
| REQUESTING PHYSICIAN SIGNATURE | DATE | Utilization management tracking #: |
| N. Luca MD | 3/11/10 | |
| DATE OF CONSULTATION | PRINTED NAME OF CONSULTANT | |

FINDINGS:

RECOMMENDATIONS:

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED:

| | | |
|----------------------|------|--|
| CONSULTANT SIGNATURE | DATE | CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH |
| ETA RN SIGNATURE | DATE | |
| PCP SIGNATURE | DATE | |

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

DISTRIBUTION:

ORIGINAL - FILE IN UHR
GREEN - TO UHR PENDING ORIGINAL
CANARY - CONSULTANT
PINK - UM
GOLD - SPECIALTY SCHEDULER

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

T43585

Campa, A

7/2/80

STATE OF CALIFORNIA
PRIMARY CARE PROVIDER PROGRESS NOTE
CDCR 7230-M (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

DATE: 1/24/10 TIME: AGE: 28 UHR Present: ☒ Yes ☐ No MAR Present: ☐ Yes ☒ No

Temp: 97.8 Pulse: 48 BP: 121/75 RR: 18 Ht: 5' 7" Wt: 203 BMI: 33

Chief Complaint:

Allergies: ☐ NKA ☒ Ibuprofen, Tylenol, penicillin
Signature/Title: J. Gibson, MD

SUBJECTIVE:

NEW Stabbed, (2) neck Jan. 1, 2009 - Weak on left, pain Rt. leg, back of neck, (4) low back, (2) outside "None of the gabap/m.s. Rx. has helped" in CDC since 9/09 "Abrico" on street -> ranseco. Dr. Griffin saw/physical pt. also briefly - Had P.T. for 3+ mos. in San Jose. No specific Rx. available for Brown-band type lesion. O2 RA: 100%.

| OBJECTIVE: | WNL* | ABN | *Checking "WNL" documents that all exam elements listed in the Primary Care Provider Clinical Decision Support dated June 11, 2009 are within normal limits. | WNL* | ABN | STUDY RESULTS:1 |
|---------------------|-------------------------------------|-------------------------------------|--|--------------------------|-------------------------------------|-----------------|
| 1. General | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | sear, @ neck |
| 2. HEENT/Neck | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Asystole @ leg |
| 3. Cardio | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Weak @ hand |
| 4. Pulmonary | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | abn. gait |
| 5. Abdomen | <input type="checkbox"/> | <input type="checkbox"/> | Obese | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Genito-Urinary | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Musculoskeletal | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Skin/Ext. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 9. Neurological | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10. Psychiatric | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Rectal/Prostate | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Breast/Pelvic | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |

Current meds continued

ASSESSMENT/PLAN: For all chronic conditions list degree (G, F, P) of control and clinical trend (I, S, W)

Current cord damage - C7

Obesity
? Hx. Sz

? Depression - psych help

PATIENT EDUCATION: ☐ Patient able to verbalize understanding of A/P ☐ Meds ☐ Lab/Study Results ☒ Diet ☒ Exercise ☒ Wt. Mgmt. ☒ Smoking

Self Management Goal(s):

Next Visit: 2/14 Days

Primary Care Provider (Print Name/Title):

Primary Care Provider Signature:

J. Gibson, MD

CDC Number, Name (Last, First, MI), Date of Birth, Institution/Housing

J43585
Campa
7.2.80.

CDC Drug Formulary

Health Care Services

NONFORMULARY DRUG REQUEST (CDC Form 7374)

TO BE COMPLETED BY PRESCRIBER:

1. This form must be completed before the pharmacy can acquire a nonformulary drug for dispensing.
2. A 24 to 48 hours advance notice may be required before approved nonformulary drug request items can be obtained by the pharmacy for dispensing. The pharmacy will notify the prescriber in all cases of delay.
3. A therapeutically equivalent agent may be available in the formulary. Please call your pharmacist for assistance in making this determination.

| | |
|--|---|
| TO: Chief Medical Officer Chief Psychiatrist Chair, Pharmacy Services Committee or Chair, Pharmacy and Therapeutics Committee | FROM (Physician, Dentist or other authorized prescriber): Name: <i>N. Luca MD</i> Signature: <i>N. Luca MD</i> Date: <i>3/17/10</i> |
|--|---|

The inmate named below has therapeutic requirements that cannot be met by currently available standard stock resources; therefore, the acquisition of the following agent(s) is requested:

| | | |
|---|--|-----------------------------|
| Patient's Name: <i>Comfoa</i> | CDC Number: <i>T-40585</i> | Housing: <i>1-10-12L</i> |
| Medication Requested: <i>M6 contin 15mg po TID, AOT, 30d</i> | Strength: | Dosage Form: |
| Indication: <i>noninvasive pain post stab wound to neck 1/2009</i> | The injury involved lacerations, abrasions, and cellulitis of surgical and scheduled with pain comm. | |
| Expected Duration of Therapy: <i>continuous</i> | | |
| Formulary Medications Already Tried: <i>NA, not effective</i> | | |
| Reason(s) Why Formulary Medications Are Not Suitable: | | |

AUTHORIZATION FOR ACQUISITION:

- ☐ APPROVED
- ☐ DISAPPROVED
- Reason for disapproval:

Chief Medical Officer/Chief Psychiatrist

Chair of Pharmacy Services Committee or Chair of Pharmacy and Therapeutics Committee

Date

MEDICATION ADMINISTRATION RECORD

| NAME OF RN/LVN/PT | INITIAL | NAME OF RN/LVN/PT | INITIAL | NAME OF RN/LVN/PT | INITIAL | NAME OF RN/LVN/PT | INITIAL |
|-------------------|---------|-------------------|---------|-------------------|---------|-------------------|---------|
| C. Sandoval | CS | A. Sandoval | AS | A. Sandoval | AS | A. Sandoval | AS |

GABAPENTIN 600 MG TABLET UD (68084-0122-01) gabapentin.
 TAKE 1 TABLET BY MOUTH TWICE A DAY "N/A"

File Date: 10/16/2009
 Days Supply: 30

Orig File Date: 10/16/2009
 Expire Date: 12/16/2009

Rx#: 6162810-1
 Doctor: A. LIBERSTEIN-MD

| Admin Time | 11/1 | 11/2 | 11/3 | 11/4 | 11/5 | 11/6 | 11/7 | 11/8 | 11/9 | 11/10 | 11/11 | 11/12 | 11/13 | 11/14 | 11/15 | 11/16 | 11/17 | 11/18 | 11/19 | 11/20 | 11/21 | 11/22 | 11/23 | 11/24 | 11/25 | 11/26 | 11/27 | 11/28 | 11/29 | 11/30 | 12/1 | 12/2 | 12/3 | 12/4 |
|---------------|------|------|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|------|------|------|
| 11/1 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/2 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/3 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/4 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/5 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/6 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/7 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/8 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/9 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/10 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/11 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/12 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/13 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/14 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/15 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/16 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/17 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/18 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/19 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/20 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/21 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/22 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/23 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/24 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/25 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/26 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/27 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/28 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/29 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 11/30 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 12/1 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 12/2 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 12/3 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 12/4 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

KOP *** CLEAR EYES REDNESS RELIEF DROP (78112-0254-15) *** INSTILL 1 DROP INTO EACH EYE EVERY 2 HOURS AS NEEDED FOR DRY EYES "KOP"

File Date: 10/22/2009 Expire Date: 3/31/2010 Rx#: 6156416-1

Name: **CAMPA, ANTHONY**

DOB: **7/21/1980**

Allergies: **Mustard, Peanut**

Building: **NKSP-B5**

CDCR # **T43585**

Housing

B5-130L

Additional Pages in Use

Yes No

10/31/2009 10:11:18 PM

@pried 3L

MEDICATION ADMINISTRATION RECORD

| NAME OF RN/VN/LPT | INITIAL | NAME OF RN/VN/LPT | INITIAL | NAME OF RN/VN/LPT | INITIAL | NAME OF RN/VN/LPT | INITIAL |
|-------------------|---------|-------------------|---------|-------------------|---------|-------------------|---------|
| E. Quintero, LV | de | | | | | | |

AMTRIPTYLINE HCL 25 MG TAB UD (51079-0107-20) amitrptyline hcl
 TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME "DOT"

Fill Date: 9/17/2009 **Orig Fill Date:** 9/17/2009 **R#:** 6149875-1
Days Supply: 30 **Expire Date:** 10/17/2009 **Doctor:** A. AUSTRIA-MD

| Admin Time | 9/1 | 9/2 | 9/3 | 9/4 | 9/5 | 9/6 | 9/7 | 9/8 | 9/9 | 9/10 | 9/11 | 9/12 | 9/13 | 9/14 | 9/15 | 9/16 | 9/17 | 9/18 | 9/19 | 9/20 | 9/21 | 9/22 | 9/23 | 9/24 | 9/25 | 9/26 | 9/27 | 9/28 | 9/29 | 9/30 | 10/1 | 10/2 | 10/3 | 10/4 |
|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------|------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|------|
| HS | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | DO NOT CONTINUE | |

MUSTARD
PEANUT

Name: CAMPA, ANTHONY

DOB: 7/21/1980

Building: NKSP-B5

CDCR #: T43585

Housing: B5-138U

Additional Pages in Use

Yes **No**

9/17/2009 10:03:20 PM

9/18/10

SUMMARY

DECISION SUPPORT

PATIENT EDUCATION/SELF MANAGEMENT

CHRONIC PAIN: WHAT YOU SHOULD KNOW



HOW IS A PATIENT WITH CHRONIC PAIN EVALUATED?

The medical provider:

Takes a history: to find out about how the pain started, where it is, what type of pain it is, what tests the patient has had before, what treatments have been tried before, what other medical conditions the patient has? The medical provider may ask the patient to describe his or her pain using a scale, such as 0 (no pain) to 10 (Worst pain), or use other scales such as the faces scale if the patient has difficulty communicating.

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain



Examines the area of pain: To identify obvious physical damage or deformity. People with chronic pain can have old injuries/deformities/scars which have healed and should not be sending pain messages.

Asks about mental health concerns: Is the patient feeling worried or hopeless? Does the patient have a history of drug or alcohol? Is the patient currently using drugs or alcohol? Prior substance abuse places a patient at higher risk for complications of opioid use. Medical Providers are not allowed by law to prescribe opioids to a person known to be abusing or giving them to others.

Asks about how well a patient is functioning:

- ☐ Are you able to participate in prison program? Work or education?
- ☐ Are you able to get in and out of your bunk?
- ☐ Does your pain affect your relationship with others? Are you irritable? Withdrawn?
- ☐ Do you have any hobbies that are affected by your pain?
- ☐ Is your sleep disturbed by pain? If so, how?
- ☐ Are you able to walk to meals? Participate in yard? Get down for alarms? Stand for counts?
- ☐ Self-care behaviors; do you have any limitations with showering? Dressing? Grooming? Toileting?

If possible the medical provider will give a diagnosis of the cause of the pain. Unfortunately many times in Chronic Pain there is no specific diagnosis. Because chronic pain is caused by messages that are mistakenly being sent over and over the original reason for the pain is no longer present.

HOW IS A PATIENT WITH CHRONIC PAIN TREATED?

Both in the community and in CDCR medical providers are expected to follow certain approved guidelines as discussed above. The guidelines generally recommend using non-medication treatments first such as physical therapy, exercise, relaxation techniques and any specific injections or procedures that have been proven to help in specific conditions.

Non-medication treatments may stimulate natural painkillers, called endorphins, which are created within the body. In other cases, non-medication treatments work directly on nerves to interfere with the mistaken pain messages. Sometimes, it isn't clear why the pain stops.

The CPHCS Guidelines recommend that non-medication treatment be considered first. This includes:

- Educating the patient on what is causing pain (if known) and what can be expected.
- Exercise and/or physical therapy to help strengthen healthy parts of the body that can protect painful areas.
- Cortisone or pain blocking injections when medically indicated.
- Relaxation techniques, positive thinking, psychological counseling (when medically indicated).

Medication treatments: In most cases medical providers do not try opioid (narcotic) medications first. This is because other medications are likely to be as effective and are safer in the long term. This policy follows the World Health Organization (WHO) guidelines.

The WHO guidelines were originally developed for relief of cancer pain, but they are now followed for noncancer pain as well. The WHO "ladder" recommends::

- Start with either:
 - Acetaminophen (Tylenol and other brand names) which interferes with pain messages.
 - Aspirin and ibuprofen (Advil, Motrin and others) which works in two ways:
 - 1) by interfering with pain messages, and
 - 2) by reducing inflammation, swelling and irritation that can make pain worse.
- If this is not enough, add another type of medication from the "Adjuvant" family.
 - These are other medications such as anesthetics, antidepressants (nortriptyline, duloxetine), anticonvulsants (carbamazepine, gabapentin), and corticosteroids that work against certain types of pain.

If it is medically indicated the next step on the ladder is to add an opioid medication.

Opioid (Narcotic) pain relievers, such as codeine, methadone and morphine are the most powerful pain treatments. These usually are reserved for the most intense pain. They can cause serious side effects, can be addictive and often cause constipation.

EX. K1

NAME: CAMPA

CDCR #: T43585

BED: B5-129L

COMMITTEE ACTION SUMMARY

REFER TO CSR RX TX NKSP-III (NON-ADVERSE) NO ALT, RETAIN A1A UPON TX, DCC, PC 2933 INELIGIBLE, PC 2933.05 INELIGIBLE

COMMITTEE'S COMMENTS

Inmate CAMPA waived his right to appear before Pleasant Valley State Prison's (PVSP's) Facility B Unit Classification Committee (UCC) today for his Special Review and therefore UCC was held in absentia. CAMPA did receive his 72-hour notice for the purpose of this review.

Per written direction authored by T. McDonald, Acting Director (Division of Adult Institutions) dated 8/5/2011, PVSP-III GP is instructed to refer eligible Level-III inmates to North Kern State Prison (NKSP), due to the conversion of Facility A from Reception Center (RC) beds to Level-III General Population (GP) beds. This transfer is based on the current departmental population needs and will be considered non-adverse in nature and he will retain WG/PG A1A if obtained prior to transfer. He expressed his desire to transfer to NKSP. UCC acknowledges and grants his request for voluntary transfer to NKSP Level-III GP. UCC's decision is based solely upon the current Departmental needs and the implementation of Mandatone Realignment.

Based on a thorough review of all case factors UCC elects to refer this case to the CSR for transfer considerations to NKSP-III (GP) with no alternate. This transfer is considered non-adverse in nature and he will retain WG/PG A1A at receiving institution.

His custody was reviewed and he remains MEDA. His case was reviewed and determined to be cleared for Double Cell housing with an Integrated Housing Code (IHC) of RE. The following forms have been reviewed and updated: 812, 812C, 127, 840, and MSF. The Confidential folder is noted. He has a TB code of 22 per CDC-128C dated 4/27/11. Refer to CDC-128G dated 9/29/10 for Full Case Factors.

Core COMPAS needs assessment is complete and in the file in accordance with the June 16, 2011 memorandum. His COMPAS scores reflect Highly Probable for Substance Abuse 8, Unlikely Criminal Personality 5, Highly Probable for Family Criminality 8, Probable for Education Problems 6 and Unlikely for Employment Problems 5. His current programming is appropriate according to program availability at PVSP.

A review of the Disability Effective Communication System (DECS) reveals that you are not a member of the Armstrong Remedial Plan (ARP). Mental Health screening indicates he is clear for GP, per CDCR-128C dated 7/15/10. He is DNM-Mobility Impairment (Lower Extremities) which allows walks of 100 yards without pause or without assistive devices requiring relatively level terrain and no obstructions in path of travel. He has a cane and requires a lower bunk. During my Pre-UCC interview with CAMPA, effective communication was achieved by speaking simple English and by the comprehensive manner in which he repeated and verified his understanding of Committee's actions and the reasons for those actions.

Based upon a review of CAMPA'S Central File and case factors committee elects to: **REFER TO CSR RX TX NKSP-III (NON-ADVERSE) NO ALT, RETAIN A1A UPON TX, DCC, PC 2933 INELIGIBLE, PC 2933.05 INELIGIBLE**

At the conclusion of this review, CAMPA will be informed of his Appeal Rights with regards to this committee's actions.

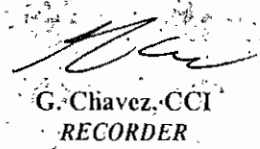
INMATE'S CASE FACTORS

| CUSTODY | PS/LEVEL | WG/PG & EFF. DATE | RELEASE DATE | GPL | RECLASS | ETHNIC | PSYCH DATE 128C | NEXT BPT & DATE |
|---------|----------|-------------------|---------------|---------|-----------|--------|-----------------|-----------------|
| MEDA | 35/III | A1A - 10/5/2011 | EPRD 8/9/2012 | 8.3 (R) | 9/16/2012 | MEX | Clear | N/A |

COMMITTEE MEMBERS


K. Coringer, FCC (A)
CHAIRPERSON

MEMBERS
G. Duran, CCI - J. Lourenco, CCI


G. Chavez, CCI
RECORDER

Committee Date: 10/26/2011

SPECIAL REVIEW (ABSENTIA)

Committee: B102611GXCI

Typed By: GXC - Distribution: C-File & Inmate

PLEASANT VALLEY STATE PRISON

Classification Chrono CDCR 128G (Rev: 10/07)

EX. K2

NAME: CAMPA

NUMBER

T-43585

CELL:

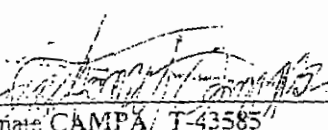
FBB5-132L

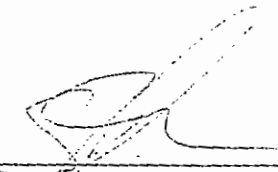
CD-128B-186 4/04

On December 17, 2011, I interviewed inmate CAMPA T-43585 FBB5-132L due to him handing staff a note and informing them that he had safety concerns while housed on Facility B. Inmate CAMPA informed me that, while incarcerated here at North Kern State Prison he has disassociated himself from the Northern Hispanic's and wishes to be placed in protective custody. Although CAMPA has not been verbally threatened to this date, he feels that his actions are detrimental to his safety if he was to remain on general population.

Based on this information inmate CAMPA is being re-housed on Facility D. CAMPA was given clear program expectations with regards to his behavior while housed in an SNY Facility and that he may be housed with anyone with similar safety needs regardless of their commitment offense, race, prior gang association, sexual orientation or age while in this Facility. CAMPA has agreed to abide by these expectations. CAMPA was also informed that any discovery of gang activity or unacceptable/disruptive behavior on his part would be cause for review of his SNY status.

CAMPA acknowledged understanding the aforementioned expectations by affixing his signature to this 128B Chrono. Inmate CAMPA should remain on a Sensitive Needs Yard (SNY), pending transfer to another institution commensurate to his classification needs.

X 
 Inmate CAMPA T-43585
 Original: Central File
 Cc: CC1
 Inmate


 S. Thomas
 Correctional Sergeant
 North Kern State Prison

DATE: 12/17/11

SNY
NORTH KERN STATE PRISON

GENERAL CHRONO

EX L1

STATE OF CALIFORNIA
 INITIAL PAIN ASSESSMENT PATIENT COMPLETION
 CDCR 7471 (12/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 5

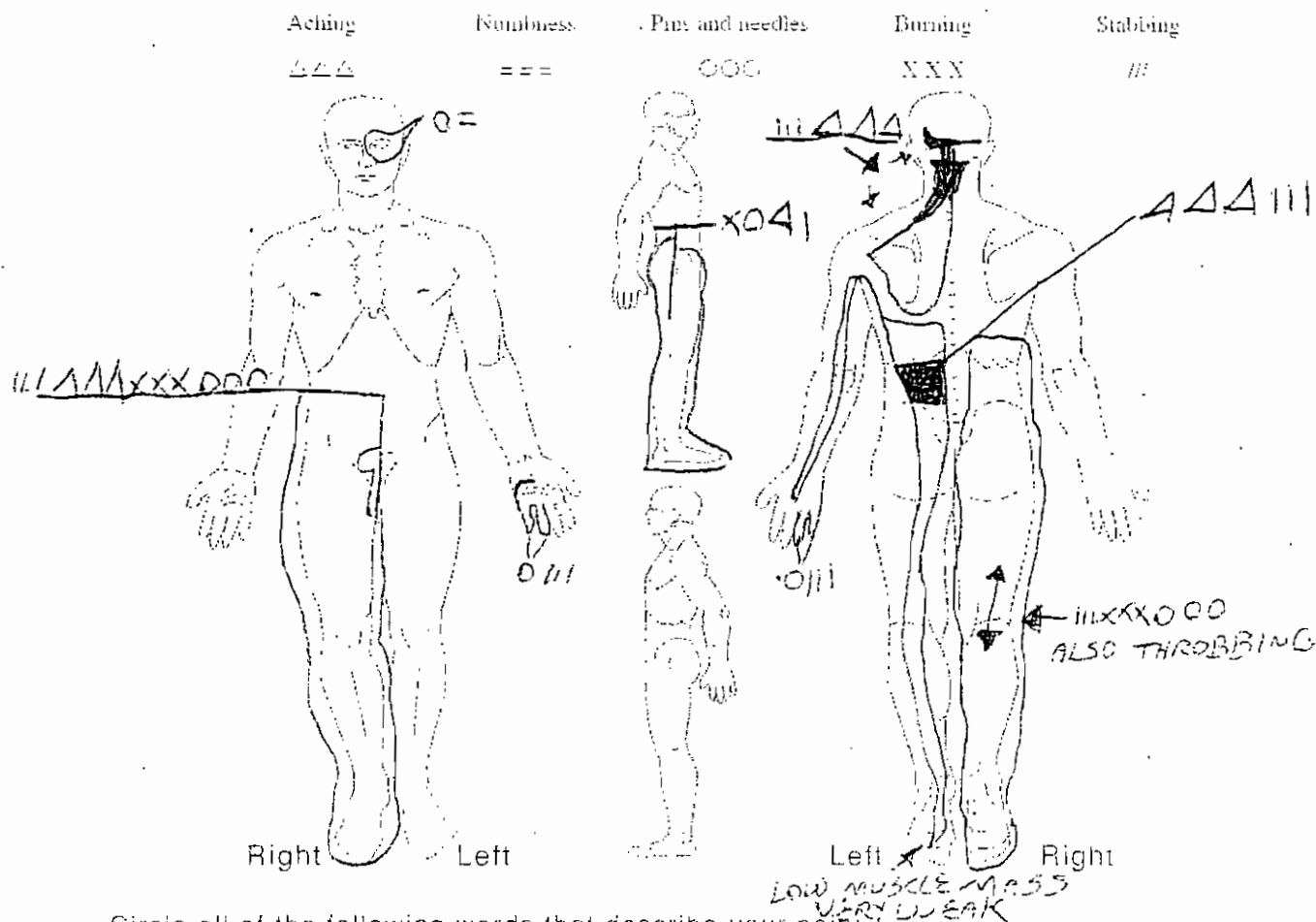
Initial Pain Assessment
 Patient Completion

Name: CAMPA ANTHONYDate: 10.1.10

What is the problem you would like me to help you with?

SPINAL CHORD INJURY; PAIN MANAGEMENT

Please use the following diagram to show us where you are experiencing pain and numbness:



Circle all of the following words that describe your pain:

| | | | |
|----------------|-----------------|------------------|-----------------|
| <u>Dull</u> | <u>Shooting</u> | <u>Throbbing</u> | <u>Tingling</u> |
| <u>Aching</u> | <u>Electric</u> | <u>Sharp</u> | Other: |
| <u>Burning</u> | Cold | <u>Tight</u> | |

COPY

EX. L2

STATE OF CALIFORNIA
INITIAL PAIN ASSESSMENT PATIENT COMPLETION
CDCR 7471 (12/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 5

HISTORY OF PRESENT ILLNESS:

1. How long have you had this pain? JAN. OF 2009

2. Please mark the event or events that led to your present pain:

☐ Accident ☐ Approximate date☐ Cancer ☐ Following an operation☐ Other disease ☐ No obvious cause

☒ Other injury: STABBED IN MY NECK, IT CUT NERVE AND POKED MY SPINAL CHORD CC

3. How often does the pain occur?

☒ Continuously (non-stop)☐ Several times a day☐ Once or twice a day☐ Several times a week☐ Less than 3 or 4 times per month

4. How has the intensity of the pain changed during the time you have had it?

☒ Increased in INTENSITY ☐ Decreased ☐ Stayed the same

5. Which of the following affect your pain? Indicate better (+), worse (-) or no effect (0).

☐ Heat ☐ Cold ☐ Noise☐ Standing ☐ Lying down ☐ Walking

☐ Cough ☐ Anxiety/emotions ☒ Sitting NO LONGER THAN 15-20 MINUTES

☐ Climate ☐ Massage/emotions ☐ Fatigue☒ Alcoholic beverage ☐ Caffeinated drinks ☐ Vibration☐ Particular position or movement

Explain STANDING OR SITTING LONGER THAN 15 MINUTES OR BENDING MY NECK TO LOOK DOWN TO READ OR WRITE

EX L3

STATE OF CALIFORNIA

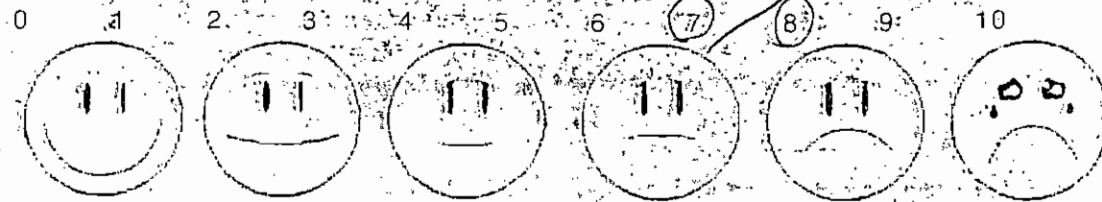
DEPARTMENT OF CORRECTIONS AND REHABILITATION

INITIAL PAIN ASSESSMENT PATIENT COMPLETION

CDCR 7474 (12/09)

Page 3 of 5

6. Please mark on the line below where you would rate your pain on average:



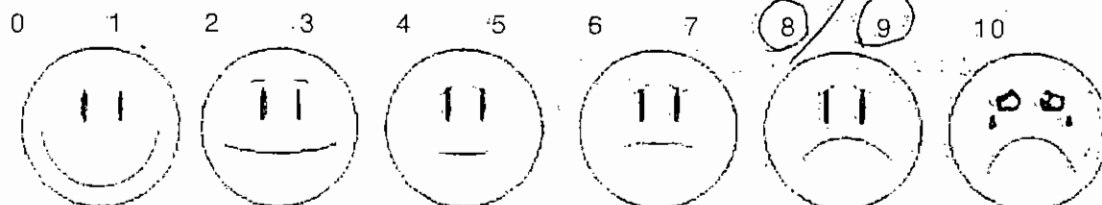
No Pain

Moderate Pain

Worst Possible Pain

7. Currently what effect does your pain have on the following life circumstances?

a. Sleep

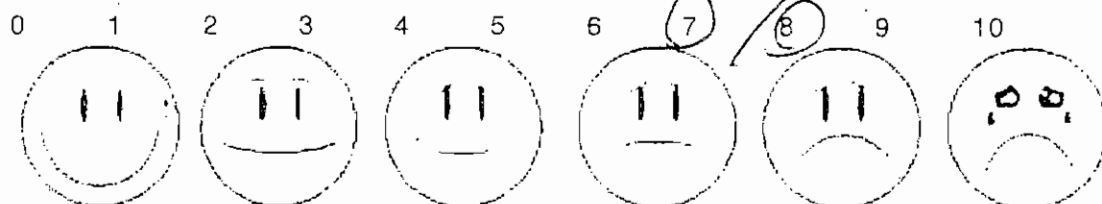


No Change

Moderate Effect

Major Decline

b. Walking ability

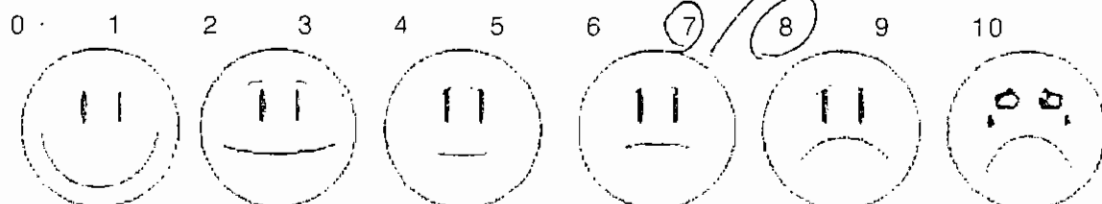


No Change

Moderate Effect

Major Decline

c. Activities (prison job or education)



No Change

Moderate Effect

Major Decline

8. What is your current job/program assignment?

UNASSIGNED

9. Do you have a pending settlement about disability, workers' compensation or a legal matter related to pain/injury/condition?

Yes

✓ No

If yes, briefly explain

CDCR Number, Name (Last, First, MI), Date of Birth

CAMPA ANTHONY
T43585

COPY

EX 44

STATE OF CALIFORNIA
INITIAL PAIN ASSESSMENT PATIENT COMPLETION
CDCR 7471 (12/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 4 of 5

10. What treatments have you tried for your pain?

| | |
|--|--|
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Transcutaneous Electrical Nerve Stimulation (TENS) unit |
| <input checked="" type="checkbox"/> Exercise program | <input type="checkbox"/> Trigger point injection |
| <input checked="" type="checkbox"/> Physical therapy | <input type="checkbox"/> Acupuncture |
| <input checked="" type="checkbox"/> Relaxation training | <input type="checkbox"/> Biofeedback |
| <input type="checkbox"/> Psychotherapy/counseling | <input type="checkbox"/> Chiropractic |
| <input type="checkbox"/> Nerve block | <input type="checkbox"/> Massage |
| <input checked="" type="checkbox"/> Other: <u>MEDICATION</u> | |

11. What specialists have you seen for your pain? (orthopedic surgeon, neurologist, etc.)

NEUROLOGIST, NEURO SURGEON, PAIN MANAGEMENT DRs.12. Were previous studies done? (date, area of body) YES OF BRAIN

| | |
|---|--------------------|
| <input checked="" type="checkbox"/> MRI | <u>MARCH 2010</u> |
| <input type="checkbox"/> CT | |
| <input type="checkbox"/> X-Ray | |
| <input type="checkbox"/> Sleep study | |
| <input checked="" type="checkbox"/> EMG | <u>APRIL 20010</u> |

13. In the past what medications have you taken?

| Drug | Dose |
|---|------|
| <u>MANY DIFFERENT MEDS THAT ARE INEFFECTIVE</u> | |
| | |
| | |
| | |

14. What medications are you currently taking?

| Medication | Dose | Frequency |
|-------------------|----------------|-----------------|
| <u>MS</u> | <u>15 MG</u> | <u>3X DAILY</u> |
| <u>GABAPENTIN</u> | <u>1200 MG</u> | <u>3X DAILY</u> |
| | | |
| | | |
| | | |

COPY

CDCR Number, Name (Last, First, MI), Date of Birth

CAMPA, ANTHONY

EXLS

STATE OF CALIFORNIA
INITIAL PAIN ASSESSMENT PATIENT COMPLETION
CDCR 7471 (12/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 5 of 5

ALLERGIES:

Do you have allergies?

☒ Yes ☐ No

List all of your allergies:

IBU. ~~ASPRIN~~ = METHADONE

Do you have any of the following: (circle all that apply)

HeadachesStomach pain

Chest pain

Fever

RIGHT SIDEVision problems

Nausea

Shortness of breath

Chills

Hearing problems

Vomiting

Urinary problems

Night sweats

Dizziness

Diarrhea

ALL ALLOT

Rashes

Appetite
changes

Difficulty swallowing

Constipation

Swollen joints

Weight loss

Color changes in the feet or hands

Chronic fatigue

PAST SURGICAL HISTORY:

Please list all surgeries, surgeons and the dates of the surgeries:

Operation

Surgeon

Date

SOCIAL HISTORY:

What is your education level?

CED. ASE CERTIFIED

What type of work did you perform?

MECHANIC & ELECTRICAL WORK

HABITS:

Do you smoke cigarettes?

☐ Yes ☒ No

When did you quit?

16 MONTHS AGO

Do you use alcohol?

☐ Yes ☒ No

How frequently?

QUIT

Do you use any "street drugs"?

☐ Yes ☒ NoQUIT METH

COPY

PROVIDER-PATIENT AGREEMENT/
INFORMED CONSENT FOR OPIOID PAIN MEDICATION (English) EX-16

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Chronic Pain Provider-Patient Agreement/Informed Consent for Opioid Pain Medication

This is an agreement between ANTHONY CAMPA T43585 (the patient) and PVSP Medical Provider (the provider) concerning the use of opioid medications for the treatment of a chronic pain problem.

1. I understand that opioid medications are used as one part of a chronic pain treatment program and that they have risks and side effects involved with taking them. I have been informed of these risks and discussed them with my provider.
2. I understand that the medication will probably not eliminate my pain, but will be used to attempt to reduce my pain enough that I may become more active. Most patients see about a 30% decrease in their pain.
3. Chronic pain is a difficult problem that requires a team approach. I must keep all appointments (physical therapy, specialist clinics, pain groups and counselors) that my pain management provider recommends for my treatment, or my opioid medication may be stopped.
4. I understand that treatment with opioid pain medications is being started on a trial basis. Adjustment in medications will be made depending on the benefits I show and also the problems that may develop.
5. In particular, I understand that opioid medications can cause physical dependence. If I suddenly stop or decrease the medication, I could have withdrawal symptoms (flu-like syndrome such as nausea, vomiting, diarrhea, aches, sweats, chills) that may occur within 24-48 hours of the last dose. I understand that opioid withdrawal is quite uncomfortable, but not a life-threatening condition.
6. Overdose on this medication may cause death by stopping my breathing; this can possibly be reversed by emergency medical personnel if they know I have taken opioid medications.
7. If the medication causes drowsiness, sedation, or dizziness, I understand that if my job requires, I must not drive a motor vehicle or operate machinery that could put my life or someone else's life in jeopardy.
8. I understand it is my responsibility to inform the provider of any and all side effects I have from this medication.
9. I agree to take this medication as prescribed and not to self diagnose, or demand the provider change the amount or frequency of the medication without a medical reason. Running out early, needing early refills, or increasing doses or more frequent dosing may be signs of misuse of the medication and may be reasons for the provider to discontinue prescribing to me.
10. Seeking opioid medication from other providers may be a reason for my provider to discontinue the opioids.
11. I agree not to sell, lend, or in any way give my medication to any other person. If I am found to be cheeking my medicine, it will be stopped. If I am suspected of hoarding my medication, custody may be notified and a search of my housing may result.
12. I agree not to drink alcohol or take other non-prescribed mood-altering drugs while I am taking opioid medication.
13. My provider may request urine or blood drug screens from time to time to monitor my use of pain medications, and to detect improper use of medications not prescribed. I agree to submit to these tests and understand if I refuse the testing, my provider will need to stop my opioid medication. In the event that these tests indicate that my use of opioids or other medications presents a health risk to myself or to others, my provider may taper and stop the opioid medication. If my test results indicate a danger to myself or others, I authorize my medical provider to notify Custody. AC (pt. initial)
14. I understand that there is a risk that opioid addiction could occur. This means that I might become psychologically dependent on the medication, using it to change my mood or get high, or be unable to control my use of it. People with past history of alcohol or drug abuse problems are more susceptible to addiction. If this occurs, the medication will be discontinued.

I have read the above, asked questions, and understand the agreement. If I violate the agreement, I know that the doctor may discontinue this form of treatment.

Patient Signature: Anthony Campa
 Provider Signature: MDR DAR
 Date/Time: 10/1/10 1030 AM

CDCR Stamp:

Patient Name: CAMPA - ANTHONY
 CDCR #: T43585
 DOB: 7-2-80

DOUBLE SIDED

Chronic Pain Intake Sheet

(Recommended questions to elicit accurate pain history)

Tell me about your pain - when did it start?

Pain started Jan 1st 2009
- after stab in chest

How did it start? Were you injured?

Stabbed in neck
injury 66.

Where is it? Where does it go?

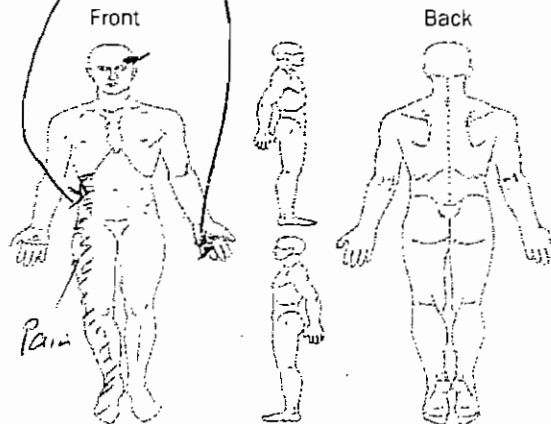
(L) UE / LE weakness
(R) Sided pain

What are your goals?

Get by w/ work
Pain controlled

Mark the diagram below with the type of pain you have:

△△△ Aching
=== Numbness
ooo Pins & Needles
XXX Burning
/// Stabbing



What have other doctors told you was causing your pain?

What tests have you had in the past? (results)

No Daily activity - pain will Die Brown Segue
N.C.V. M.A. Brown (N) Syndrome

Have you ever had surgery because of your pain? Yes No If yes, when?

Did it help?

What medications have you tried in the past for your pain and were they helpful? Side effects? What other medications are you currently taking?

See Master Assignment Roster (MAR)

Name

Effects

Side Effects

Morphine

> Helps

None

Neurotin

What other treatments have you tried and when? Physical therapy Counseling TENS Other:

Were they helpful?

History of mental health disorder in past? Anxiety Depression Schizophrenia Personality Disorder Currently seeing mental health? Yes No

During the last 2 weeks have you felt down, depressed or hopeless? Yes No

Have you had little interest in doing things? Yes No

History of substance abuse/illegal drugs? Yes No Which drugs?

Last use?

Route? Oral (Nasal) Injection

Meth in past, EtOH, Marijuana

What do you believe is causing your pain?

Stab injury

What do you find makes your pain better (e.g. rest, medicine, etc.)?

Medicine

What makes the pain worse (e.g. walking, lying, resting, etc.)?

For the following questions, use the Pain Rating Scale: 0 = No Pain 10 = Worst Pain

a. Please use the pain scale to describe your pain at its worst in the last week: No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

b. Please use the pain scale to describe your pain at its best in the last week: No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

c. Please use the pain scale to describe your pain on average: No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

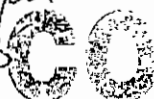
d. Please use the pain scale to describe your pain right now: No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

CDCR Stamp:

Patient Name: Campa

CDCR #: T43585

DOB: 7/2/80



EX L7
DOUBLE SIDED

| | |
|--|---|
| Can you do the following activities? | How much can you exercise? (minutes/days) |
| a. Getting in or out of bunk/shower: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes | 10 min/d. |
| b. Transfer from/to floor: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes | Type of exercise? <input checked="" type="radio"/> Walking <input type="radio"/> Jogging <input type="radio"/> Other: |
| c. Self-care (bathing, grooming, dressing, toileting, bed mobility): <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes | |

| | |
|--|--|
| How does your pain affect your mood/relations with other people? | None <input type="radio"/> Some <input type="radio"/> Very Much <input checked="" type="radio"/> |
| Is your pain worse when you are anxious, stressed, depressed or angry? | None <input type="radio"/> Some <input type="radio"/> Very Much <input checked="" type="radio"/> |
| How does your pain affect your ability to work? | None <input type="radio"/> Some <input type="radio"/> Very Much <input checked="" type="radio"/> |
| How does your pain affect your sleep? | None <input type="radio"/> Some <input type="radio"/> Very Much <input checked="" type="radio"/> |

| |
|--|
| Chart Review - significant past medical history, chronic conditions and medications: |
|--|

None

Physical Exam

| | | | | |
|----------|------------|------|------------|-------|
| Ht: 5'8" | Wt: 200 lb | BMI: | BP: 108/53 | P: 51 |
|----------|------------|------|------------|-------|

Exam of Area of Pain:

4x3, speech normal. Gait - ataxic & can
(L) UE weakness 4/5
atrophy (L) Hand around hypohyoid eminence
Strength 4/5. Reflexes hyperactive

Include

- Inspection
- Palpation
- Range of Motion
- Soft tissue
- Neuro
- Sensory exam
 - Light touch
 - Pinprick
- Other
- Reflexes
- Gait

| |
|--|
| A/P chronic pain due to (location and etiology): |
|--|

Notes:

Reviewed Neurology note 2/20/12

Diagnosis: Brown Sequard
Residual weakness

Ordered

- ☐ Referrals
- ☐ Diagnostics
- ☐ Mental Health Referral
- ☐ Physical Therapy
- ☐ Exercise Prescription/Diet
- ☐ Medications
- ☐ Patient Education
- ☐ Labs, UOT, Other

If Opioids Prescribed

- ☐ Pain Agreement Completed
- ☐ Referral to Pain Management Committee
- ☐ Meets medical criteria with Objective

EEG - report

4/30/10 - N

3/18/10 - MRL (N)

Patient Education:

- Narcotic Dependence
- Drug Tolerance
- Anticipate chronic pain

| | |
|------------------------|-------------|
| Follow up in: | 30 days |
| Provider (print name): | DAS R |
| Provider (signature): | [Signature] |
| Date: | 10/1/10 |

CDCR Stamp:

Patient Name: Campa A.
CDCR #: T43585
DOB: 7/2/80

ICATION ADMINISTRATION RECORD (CONTROLLED SUBSTANCE)

| NAME OF RN/LN/LPT | INITIAL | NAME OF RN/LN/LPT | INITIAL |
|-------------------|---------|-------------------|---------|
| | | | |

| NAME OF RN/LN/LPT | INITIAL |
|-------------------|---------|
| | |

| NAME OF RN/LN/LPT | INITIAL |
|-------------------|---------|
| | |

CONTIN 5 MG TABLET (59011-0260-10) morphine sulfate
 FORMULARY APPROVED - TAKE 1 TABLET BY MOUTH 3 TIMES A DAY - NFA EXPIRES ON 07/18/10

Fill Date: 2/24/2010 Orig Fill Date: 2/24/2010 Rx#: 2010287-1
 Days Supply: 30 Expire Date: 3/25/2010 Doctor: C. BARBER-MD

| | 2/1 | 2/2 | 2/3 | 2/4 | 2/5 | 2/6 | 2/7 | 2/8 | 2/9 | 2/10 | 2/11 | 2/12 | 2/13 | 2/14 | 2/15 | 2/16 | 2/17 | 2/18 | 2/19 | 2/20 | 2/21 | 2/22 | 2/23 | 2/24 | 2/25 | 2/26 | 2/27 | 2/28 | 3/1 | 3/2 | 3/3 | 3/4 | 3/5 | 3/6 | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----|-----|-----|-----|-----|-----|---|
| | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |

ETAMINOPHEN
 IPRUFEN
 STARD
 ANUT

ame: **CAMPA, ANTHONY**

OB: 7/2/1980

W1-10-12L
 2/25/10

Building: CMC-West
 CDCR # T43585

Housing
 W1-10-12L

Additional Pages In Use
 Yes No

MEDICATION ADMINISTRATION RECORD

| NAME OF RN/LN/LPT | INITIAL | NAME OF RN/LN/LPT | INITIAL | NAME OF RN/LN/LPT | INITIAL |
|-------------------|---------|-------------------|---------|-------------------|---------|
| | | | | | |

KOP *** GABAPENTIN 600 MG TABLET UD (68084-0122-01) gabapentin
 TAKE 2 TABLETS (1200MG) BY MOUTH 3 TIMES A DAY "REQUEST REFILL"

Fill Date: 2/12/2010 Orig Fill Date: 1/29/2010 Rx#: 6300978-2
 Days Supply: 15 Expire Date: 7/28/2010 Doctor: S. HANSEN-MD

Sign/Date

2/12/10 CPJ

ALLERGIES

ACETAMINOPHEN

IBUPROFEN

MUSTARD

PEANUT

Name: **CAMPA, ANTHONY**

DOB: 7/2/1980

Building: CMC-West

COOR # T43585

Housing

W1-10-12L

Additional Pages In Use

Yes No

EX-M3

MEDICATION ADMINISTRATION RECORD

| NAME OF RN/VNPT | INITIAL | NAME OF RN/VNPT | INITIAL | NAME OF RN/VNPT | INITIAL | NAME OF RN/VNPT | INITIAL |
|-----------------|---------|-----------------|---------|-----------------|---------|-----------------|---------|
| | | | | | | | |

Drug: Baclofen 10mg TID PO X 3 Days DOT

| Admin Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Drug:

Orig Fill Date:
Expire Date:

Doctor:

| Admin Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Drug:

Orig Fill Date:
Expire Date:

Doctor:

| Admin Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Drug:

Orig Fill Date:
Expire Date:

Doctor:

| Admin Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name: CAMP, Anthony

DOB: 7-2-80

CDCR # T 43587

Housing

10-12C

Additional Pages In Use

Yes No

T43585

ATTENDED BY: [Signature] M. J. S. 11/19/12

EX. 21

Sty "Referral for Mental Health Service"

Name: Campa Anthony J CDC# T43585 Housing U1-6-13L
 Last First MI Title MD Phone: _____

Referred By: Dr. Hansen Title MD Phone: _____

☐ Non English Speaking

Primary language: English

Reason(s) for Referral:

Please check the primary reason(s) and describe problem(s) on the lines below.

If not an emergency, send or deliver referral to Mental Health Services, D-Quad.

- ☐ **Change in Behavior:** (e.g., socially withdrawn, agitated, easily provoked, increased or decreased appetite, disturbed sleep.)
- ☐ **Change in Mood:** (e.g., depressed, hopeless; feelings of helplessness, fearful, angry outbursts.)
- ☐ **Change in Attitude:** (e.g., unrealistic about future, apathetic, overly optimistic, hostile, threatening.)
- ☐ **Change in Mental Status:** (e.g., confused, forgetful, disoriented, unusual thoughts, violent thoughts.)
- ☐ **Communication Difficulties:** (e.g., unable to follow verbal instructions, unable to express himself, can't be understood, mute, unusual speech.)
- ☐ **Problems with Self-care:** (e.g., poor hygiene, seldom bathes, foul odor; wears dirty clothes, cell or sleeping area consistently dirty.)
- ☐ **Problems with Socialization:** (e.g., immature, chilklike personality, easily victimized, easily upset, easily frustrated, poor awareness of personal safety.)
- ☐ **Behaviors Suggestive of Suicidal Thinking/Planing.*** (e.g., giving away possessions, saying goodbye to friends, talking about death or suicide.)
- ☐ **Other** _____

Describe Problems: "Real Depressed."

Seen 2/5/10 by Dr Hake

*** This is an emergency:**

During regular working hours, contact Mental Health Services at extension 7590/7952/7293 (D-quad) or 7323/7229/7578 (C-quad).
 After 1630 hours, contact Mental Health Services MTA/Nurse in East Clinic at extension 7856.

Orig: Unit Health Record
 cc: MH HRT/OA D-Q
 Primary Clinician

Date: 1/29/10

Op.

EX. N2

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION
TO PHARMACY AFTER EACH ORDER IS SIGNED.

| Order Date | Time | Problem # | Physician's Order and Medication (Orders must be dated, timed, and signed.) |
|------------|------|-----------|--|
| 1-29-10 | | ① | Cabapentin 1200mg p.o. tid. P.D. KOP x 6mo ^{admit} |
| | | ② | Narcotic sheet ^{fix submitted} |
| | | ③ | Psych eval - "real depressed" ^{fix submitted} |
| | | ④ | Pain committee referral - fix |
| | | ⑤ | RFS neuro ^{fix submitted} |
| | | ⑥ | 128c - waiting ^{fix submitted} |
| | | ⑦ | AKWA bars - start now ^{admit} |
| | | | 2gths BID. O.U. KOP x 6mo |
| | | ⑧ | RTC 1-2 wks - MBS (narcotics expire 2wks) |
| | | ⑨ | DSS 100mg p.o. tid KOP x 6mo ^{admit} |

meds start today

noted 1/29/10 @ 1044 [signature]

ALLERGIES:

INSTITUTION

ROOM / WING

Tylenol, Motrin

F58

Bld. 21-020 U1-4-13L

Confidential
client information
See W & I Code, Sections 4514 and
5328

CDC NUMBER, NAME (LAST, FIRST, MI)

Campa, Anthony
T43585

PHYSICIAN'S ORDERS

EX. 23

10 f2

| DATE | TIME | COMMENTS (USE S. O. A. P. E. FORMAT) |
|--|-----------|--|
| 2/5/10 | 2:05 | <p>⑤ "my health is messed up mentally I'm sound emotionally I'm distressed" Experiences pain due to having been stabbed in the neck a year ago "my whole body's messed up" "I'm always in pain it ruins my day I'm not happy I'm sad." Sleep "not that good" attributes to pain. Estimates 5 1/2 hours sleep per night - used to sleep "8-9" hours before stabbing. Appetite "not like I'd like to" reports eating 3 meals per day. Mood - Rated as a "6" on a scale from "1" (-) to "10" (+) reports as his normal mood. Denies SI/HT. Denies VH, AH. His greatest concern is his health/pain issues.</p> <p>⑥ Appearance appropriate grooming & hygiene walks w/ a limp, uses a cane. Speech - normal in tone and rate. Behavior - calm, cooperative polite, good eye contact. Affect slightly blunted. Thought process logical & goal directed. Equally effective communication established based on appropriate responses to interview questions and ability to paraphrase conversation & ask appropriate questions (cont)</p> |
| INSTITUTION | CLINICIAN | BED NUMBER |
| CMC-W | C Hake | |
| CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH | | |

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230 MH (Rev. 06/06)

Confidential Client/Patient Information

Campa, Anthony
T 43585

EX. 24

pg 2 of 2

| DATE | TIME | COMMENTS (USE S. O. A. P. E. FORMAT) |
|------|------|--------------------------------------|
|------|------|--------------------------------------|

2/5/10 - cont - (A) I/P reports emotional distress secondary to physical pain. However he reported a moderate mood 6 on scale from 10 to 10+ He does not meet criteria for a major depressive disorder but does report some issues related to pain (feeling angry w/ self).
 (B) I/P states he is scheduled to be seen by a pain committee. It appears that he would be expected to feel better and have a more positive outlook if pain issues can be reduced or managed more successfully.
 I/P advised to request meeting w/ mental health if his mood worsens.

C. Hake PhD

| | | | |
|----------------------|----------------------|------------|--|
| INSTITUTION CMC-W | CLINICIAN C. Hake | BED NUMBER | CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH |
|----------------------|----------------------|------------|--|

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230 MH (Rev. 06/06)

Confidential Client/Patient Information

Campa, Anthony
 T43585

II

R.V.R APPEALS APENDIX

EX. 21: R.V.R 115 REPORT: 1.14.12

EX. 22: RVR SUPPLEMENT RPT.

EX 23-24: INVESTIGATIVE EMPLOYEE RPT. 2.7.12

EX 25 THRU 28: R.V.R HEARING: 2.13.12

EX. 29: 7219 BODY CHART: PETITIONER.

EX. 210: 7219 BODY CHART: GAMEZ.

EX. 211 THRU 215: APP. REVIEW BY M. ROCHA - (212) FORGED - 2ND LEVEL: 5.21.12

216, 217: 602 / APP: R.V.R: 3.6.12

EX 218, 219, 220: 3rd LEVEL REV. SEE 219: SEC. A, B: 8.15.12

EX. 221: MOD ORDER VIA: D.L.R TO WARDEN / AN ROCHA: MARK STEVENS. CPT: D FACILITY: 8.15.12

2.21, 222: RE ISSUED R.V.R: 8.21.12

EX. 223 THRU 226: INVESTIGATIVE EMPLOYEE RPT. 9.11.12 (224) FORGED

EX. 227: REQ TO CPT. STEVENS: R.V.R HEARING: MOD ORDER: 9.23.12

EX. 228: REQ TO CPT. STEVENS: R.V.R / MOD ORDER: 10.8.12.

EX. 229 THRU 234: CONFIDENTIALS: 10.8.12

EX. 235: AMENDED / FORGED 1 ERPT. SEE 224 / 235. GONZALEZ A? 1, 2, 3, 4. 10.24.12

R.V.R HEARING TOOK PLACE ON: 10.26.12: I.A.D K O'DANIEL - FINAL COPIES HAVE NOT BEEN AFFORDED AS OF YET: 11.14.12

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT

T.A.B.E. Score: 10.3

| | | | | | |
|--|-------------------------------|--|-------------------------------|---------------------------------|-------------------------|
| CDC NUMBER T43585 | INMATE'S NAME CAMPA | RELEASE/BOARD DATE 08-05-2012 | INST. NKSP-RC | HOUSING NO. FDB3-1181 | LOG NO. FD-12 |
| VIOLATED RULE NO(S). CCR §3005(d)(1) PCSSA | | SPECIFIC ACTS 187 ATTEMPTED HOMICIDE | LOCATION FDB3 ASIDE | DATE 01-04-12 | TIME 1918 |
| CIRCUMSTANCES | | FORCED. 1.14.12 | | | |

On Wednesday January 04, 2012 the North Kern State Prison (NKSP) Investigative Services Unit (ISU) concluded our investigation on the Attempted Homicide of Inmate Gamez, AK1456. Specifically the investigation revealed that Inmate CAMPA, T43585 committed an Assault with a Deadly Weapon on Inmate Gamez on Thursday, December 22, 2011 on Facility D Building 3 inside Cell 118. The information I received also included that Inmates Gamez and CAMPA were cell mates and Inmate CAMPA used his wooden cane to attack Inmate Gamez. Inmate Gamez received extensive head injuries as a result of this incident which required brain surgery. Immediately after Inmate Gamez was discovered by custody staff he lost consciousness and eventually slipped into a coma. Inmate CAMPA is not an inmate participant in the Mental Health Services Delivery System (MHSDS) at any level of care. Inmate CAMPA's behavior was not deemed unusual, bizarre, or uncharacteristic. This incident does not appear to be gang related or racially motivated. Inmate CAMPA is aware of this report.

| | | | |
|--|--------------------------------|-----------------------------------|--|
| REPORTING EMPLOYEE (Typed Name and Signature) K. JOSEPH. CORRECTIONAL OFFICER | DATE 1-9-12 | ASSIGNMENT 251115 | RDO'S SA/SU |
| REVIEWING SUPERVISOR'S SIGNATURE E. R. GONZALES CORR. SGT. | DATE 1/13/12 | INMATE SEGREGATED PENDING HEARING | |
| CLASSIFIED <input checked="" type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS | OFFENSE DIVISION: A1 | DATE 1-13-12 | CLASSIFIED BY (Typed Name and Signature) J. Boston |
| HEARING REFERRED TO <input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC | | LOC. | |

COPIES GIVEN INMATE BEFORE HEARING

| | | | | |
|--|-----------------------------|------------------------|---------------------|--|
| <input checked="" type="checkbox"/> CDC 115 | BY: (STAFF'S SIGNATURE) | DATE 1-14-12 | TIME 2000 | TITLE OF SUPPLEMENT 7219 x 6 |
| <input checked="" type="checkbox"/> INCIDENT REPORT LOG NUMBER: NO-01-12-0471 | BY: (STAFF'S SIGNATURE) | DATE 2-1-12 | TIME 1450 | BY: (STAFF'S SIGNATURE) |
| | | DATE 2-7-12 | TIME 1450 | |

HEARING:

viewed photos on 2-1-12 at 1940 by A. Lorenzen
issued Confidential's on 2-1-12 - at 1940 by A. Lorenzen
Issued T/E on report on 2-7-12 at 2000 by A. Lorenzen

PC
3/9
ENTERED
INTO OBIS

HEARING HELD ON: February 13, 2012, at 1241 hours.

INMATE'S PLEA: "NOT GUILTY"

FINDING: Found GUILTY of violation of CCR § 3005(d), Specific Act: Attempted Murder

DISPOSITION: Assessed 360 Days Forfeiture of Credits consistent with a Division A1 Offense.

(SEE CDCR 115 HEARING IN ITS ENTIRETY ON RVR - PART C)

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

| | | | |
|---|------------------------|---|--------------------------|
| ACTION BY: (TYPED NAME) S. SMITH, Correctional Lieutenant | SIGNATURE | DATE 2/14/12 | TIME 1300 |
| REVIEWED BY: (SIGNATURE) V. ADAMS | DATE 2/23/12 | CHIEF DISCIPLINARY OFFICER'S SIGNATURE R. LOPEZ, C.D.O. | DATE 2-23-2012 |
| BY: (STAFF'S SIGNATURE) | | DATE 3-3-12 | TIME 2000 |

COPY OF CDC 115 GIVEN INMATE AFTER HEARING

RULES VIOLATION REPORT - PART C Typed by: AC

PAGE ____ OF ____

| | | | | |
|--|---|---|----------------------------------|------------------------------------|
| CDC NUMBER T-43585 | INMATE'S NAME CAMPA | LOG NUMBER FD-12-01-0003 | INSTITUTION NKSP-RC | TODAY'S DATE 01-04-12 |
| <input checked="" type="checkbox"/> SUPPLEMENTAL | <input type="checkbox"/> CONTINUATION OF: | <input checked="" type="checkbox"/> 115 CIRCUMSTANCES | <input type="checkbox"/> HEARING | <input type="checkbox"/> IE REPORT |
| <input type="checkbox"/> OTHER _____ | | | | |

SUPPLEMENTAL REPORT

3005(d) (1) PC 864, 187 Attempted Homicide

On Wednesday, January 4, 2012, the North Kern State Prison (NKSP) Investigative Services Unit (ISU) concluded the investigation regarding the Attempted Homicide of Inmate GAMEZ, AK-1456.

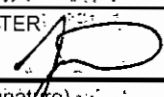
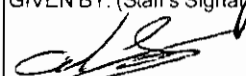
Specifically I conducted numerous interviews which determined Inmate CAMPA (T-43585), committed an Assault with a Deadly Weapon on Inmate Gamez on December 22, 2011. The Assault occurred in Facility D Building 3 (FDB3) Cell 118. The Interviews revealed Inmate CAMPA utilized his wooden cane to strike Inmate Gamez repeatedly until he was rendered unconscious. The interviews further revealed the reason Inmate CAMPA assaulted Inmate Gamez was due to unidentified inmates in FDB3 told Inmate CAMPA, Inmate Gamez was a "child molester."

Inmate Gamez received extensive head injuries as a result of this incident which required brain surgery. Immediately after Inmate was discovered by NKSP Custody staff he lost consciousness and eventually slipped into a coma for several weeks.

Inmate CAMPA will be issued CDC 1030's for the interviews which contained details of the Attempted Homicide of Inmate Gamez. The 1030's will be issued upon receipt of this rules violation report.

FALSE:

G. Cranmer, ISU Officer RDO: S/S/H

| | | | |
|---|--|-----------------------------|---------------------------|
| SIGNATURE OF WRITER:  | | DATE SIGNED: 1-5-12 | |
| GIVEN BY: (Staff's Signature)  | | DATE SIGNED: 1-14-12 | TIME SIGNED: 10:10 |
| <input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE | | | |

SERIOUS RULES VIOLATION REPORT

Case 1:12-cv-01897-AWI-MJS Document 1 Filed 11/19/12 Page 98 of 100

| | | | | | |
|-----------------------------|-------------------------------|---|-------------------------|-------------------------------|---------------------------------|
| CDC NUMBER T43585 | INMATE'S NAME CAMPA | VIOLATED RULE NO(S) CCR § 3005(d)(1)PC654 | DATE 01-04-12 | INSTITUTION NKSP-RC | LOG NO. FD-12-01-0003 |
|-----------------------------|-------------------------------|---|-------------------------|-------------------------------|---------------------------------|

REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☒ YES ☐ NO

POSTPONEMENT OF DISCIPLINARY HEARING

| | | |
|---|------------------------|------------------------|
| <input checked="" type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution. | INMATE'S SIGNATURE | DATE 1-14-12 |
| <input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution. | INMATE'S SIGNATURE | DATE |

DATE NOTICE OF OUTCOME RECEIVED

DISPOSITION

☐ I REVOKE my request for postponement.

INMATE'S SIGNATURE

DATE

STAFF ASSISTANT

| | | |
|--|---------------------------------------|------------------------|
| STAFF ASSISTANT | INMATE'S SIGNATURE | DATE 1-14-12 |
| <input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE | | |
| <input type="checkbox"/> ASSIGNED | DATE | NAME OF STAFF |
| <input checked="" type="checkbox"/> NOT ASSIGNED | REASON DPMC 3.315 1 (2) 1A1 | |

INVESTIGATIVE EMPLOYEE

| | | |
|---|------------------------|------------------------|
| INVESTIGATIVE EMPLOYEE | INMATE'S SIGNATURE | DATE 1-14-12 |
| <input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE | | |
| <input type="checkbox"/> ASSIGNED | DATE | NAME OF STAFF |
| <input type="checkbox"/> NOT ASSIGNED | REASON | |

EVIDENCE / INFORMATION REQUESTED BY INMATE:

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)

☐ REPORTING EMPLOYEE ☐ STAFF ASSISTANT ☐ INVESTIGATIVE EMPLOYEE ☐ OTHER ☐ NONE

WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)

Gamer AK1456

GRANTED

NOT GRANTED

☐☐☐☐

WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)

GRANTED

NOT GRANTED

☐☐☐☐

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

On 02-01-12, Correctional Officer S. Schnell was assigned as the Investigative Officer pertaining to a CDC-115, Log # FD-12-01-0003 submitted on Inmate CAMPA (T43585), FDB3-118L, for violation of Directors Rules, 3005(d)(1), specific act of 187 Attempted Homicide by Reporting Officer K. Joseph. I contacted Inmate CAMPA and informed him of my assignment as his Investigative Officer regarding the aforementioned CDC-115. I asked him if he had any objections to my being his Investigative Officer. He stated that he had no objections.

(CONTINUED ON IE PART C)

| | | | |
|--|-----------------------------|-----------------------|------------------------|
| <input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE | BY: (STAFF'S SIGNATURE) | TIME 2:00 | DATE 1-14-12 |
| INVESTIGATOR'S SIGNATURE | | DATE 1-5-12 | |

— If additional space is requi

| | | | | |
|---------------------------------------|--|------------------------------------|------------------------------------|--|
| CDC NUMBER T43585 | INMATE'S NAME CAMPA | LOG NUMBER FD-12-01-0003 | INSTITUTION NKSP-RC | TODAY'S DATE 02-01-12 |
| <input type="checkbox"/> SUPPLEMENTAL | <input type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES | <input type="checkbox"/> HEARING | <input type="checkbox"/> IE REPORT | <input type="checkbox"/> OTHER <u> </u> |

(II-Continued from 115A)

INMATE'S STATEMENT: I still have not signed for my additional copies regarding confidential information and staff on sight on the day of this incident, where me and GAMEZ were attacked. I want (IE C/O Schnell) to confirm that we are both victims through speaking to him (GAMEZ). Such as was reported to staff on 12-22-11. I think it is unfair that ISU is deliberately violating due process in an attempt to place the blame on me for inmate GAMEZ's injuries. I was attacked as well. Said injuries should be logged as well in the reports that I have yet to sign for. Now because ISU is unable to place responsibility of this incident on those who are responsible. They are attempting to place the blame on me.

INMATE'S WITNESS(S): Inmate GAMEZ AK1456 -Q: Were you and CAMPA attacked by someone earlier that day? A: -No.

GENERAL STATEMENT: My old cellie, inmate CAMPA did not want to be in that building at all. On the day that the incident happened CAMPA wanted me and him to blame somebody else for what he did to me.

FALSE

STAFF WITNESS:

- Q: for C/O Lorenzen(February2, 2012) Did you actually witness this incident? A: No.
- Q: February 2, 2012 in your report you said that GAMEZ was receiving treatment and that he told you information about CAMPA, how is this possible when he went out code 3 and was unresponsive and "out of it?"
A: Upon arrival to TTA inmate GAMEZ was still coherent and able to answer questions through a Spanish speaking staff member prior to going out of the institution code 3. *FALSE*

Staff Witness: continued.

- Q: Why is there no "B2" for staff who witnessed when GAMEZ reported to all 8 staff in the Building that day that he and I (CAMPA) were both attacked? A: Because the Lieutenant completes the "B2's" not me as a Sergeant.
- A: Because all C/O's and I as a Sergeant do not do or handle "B2's" for incident packages.

REQUEST PRESENCE:

| | |
|--|---|
| <input checked="" type="checkbox"/> REPORTING EMPLOYEE | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| <input checked="" type="checkbox"/> INVESTIGATIVE EMPLOYEE | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| <input checked="" type="checkbox"/> INMATE WITNESSES | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| <input checked="" type="checkbox"/> STAFF WITNESSES | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

WITNESS (S)

STAFF

1. SERGEANT E. R. GONZALEZ

INMATE

1. CAMPA

2. CORR. OFFICER. LORENZEN

| | | |
|---|---|--------------------------------|
| <input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE | SIGNATURE OF WRITER S. SCHNELL, CORR. OFFICER | DATE SIGNED 2/7/2012 |
| | GIVEN BY: (Staff's Signature) <i>[Signature]</i> | DATE SIGNED 2-7-12 |
| | | TIME SIGNED 2:00 |

| | | | | |
|--|-------------------------------|------------------------------------|-------------------------------|--------------------------------|
| CDC NUMBER T-43585 | INMATE'S NAME CAMPA | LOG NUMBER FD-12-01-0003 | INSTITUTION NKSP-RC | TODAY'S DATE 2/13/12 |
| <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER | | | | |

FORGEO. On 12-13-12 at 1241 hours, Inmate **CAMPA T-43585**, appeared before this Senior Hearing Officer (SHO). Subject stated he was in good health. Subject is **not** an inmate participant in the Mental Health Services Delivery System. Subject states he does read, speak and understands the English language. This SHO had Subject read the Rules Violation Report aloud to ensure that he could read, speak and understand the English language. Subject read the report aloud without any apparent difficulty. Subject's TABE score is 10.3, and was verified by the TABE Testing Coordinator. Subject stated to this SHO that he has completed his GED. Effective communication was established with the Subject by speaking slowly, explaining the RVR process, the charge, and the penalties regarding this case. The Subject was then allowed to ask questions. Subject then explained his understanding of the RVR to this SHO's satisfaction. Subject alleged behavior was not deemed bizarre, unusual or uncharacteristic. Subject was advised that this matter has been referred to the Kern County District Attorney for possible criminal prosecution. Subject has requested prompt hearing on this matter and does not wish to postpone his hearing pending District Attorney decision regarding prosecution, per CCR § 3316(c) as acknowledge by his signature on the CDC-115A. Subject has been advised that any information or statements obtained during this hearing may be used during criminal proceedings, should the District Attorney accept the case. I asked Subject if he still wished to proceed with this hearing and he stated yes.

Subject acknowledged receiving a copy of all pertinent documentation 24 hours prior to this hearing and is ready to proceed. *FALSE; MOST B2'S WERE MISSING*

A CDCR 115-MH was not completed.

Staff Assistant:

Subject **did not** meet the criteria for an STAFF ASSISTANT per CCR § 3315(d)(2)(A).

Investigative Employee:

Subject **did** meet the criteria for an INVESTIGATIVE EMPLOYEE per CCR §3315(d)(1)(A), and report was completed and issued on 02/07/12.

Witness(es):

Subject has requested the following witnesses Inmate GAMEZ, Officer K. Joseph, Officer A. Lorenzen, Sergeant E. Gonzalez, and Officer S. Schnell. Officer Joseph is present at the hearing. Inmate GAMEZ declined to participate in this hearing. However did provide a statement to the Investigative Employee (IE). Officer Schnell was not present during the hearing. When I asked Inmate CAMPA the reason for requesting his presence inmate CAMPA stated because he was the IE and I might have questions for him. I asked Inmate CAMPA if he had any questions for Officer Schnell-Inmate CAMPA stated "no" therefore Officer Schnell's presence was not necessary at the hearing. Officer Lorenzen and Sergeant Gonzalez provided a statement to the IE and were not requested to be present at the hearing. *FALSE. I SPECIFICALLY REQUESTED IE'S PRESENCE, AND THOSE OF STAFF INVOLVED.*

Subject was advised that confidential information had been received and is being utilized in conjunction with this disciplinary hearing. The requirements of CCR Title 15, 3321 have been met to the satisfaction of this SHO and the confidential information has been accepted as reliable. More than one source independently provided the same information. Part of the information provided by the source(s) has already proven to be true. The identity of the source(s) cannot be disclosed without endangering the source(s) or the security of the institution.

[CDCR 115 HEARING CONTINUED ON RVR - PART C]

| | | | |
|---|--|-------------------------------|----------------------------|
| SIGNATURE OF WRITER S. SMITH, Correctional Lieutenant | | DATE SIGNED 2/14/12 | |
| GIVEN BY: (Staff's Signature) <i>[Signature]</i> | | DATE SIGNED 3-3-12 | TIME SIGNED 1945 |
| <input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE | | | |