

Plaintiff's Name Danny M. Coston  
Inmate No. D-86227  
Address P.O. Box, 8800  
Corcoran Ca. 93212

**FILED**  
**APR 17 2014**  
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

Danny M. Coston Case: 1:14-CV-00148-MJS  
(Name of Plaintiff) (Case Number)

vs. **FIRST, AMENDED COMPLAINT**

J.K. Yu. et.al.,  
E. Clerk  
Jeffrey Wang  
Teresa Marcias  
L.D. Zamora  
(Names of all Defendants)

Civil Rights Act, 42 U.S.C. § 1983

**JURY TRIAL DEMANDED**

**RECEIVED**  
**APR 17 2014**

**I. Previous Lawsuits (list all other previous or pending lawsuits on back of paper)**  
CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY [Signature] DEPUTY CLERK

- A. Have you brought any other lawsuits while a prisoner? Yes XX No
- B. If your answer to A is yes, how many? Two  
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 previous lawsuit:

Plaintiff Danny M. Coston  
Defendants Peterson, Turella, Milchell, Flohr, Johnson, Penner, Gaitonde.

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

3. Docket Number Civ.00.622 GEB DADP 4. Assigned Judge Dale A. Drozd

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)  
Dismissed Without Prejudice

6. Filing date (approx.) March 23, 2000 7. Disposition date (approx.) 2002

**I. Continued,**

**Pending Lawsuit**

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

B. If your answer to A is yes, how many? Two  
Describe previous or pending lawsuits in the space below.

**1. Parties to previous lawsuit:**

Plaintiff Danny M. Coston

Defendants R. Hale, A. Nanagalama, Sahota, Bal, Duc, Brimhall, Berchold.

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

3. Docket Number 2:10-CV-2009-MCE-EFB P 4. Assigned Judge Morrison C. England

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

6. Filing Date (approx.) July 28, 2010 7. Disposition Pending

**II. Exhaustion of Administrative Remedies**

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

Yes XX No     

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

Yes XX No     

If your answer is no, explain why not \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Is the process completed?

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

First level Partially granted, Second denied, Third no charges.

\_\_\_\_\_  
\_\_\_\_\_

No      If your answer is no, explain why not.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 J.K. Yu is employed as a prison physician  
at CSP-Corcoran

B. Additional defendants E. Clerk, Prison physician at CSP-Corcoran;

Jeffery Wang, Prison physician at CSP-Corcoran;

Teresa Marcias, Executive Officer at CSP-Corcoran; and

and, L.D. Zamora, Chief of Appeals Health Care.

Each Defendant is sued in their individual and official capacity.

#### 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.)

Please see, 'Statement of Claims'. (Attached)

#### V. Relief.

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

Please see, 'Prayer for Relief'. (Attached)

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

Date

April 14, 2014

Signature of Plaintiff

Donny M. Coston

(revised 2/10/2006)

IV. Statement of Claims

1. Plaintiff suffers from serious medical conditions, which are substantially painful and greatly affects his prison life on a daily basis.

2. Plaintiff's medical conditions and present injury were fully documented and known to each defendant at each stage of these events.

3. Plaintiff's previous prison physician(s) of January 2012 prescribed and ordered for plaintiff, medically necessary and comprehensive accommodation chronos due to his serious medical conditions, which directly limited his abilities to function in prison.

4. Plaintiff was previously diagnosed with a serious medical injury to his left shoulder with the recommendation of orthopedic surgery.

5. Plaintiff arrived at California State Prison -Corcoran- May of 2012.

6. Plaintiff, in June of 2012 submitted a 'Health Care Service Request Form CDCR 7362' due to substantial pain of an aggravated post-op condition and his present diagnosed injury and upper bunk housing assignment.

7. Defendant J.K. Yu, in June of 2012 saw the plaintiff, yet refused to review and/or consider the plaintiff's medically necessary prescription chrono. This chrono described the prohibition of the plaintiff's being forced to climb up and down from the living on an upper bunk; the hand-cuffing of the plaintiff's hands from behind his back, and the obligation of full work duties.

8. In June of 2012, the Plaintiff was assigned "full work duties" subjecting him to the type of physical labor that the defendants knew exceeded his medical limitations. The plaintiff was forced to labor beyond his physical capabilities which aggravated his pre-existing medical conditions and diagnosed injuries; he was forced to suffer physical and mental torture.

9. By June 19, of 2012 the plaintiff filed a medical complaint after the defendant J.K. Yu, refused to comply to the previous physicians orders within the plaintiff's medical chronos. The plaintiff was suffering from severe pain.

1 See Exhibit (a).

2 10. Plaintiff submitted a variety of health care Request form's (7362),  
3 describing his painful conditions to the defendant J.K. Yu.

4 11. By July 16, 2012 plaintiff was interviewed by defendant E. Clark, and  
5 based on his five minute examination of the plaintiff along with his medical  
6 records and chrono prescription orders, decided to not honor and to refuse the  
7 previously prescribed medical treatment. See Exhibit (a), Medical Complaint at  
8 First Level.

9 12. Plaintiff here-after submitted various 'Inmate Health Care Request Forms  
10 (7362)" due to his substantial pain and physical suffering in neck, back, left  
11 foot and left shoulder.

12 13. The plaintiff resubmitted his medical complaint on August 13, of 2012.  
13 The plaintiff was suffering greatly from his serious medical needs. Defendants  
14 Jeffrey Wang and Teresa Macias refused plaintiff of his previously prescribed  
15 medical treatment for his medical conditions (Medical Chronos) based on his  
16 appearance and not fitting (unknown) criteria. The defendants refused to provide  
17 the plaintiff with medical treatment. See Exhibit (a), Medical Complaint, Second  
18 Level Response.

19 14. The above named defendants were aware of the plaintiffs previous diag-  
20 nostic testings that identified the plaintiffs post-Op medical conditions and  
21 present substantial injury in left shoulder. The plaintiffs neck and back stayed  
22 in a constant state of excruciating pain, with numbness tingling through both  
23 arms into his hands. Plaintiff was forced to endure sharp burning pain within his  
24 left shoulder; severe nerve pain in his left foot. Plaintiff could not/can not  
25 apply deodorant to his right arm pit due to his limited mobility in his left  
26 shoulder. The plaintiffs left 'great' toe is swollen and will not touch the ground  
27 constantly remaining in pain. The plaintiffs physical pain interferes with his  
28 ability to sleep, walk, stand or to even sit. See Exhibit (a) Defendants Response.



1 15. The plaintiff has submitted various 'Inmate Health Care Service Request  
2 Forms, (7362) in attempt to recieve adequate medical treatment.

3 16. On October 18, of 2012 the plaintiff informed the defendant L.D. Zamora  
4 at the third level review of his medical complaint, that he (the plaintiff) was  
5 indeed suffering and in pain due to the medical staff of CSP-Corcoran (defendants)  
6 acts of deliberate indifference to the plaintiffs serious medical needs. The  
7 defendant L.D. Zamora refused to intervene and/or provide necessary medical care.  
8 See Exhibit (a), Defendant Zamora, Third Level response.

9 17. The defendant's named herein have done a thorough review of the plaintiffs  
10 unit health records (UHR).The defendants knew that the previous orthopedic  
11 surgeons(hired by Sac medical committee to consult on plaintiff) presented left  
12 shoulder injurys and recommended surgrey.

13 18. The defendants Know that the plaintiff previous prison primary care  
14 physicians and his orthopedic specialist surgeons did not recommend indefinite  
15 and ongoing maintainance of NSAID's, steroids, or norcotics as a solution to the  
16 plaintiffs severe pain and mobility issues.

17 19. The defendants, named herein, refusing to treat the plaintiffs left  
18 shoulder condition as previosly recommended along with their present refusal to  
19 provide necessary follow-up orthopedic medical treatment with orthopedic special-  
20 ist has led to further injurys and permenant disabilities to the plaintiffs left  
21 shoulder. Plaintiff is in constant pain daily; can not comb his hair; brush his  
22 teeth; reach his arm pit to apply deodorant, or even -if necessary- defend him-  
23 self. Plaintiff is being physically and mentally tortured by defendants.

24 20. These named defendants are in participation with an active ongoing vio-  
25 lation of the plaintiffs federal and state rights. See 2:10-CV-2009-MCE-EFB P.

26 21. Plaintiff re-alleges and incorporates herein by reference each and every  
27 allegation of paragraphs (1)-(41) .  
28

CAUSE OF ACTION

First Cause Of Action

42 U.S.C. Sec.1983 8th Amendment to the Constitution

22. Defendants J.K. Yu, E. Clerk. Wang, Marcias and Zamora violated the plaintiffs right to be free from cruel and unusual punishment guaranteed by the Eighth Amendment of the United States Constitution by his action, physical injury, mental anguish, and emotional distress, fear, anxiety, humiliation and other violations of the law against the plaintiff.

23. Defendants J.K. Yu, E. Clerk, Wang, Marcias, and Zamora violated the plaintiffs right to be free from cruel and unusual punishment guaranteed to the plaintiff by the Eighth Amendment of the United States Constitution by their deliberate choice to interfere with and failure to carry out prescribed treatment for the plaintiff resulting in harm to the plaintiff.

24. defendants J.K. Yu, E. Clerk, Wang, Marcias, and Zamoras' wrongful actions and failure to act conduct, alleged herein, are in violation of 42 U.S.C. Sce. 1983, because they have deprived the plaintiff of the rights, benefits and privileges secured by the United States Constitution.

25. Defendants J.K. Yu, E. Clerk, Wang, Marcias, and Zamora acted under color of state law.

26. The actions and failure to act conduct of the defendants, J.K. Yu, E. Clerk, Wang, Marcias, and Zamora demonstrated a deliberate indifference to the plaintiffs serious medical needs and conditions.

27. As a direct result of the defendants violations of the Eighth Amendment, the plaintiff has suffered, is suffering, and will continue to suffer injuries in the form of pain and suffering, emotional distress, mental distress and other injuries.

28. An actual controversy exist between the plaintiff and the defendants concerning their rights, privileges and obligations.



29. Defendants J.K. Yu, E. Clerk, Marcias, Wang and Zamoras' acts, involved reckless and wantoning disregard to the plaintiffs protected rights, entitling him to an award of punitive damages.

**Second Cause Of Action**

**42 U.S.C. Sec 1983 8th Amendment to the Constitution**

30. The allegations contained in paragraph (1) - (4), inclusive are hereby incorporated by reference.

31. Defendants J.K. Yu, E. Clerk, Wang, Marcias, and Zamora violated the plaintiffs right to be free from cruel and unusual punishment guaranteed to the plaintiff by the Eighth Amendment of the United States Constitution by their actions of physical injury, mental anguish, and emotional distress, fear, anxiety and other violations of law against the plaintiff.

32. Defendants unlawful acts and omissions alleged herein are in violation of 42 U.S.C. Sec. 1983 because they have deprived the plaintiff of rights, benefits, and privileges secured by the United States Constitution.

33. Defendants acted under the color of state law.

34. Defendants actions and failure to act conduct, demonstrates the deliberate indifference to the plaintiffs serious medical needs and conditions.

35. Defendants violated the plaintiffs rights to be free from cruel and unusual punishment guaranteed to the plaintiff by the Eighth Amendment of the United States Constitution by their deliberate choice to unjustly delay medical treatment resulting in harm to the plaintiff.

36. As a direct result of the defendants violations of the Eighth Amendment the plaintiff has suffered, is suffering and will continue to suffer injuries in the form of pain and suffering, emotional distress, mental distress, and other injuries.

37. An actual controversy exist between the plaintiff and the defendants concerning their rights, privileges and obligations.

38. Defendants acts were wanton and reckless, disregarding the plaintiffs rights, entitling him to an award of punitive damages.

Third Cause Of Action  
West's Ann. Cal. Gov. Code Sec. 845.6.

39. Defendants J.K. Yu, E. Clerk, Wang, Marcias, and Zamora knew or at the least should have known that their conduct, attitudes, acts or failure to act, created an unreasonable risk of serious harm to the plaintiff.

40. Defendant know and had reason to know of the plaintiffs ongoing needs for medical treatment, based on his well documented conditions.

PRAYER FOR RELIEF

41. Wherefore the plaintiff respectfully prays for relief as follows:

1. Issue a declaratory judgement that the defendants actions complained of herein violate the plaintiffs rights under the U.S. Constitution and as otherwise alleged herein.

2. Award the Plaintiff monetary damages, compensatory and punitive, in an amount to be determined at trial;

3. Release plaintiff on parole pursuant to prison reduction initiative.

4. Award plaintiff all costs of suit and reasonable attorneys fees; and

5. Grant plaintiff such other and further relief as the court deems just and fair.

Dated: 4 / 14 / 2014

Respectfully Submitted,

/s/

*Danny M. Coston*

Danny M. Coston, Plaintiff.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## PATIENT/INMATE HEALTH CARE APPEAL

CDCR 602 HC (REV. 04/11)

Side 1

<b>STAFF USE ONLY</b>		Institution: <b>CSP-CORCORAN</b>	Log#: <b>COR HC 12050701</b>	Category: <b>8</b>
Emergency Appeal	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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): <b>Roston, Danny</b>	CDCR Number: <b>286227</b>	Unit/Cell Number: <b>3A01-110</b>	Assignment: <b>light duties</b>
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State briefly the subject/purpose of your appeal (Example: Medication, To See Specialist, etc.):

**Serious Medical Needs**

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):

**1. CCR § 3350; 2. CSP COR POP Dr. J. K. Yu-M.D. has knowledge of appellant's serious medical conditions; 3. CSP-COR POP Dr. J. K. Yu-M.D. refuses to provide adequate medical care and treatment.**

B. Action requested (If you need more space, use Section B of the CDCR 602-A):

**1. Consultation with a physician specialist; 2. Consultation on new injury; 3. Provide adequate medical care to alleviate appellant's**

☒ 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.):

**CDCR 7362 dated 6/5/12      CDC 129 dated 5/18/12**  
**CDCR 7362 dated 6/13/12      KOP dated 6/14/12**

☐ No, I have not attached any supporting documents. Reason:Patient/Inmate Signature: **Danny M. Roston** Date Submitted: **6-19-12**

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: **3A MD** Title: \_\_\_\_\_ Date Assigned: **6/21/12** Date Due: **8/2/12**

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

Date of Interview: **6/21/12** Interview Location: **prison med given / ortho referral deferred**Your appeal issue is: ☐ Granted ☒ Granted in part ☐ Denied ☐ Other: \_\_\_\_\_

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

Interviewer: **Karin Ave, MD** Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_Reviewer: **Conall McCabe M.D.** Title: **MD** Signature: \_\_\_\_\_ Date: **7/11/12**

(Print Name)

Date received by HCAC: **6/21/12**

HCAC Use Only

Date mailed/delivered to appellant: **7/31/12**



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## PATIENT/INMATE APPEAL

COR HC 12050701

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.

MAR 03 2012

see sect D green 602 A

Patient/Inmate Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## 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 ReviewAssigned to: VAUGHAN, L Title: RN Date Assigned: 8/17/12 Date Due: 9/28/12

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: NA Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_Reviewer: KEESA MACIAS Title: CEO Signature: [Signature]

(Print Name)

Date received by HCAC: 8/17/12

HCAC Use Only

Date mailed/delivered to appellant: 9/18/12

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.

Health Care Staff are refusing to respond reasonably to our patients' serious medical conditions. Our patient was denied medical treatment after radiology report and diagnosis. In violation of Appellee's 8th Amendment rights, Health Care Staff are presented and intentionally taking on easier and

Patient/Inmate Signature: Tommy M. CortonDate Submitted: 10-18-12

## 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: MAR 22 2015

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: \_\_\_\_\_



IAB USE ONLY	Institution/Parole/Region	Log.#	Category
	CSP-CORCORAN	CDR #12050701	8
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>Coston, Danny</u>	CDC Number: <u>W86227</u>	Unit/Cell Number: <u>3A01-110</u>	Assignment:
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A. Continuation of CDCR 602, Section A only (Explain your issue):

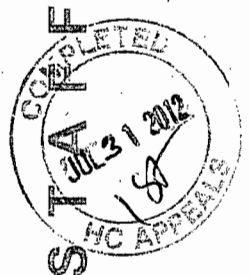
Facts: on 6/8/12 Appellant was physically examined by CSP COR Dr. J.K. Yu-MD and was cleared medical after being diagnosed with a substantial injury through X-Rays of 5/25/12.) Fact: On 6/8/12 Appellant suffers with pain. On 6/13/12 submitted CDC 7362 pleading for medical care CSP COR Dr. J.K. Yu-MD re-filled a peridural epidural pain relief medication on 6/14/12.)

Appellant is suffering constant pain from:

1. Cervical spinal fusion C5-C6 has been re-injured per X-Rays 5/23/12 (1HR.)
2. Severe Arthritis and Rotator Cuff tear with degenerative joint disease (DJD) of left shoulder. per X-Rays/MRI/Ortho Consults (1HR.)
3. Severe Arthritis; Spinal fusion, and diskectomy failed back syndrome; and
4. Severe Arthritis w/ abnormal gait w/ deformity of 2nd digit in left foot.

CSP COR Dr. J.K. Yu-MD acted deliberately indifferent causing the infliction of pain.

Inmate/Parolee Signature: Danny M. Coston Date Submitted: 6-19-12



B. Continuation of CDCR 602, Section B only (Action requested):

~~Constant pain in (1) foot, lower back, (1) shoulder, Cervical spine C5-C6.~~ COR 3350 (b)(1); 3350 (1). (C)  
Provide medical care for Appellant's present conditions per (H.C.S.D.) Chp. #23  
~~Comprehensive Departmental Chronic Policy Procedures, in practices.~~  
(d) Provide adequate medical care for Appellant's present conditions e.g. (1) foot; (1) shoulder, Cervical spine C5-C6 to alleviate his severe pain per (H.C.S.D.) Chp. #11 medication management guidelines policies, procedures & practices to promote his optimum health and CSP Cor local operation procedures medication management of chronic care of inmate patients. spine re-clinal; physical therapy.

Inmate/Parolee Signature: Danny M. Coston

Date Submitted: 6-19-12



COR # 00148-00701

## D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response)

Durans Appeal interview with CSP-Cor E. Clark, M.D. on 7-16-12. Appellants Left Foot was not evaluated. Appellants Left foot and Left shoulder were X Rayed on 7-19-12 (post 7-16-12 evaluation of Left shoulder). Appellants needs/ requires Comprehensive Accommodation Soft Sole Boots for work; Dated Chain Chemo per. Chp. #23.)

Appellants is suffering constant numbness in both arms and right hand. (See J. CSP-Cor X-Ray report findings 5-25-12.) Appellants requires specialty physical therapy and orthopedic specialist consult. Present physical critical pain killing medication are mostly ineffective - Appellants is unable to sleep throughout the night due to severe numbness and pain in left shoulder/ left foot. Appellants pleads for pain management Re-evaluation. Asap!

Respectfully Submitted.

Inmate/Parolee Signature:

Donny M. Boston

Date Submitted:

8-13-12

## F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response)

Cheaper and much less effective course of medical treatment on Appellants / Inmates serious medical conditions.

Health Care staff are deliberately indifferent to Appellants serious medical needs and conditions in violation of the U.S. Const. 8th Amendment.

Health Care staff are failing to comply with Calif. Health Care prison Health Care Services Chronic Care policies and procedures. Conditions in a violation of Appellants Constitutional rights causing Appellants unnecessary pain and suffering. 42 U.S.C. Section 1983

Respectfully Submitted

Inmate/Parolee Signature:

Donny M. Boston

Date Submitted:

10-18-12



EFFECTIVE COMMUNICATION DETERMINATION FOR FORMAL LEVEL  
CDC 602 INMATE/PAROLEE APPEALInmate Caston CDC# D86227 Appeal Log# CDRHC12050701

- ☒ Test of Adult Basic Education (TABE) above 4.0 (provide RGPL 8.7 / verify source if other than RGPL DLES)
- ☐ Test of Adult Basic Education (TABE) below 4.0 (provide RGPL \_\_\_\_\_)
- ☐ Learning Disability (LD)
- ☐ Non-English speaking

\* All first level responses must indicate whether inmate does or does not require effective communication. If RGPL is 4.0 or below, first level responder must also identify how Effective Communication was established within response.

A. Serena  
Staff Signature

OT  
Title

6/22/12  
Date

A. Serena  
Print Name

**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 ☐

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DALE L. C. ST.	D80227	3405-1321
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PATIENT SIGNATURE	DATE
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REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) 7.2.21 Day 70 - severe chest pain - low back - SOB - 1-2 yrs - 11/11-14/20

[illegible]

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.)

STATE OF CALIFORNIA INMATE PRIORITY PASS		DEPARTMENT OF CORRECTIONS -589440877		CDC129-A REV. (7/88)	
INMATES NAME COSTON		CDC # D-86227	PASS FROM 03A005 132L		
ISSUED BY: YU, MD		DATE: 05/17/2012	APPROVED BY: P. Pacifico, Lt.		
PASS TO: 3A CLINIC		DATE: 05/18/2012	TIME: 08:00		
REASON: MD LINE					
ARRIVAL TIME:		RECORDED BY:			
DEPART TO:		TIME:		RECORDED BY:	



## 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 COSTON, D. CDC NUMBER N86227 HOUSING 3A05-1382

PATIENT SIGNATURE Daniel Coston DATE 6.13.12

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

I was prescribed 90 mg. Hydrocodone/Thiambut 50 mg; 40, 200 mg.

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.)

COSTON, D

CDCR Number: D86227

16655216301 03A005 1132001L KOP

RRM

IBUPROFEN 400 MG TABLET

55111-0682-05 DR.RE-DDY'S LAB

TAKE 1 TABLET BY MOUTH TWICE DAILY WITH

FOOD AS NEEDED "REQUEST REFILL"

oval white

Dr. J. K. YU-MD

0.50 Refills until 7/14/2012

6/14/2012

7/14/2012

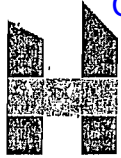
# 30.00

Corcoran State Prison Hospital Pharmacy

(559) 992-8800 SIDE 1: "41"

4001 King Avenue P.O.Box 88000 Corcoran, CA 93212

CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Institution Response for First Level HC Appeal

**Date:** 7/30/2012

**To:** COSTON, DANIEL (D86227)  
03A001 1110001L  
California State Prison – Corcoran  
P.O. Box 8800  
Corcoran, CA 93212-8309

**Tracking/Log #:** COR HC 12050701

### Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on 6/21/2012, you indicated:

Issue Type	Action Requested
<b>Issue 1:</b> Medication ( Med Specific Type / Dose )	Pain medication
<b>Issue 2:</b> Referral ( Orthopedics )	RFS-Orthopedics for shoulder and spine

### Interview:

You were interviewed by E. Clark, MD on 7-16-12 regarding this appeal. During the interview, you were allowed the opportunity to fully explain your appeal issue(s).

### Response:

You were interviewed by E. Clark, MD on 7-16-12. You were seen and evaluated. Your EUHR was reviewed. Upon examination E. Clark, MD indicated that you have very good motion in your neck. On examination of your shoulder there were no particular abnormalities. Your flexion and abduction are only about 90 degrees, or straight. Upper extremities are all very well muscled. Your elbows, wrist, fingers appear to be normal. Pain medication will be provided to you. Additional information is needed so information will be gathered from your previous files and will make a determination if a referral to be seen by the orthopedic specialist is part of your treatment plan. During the interview effective communication was provided to you by E. Clark, MD. He spoke slowly, loudly, clearly and you stated that you understood.

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

### Appeal Decision:

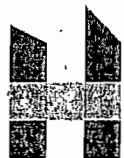
Based upon the aforementioned information, your appeal is Partially Granted.

C. McCabe  
CP&S

California State Prison – Corcoran

*Signature*  
7/31/12

OCT 22 2012



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Institution Response for Second Level HC Appeal

Date: 9/14/2012

To: COSTON, DANIEL (D86227)  
03A001 1110001L  
California State Prison – Corcoran  
P.O. Box 8800  
Corcoran, CA 93212-8309

Tracking/Log #: COR HC 12050701

### Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on 8/17/2012, you indicated:

Issue Type	Action Requested
<b>Issue 1:</b> Medication ( Med Specific Type / Dose )	Pain medication
<b>Issue 2:</b> Referral ( Orthopedics )	RFS-Orthopedics for shoulder and spine

### Interview:

You were interviewed by Dr. Clark on 7/16/2012 regarding this appeal. During the interview, you were allowed the opportunity to fully explain your appeal issue(s).

Effective communication: TABE is 8.7.

☒ Achieved as the interviewer ensured speech was clear and unhurried during the interview. The inmate-patient stated he understood the content of the conversation and responded appropriately.

### Response:

The First Level Appeal, received on 6/21/2012 indicated the subject of this appeal is "Serious medical needs." You are requesting stronger pain medication, orthopedic consult, and medical care in compliance to the Accommodation Chrono Policy and Procedures and practices. The response stated you have good range of motion to your neck. You had no particular abnormalities of the shoulder. Upper extremities are all very well developed-muscular. Your elbows, wrist and fingers appear to be normal. Pain medication will be provided to you. Additional information is needed so information will be gathered from your previous files and will make a determination if a referral to be seen by the orthopedic specialist is part of your treatment plan. At the First Level of Review this appeal was Partially Granted.

The Second Level Appeal, received on 8/17/2012 indicated you are dissatisfied with the First Level Response. For the Second Level we have reviewed your appeal with attachment(s), Unit Health Record (eUHR), and all pertinent departmental policies and procedures. We will address your issues in the order they appear above.

**Issue 1:** *Pain medication-granted.* You have Naproxen ordered. Please take with food to avoid gastric upset. On 8/31/2012 Dr. Aye spoke to you about you wanting Neurontin instead of Pamelor. He explained to you Neurontin is not approved for neck pain. You still wanted to discontinue the Pamelor. The current radiology reports show arthritis and old trauma. Naproxen is a good medication for arthritis. You are very muscular which indication you exercise. (Push-ups) Your case was reviewed by the Pain Committee on 9/15/2011. It recommended ibuprofen.

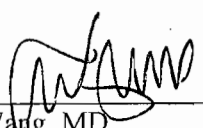
**Issue 2:** *RFS-Orthopedics for shoulder and spine-denied.* You saw an orthopedic doctor in 2009 for your shoulder. The results were a diagnosis of arthritis with treatment being medication management. Naproxen is appropriate for arthritis. The physical findings have been good. Range of motion, reflexes, muscle tone, and strength are all good to your shoulder, back and extremities. You do have a strong history of joint trauma. You



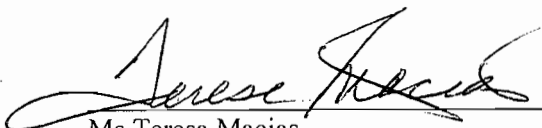
now have arthritis to a number of joint areas. You are being treated appropriately. At the Second Level you have added Physical Therapy. There are no indicators to indicate PT would be beneficial to your long term health care. You have no accommodation chronos because there is no need for you to have one. You are cleared physically for full work status with no restrictions. Your current job status is in the Hospital Kitchen. You could not work there if you were not physically able. Your symptoms, physical exam findings and radiology tests were all taken into consideration when determined whether or not your requests would be granted. Yours does not meet criteria to grant these requests. Your contention of negligence and inadequate medical care is refuted by professional health care staff familiar with your medical history, as well as a review of your medical records.

**Appeal Decision:**

Based upon the aforementioned information, your appeal is denied at the Second Level of Review.

  
\_\_\_\_\_  
Dr. Jeffrey Wang, MD  
Acting Chief Medical Executive  
California State Prison-Corcoran

9/14/12  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Ms. Teresa Macias  
Chief Executive Officer  
California State Prison-Corcoran

9/18/12  
\_\_\_\_\_  
Date

OCT 22 2012





# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



**Date:** MAR 22 2013

**To:** COSTON, DANIEL (D86227)  
California State Prison – Corcoran  
P.O. Box 8800  
Corcoran, CA 93212-8309

**From:** California Correctional Health Care Services  
Office of Third Level Appeals - Health Care  
P.O. Box 588500  
Elk Grove, CA 95758

**Tracking/Log # :** COR HC 12050701

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 June 21, 2012, indicated you were suffering constant pain from cervical spinal fusion of C5-6 that had been injured, severe arthritis and rotator cuff tear with degenerative joint disease (DJD) of left shoulder, severe arthritis, spinal fusion, and discectomy failed back syndrome, and severe arthritis with abnormal gait with deformity of second digit in left foot. You stated California State Prison – Corcoran (COR) refused to provide adequate medical care and treatment.

You requested the following:

- Consultation with an orthopedic specialist.
- Adequate medical care to alleviate your constant pain.

**INSTITUTION DECISION:**

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

- You had an order for the pain medication naproxen, which was a good medication for arthritis. Your case was reviewed by the Pain Committee on September 15, 2012, and the medication ibuprofen was recommended. You were advised the medication Neurontin (gabapentin) was not approved for neck pain.
- Your symptoms, physical exam findings, and radiology tests were all taken into consideration when determined whether or not your requests would be granted. Yours did not meet the criteria to grant orthopedic referral, physical therapy, or an accommodation chrono.

**BASIS FOR DIRECTOR'S LEVEL DECISION:**

At the Director's Level of Review (DLR), received on October 22, 2012, you restate your issues and concerns as noted above.

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

Documentation is supportive of you receiving Primary Care Provider (PCP) evaluation and treatment as determined medically indicated for neck, shoulder, and back pain including an active order for the pain medication acetaminophen. The PCP documented musculoskeletal and neurological exams within normal limits, normal gait, neck with full range of motion, shoulder with full range of motion, and no leg edema. The PCP did not document medical indication for physical therapy, orthopedic referral, or an accommodation chrono at this time. 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.

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."

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 been provided adequate medical care is refuted by professional health care staff familiar with your medical history, as well as a review of your medical records.

After review, there is no compelling evidence that warrants intervention at the DLR as your medical condition has been evaluated and you are receiving treatment deemed medically necessary.

**RULES AND REGULATIONS:**

The rules governing these issues are: California Code of Regulations, Title 15; Inmate Medical Services Policies and Procedures (2011); and the Department Operations Manual.

**ORDER:**

No changes or modifications are required by the institution.

This decision exhausts your available administrative remedies.



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

dg/mc

# EXHIBIT COVER PAGE

2

EXHIBIT

Description of this exhibit:

602 Complaint log # 602 HC 12050701  
including med documents

Number of pages to this exhibit: 26 pages

**JURISDICTION:** (Check One Only)

- ☐ MUNICIPAL COURT
- ☐ SUPERIOR COURT
- ☐ APPELLATE COURT
- ☐ STATE SUPREME COURT
- ☒ UNITED STATES DISTRICT COURT
- ☐ STATE CIRCUIT COURT
- ☐ UNITED STATES SUPREME COURT
- ☐ GRAND JURY

**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		Bottom Bunk	P/T
Barrier Free/Wheelchair Access	P/T	Single Cell (See 128-C date: _____)	P/T
Ground Floor Cell	P/T	Permanent OHU / CTC (circle one)	P/T
Continuous Powered Generator	P/T	Other	P/T

**B. MEDICAL EQUIPMENT/SUPPLIES**

None		Wheelchair: (type)	P/T
Limb Prosthesis	P/T	Contact Lens(es) & Supplies	P/T
Brace	P/T	Hearing Aid	P/T
Crutches	P/T	Special Garment:	
Cane: (type)	P/T <u>90 days</u>	(specify)	P/T
Walker	P/T	Rx. Glasses:	P/T
Dressing/Catheter/Colostomy Supplies	P/T	Cotton Bedding	P/T
Shoe: (specify)	P/T	Extra Mattress	P/T
Dialysis Peritoneal	P/T	Other	P/T

**C. OTHER**

None		Therapeutic Diet: (specify)	P/T
Attendant to assist with meal access and other movement inside the institution.	P/T	Communication Assistance	P/T
Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene.		Transport Vehicle with Lift	P/T
Wheelchair Accessible Table	P/T	Short Beard	P/T
		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: Chronic Low back Pain

INSTITUTION <u>CSP - Sac</u>	COMPLETED BY (PRINT NAME) <u>Andrew Nangalama MD</u>	TITLE <u>MD PhD</u>
SIGNATURE <u>[Signature]</u>	DATE <u>10/25/06</u>	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH <u>Coston</u> <u>Coston, Daniel</u> <u>D86227</u>
HCM/CMO SIGNATURE <u>[Signature]</u>	DATE <u>10/25/06</u>	
(CIRCLE ONE) <u>APPROVED</u> DENIED <u>x 90 days</u>		

**COMPREHENSIVE ACCOMMODATION CHRONO**

84-2-25L

  
Mercy

A member of CHW

COSTON  
DOB: 10/28/63

ANDREW NANGALAMA, M.D.

CALIFORNIA STATE PRISON/SAC  
ID# K: D86227

EXAMINATION: MRI LEFT SHOULDER W/O CONTRAST  
DATE: 8/20/2007

COMPARISON: Prior shoulder x-ray not available for comparison.

HISTORY: Osteoarthritis of the left shoulder, multiple ossicles within the joint space.

TECHNIQUE: Three plain fat saturation FSE T2 images of the right shoulder were obtained. Oblique coronal T1 weighted sequences were performed as well.

FINDINGS:

ACROMIAL OUTLET: A flat acromion is noted. Moderate degenerative changes of the acromioclavicular joint, with no significant inferior acromial spurring. Mild lateral downsloping of the acromion is noted. No evidence of os acromiale.

ROTATOR CUFF: There is marked thinning of the supraspinatus tendon at the musculotendinous junction, with internal high signal extending throughout the entire thickness of the tendon consistent with a high grade partial or complete tear. High signal also extends to the slipped plate attachment of the supraspinatus tendon, also consistent with degeneration or partial tear. Fluid signal is noted within the acromial subdeltoid bursa, further evidence of a complete tear. No evidence of atrophy of the supraspinatus muscle belly. No evidence of tendon retraction. Infraspinatus and teres minor

(Continued)

mercyimaging.org

Mercy Imaging Center, Folsom  
A service of CHW Medical Foundation

1635 Creekside Drive, #100  
Folsom, CA 95630  
916.984.1666 phone  
916.984.1646 fax

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AUG 28 2007





Mercy

A member of CHW

COSTON  
DOB: 10/28/63

ANDREW NANGALAMA, M.D.

CALIFORNIA STATE PRISON/SAC  
ID# X: D86227

EXAMINATION: MRI LEFT SHOULDER W/O CONTRAST (Continued, P. 2)  
DATE: 8/20/2007

tendons appear normal. High signal is noted within the humeral attachment of the subscapularis tendon, also consistent with tendinosis or partial tear. No evidence of dislocation of the long head of the biceps tendon. However, its attachment on the glenoid is not well seen.

GLENOID LABRUM: There is globular enlargement in the high T1 and T2 signal within the anterior glenoid, consistent with a labral tear, extending from the superior to the inferior aspect of the anterior glenoid. The posterior labrum also appears partially torn.

LIGAMENTS: There is marked thickening of the middle glenohumeral ligament, as well as at the inferior glenohumeral ligament within the axillary pouch, compatible with prior dislocation and tear.

BONES AND JOINT SPACE: There is marked irregularity of the humeral articulating surface, with large inferior marginal osteophytes arising from the medial surface of the humerus, as well as osteophytic protrusions arising at the insertion of the rotator cuff muscles.

In addition, several intra-articular bodies are noted, one located in the superior joint space measuring approximately 5 x 9 mm, as well as a smaller fragment within the axillary pouch adjacent to the inferior glenohumeral ligament. There is near

(Continued)

mercyimaging.org

Mercy Imaging Center, Folsom  
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1635 Creekside Drive, #100  
Folsom, CA 95630  
916.984.1866 phone  
916.984.1849 fax

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AUG 29 2007





Mercy

A member of CHW

COSTON  
DOB: 10/28/63

ANDREW NANGALAMA, M.D.

CALIFORNIA STATE PRISON/SAC  
ID# X: D86227

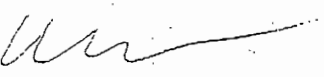
EXAMINATION: MRI LEFT SHOULDER W/O CONTRAST (Continued, P. 3)  
DATE: 8/20/2007

complete loss of articulating cartilage over the entire articulating surface of the humeral head. Foci of bone marrow edema are noted in the subchondral bone, also consistent with arthritic degenerative changes. No evidence of acute fracture. No evidence of bony Bankart lesions, or Hill-Sachs deformity.

MISCELLANEOUS: There is a small joint effusion. Fluid extends to the subacromial subdeltoid bursa, compatible with a full thickness rotator cuff tear. Small, cystic pockets of fluid are noted adjacent to the glenoid, which may represent paralabral cysts. These measure up to 1 cm in length.

IMPRESSION:

Overall, findings are compatible with severe osteoarthritis, with extensive loss of cartilage, rotator cuff tears, osteophytic spurring of the humeral head, and multiple free ossicular bodies within the joint space.

  
Gregory Rogalski, M.D.

GR/bjs

mercyimaging.org

Mercy Imaging Center, Folsom  
A service of CHW Medical Foundation

1635 Creekside Drive, #100  
Folsom, CA 95630  
916.984.1866 phone  
916.984.1848 fax

RECEIVED

AUG 29 2007

**UCDAVIS**  
**HEALTH SYSTEM**  
**TELEMEDICINE**

DSG 227

January 28, 2008

RE: COSTON, DANIEL  
MR#: 1871037  
DOB: 10/28/1963  
Date of Service: 01/28/2008

\* JOYE \*

\* PREET SAHOTA, MD \*  
California State Prison - Sacramento  
P.O. Box 290012  
Repressa, CA 95671

Dear Dr. Sahota:

We saw Mr. Daniel Coston here in orthopedic consultation for left nondominant shoulder pain, on 01/28/2008, per your request.

**History Of Present Illness:**

This is a 45 year-old right-hand dominant African-American male with a history of left nondominant shoulder injury occurred approximately 32 years ago with a presumptive proximal humerus fracture with nonoperative treatment modalities with the use of a sling; following a football injury. He has had significant limited range of motion of the left shoulder over the past 20 years associated with chronic pain necessitating use of morphine sulfate 30 mg p.o. b.i.d., ibuprofen 600 mg p.o. t.i.d., as well as gabapentin 600 mg t.i.d.

The patient has a history of an anterior and cervical posterior spinal fusion with hardware placement on C5-6, with predominant left upper extremity radiculopathy. This was done approximately in 2002, states from this he had a relatively good outcome.

The patient underwent MRIs of the left shoulder on 08/20/2007 showing severe osteoarthritis of the glenohumeral joint, underlying rotator cuff tears, spurring along the humeral head, precostal bodies within the joint space.

**Medications:**

Listed above.

**Allergies:**

None stated.

**Surgeries:**

Listed above, including low back surgery in 2002 or 2003 with posterior spinal fusion, diskectomy; with appendectomy in 1988.

**Hospitalizations:**

Same as above.

**Past Medical History:**

RE: COSTON, DANIEL  
MR#: 1871037

Page 2

Denies diabetes and/or thyroid disease.

Review Of Systems:  
A 14 point, unremarkable.

Social History:  
Nonsmoker, no alcohol, or illicit drugs. Negative hepatitis and HIV.

Physical Examination:  
Height is approximately 6'3", weight 219 lbs, afebrile at 97.2, blood pressure 134/80, pulse 72 and regular, respirations 16 and nonlabored. Left shoulder examination right severe restricted range of motion with abduction actively to 60 degrees, forward flexion of 30 degrees, back extension in neutral, with grossly intact neurovascular examination.

Impression:  
Underlying severe endstage degenerative joint disease of the left shoulder at the glenohumeral joint.

Plan:  
The patient would best benefit from fusion of the left shoulder; as he is too young of a candidate for consideration for total shoulder arthroplasty. We will have him seen here in the clinic setting at UC Davis Medical Center for consideration for both fusion and potentially surgical options for total shoulder arthroplasty, although this is not as good an outcome in a younger gentleman given his age of 44.

If you have any questions, or require further information, please feel free to contact me.

Sincerely,

JAMES RESSLER, PAC  
SENIOR PHYSICIAN ASSISTANT  
DIVISION OF ORTHOPAEDICS  
DEPARTMENT OF ORTHOPAEDIC SURGERY  
THIS WAS ELECTRONICALLY SIGNED - 01/31/2008 7:49 AM PST BY:

*James Ressler*  
*Regenerated*  
*2-5-08*  
*Dr. Ressler*

THIS WAS ELECTRONICALLY SIGNED - 02/04/2008 11:50 AM PST BY:  
BRAD YOO, MD  
ASSISTANT CLINICAL PROFESSOR

JR:js (m1006)

D: 01/28/2008 11:04 AM  
T: 01/28/2008 04:34 PM  
C#: 3372190

RECEIVED

FEB 05 2008

## 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.

## HOUSING

None (4) Bottom Bunk P/T 12/12/10

1. Barrier Free/Wheelchair Access P/T \_\_\_\_\_ 5. Single Cell (See 128-C date: \_\_\_\_\_) P/T \_\_\_\_\_

2. Ground Floor Cell P/T \_\_\_\_\_ 6. Permanent OHU/CTC (circle one) P/T \_\_\_\_\_

3. Continuous Powered Generator P/T \_\_\_\_\_ 7. Other \_\_\_\_\_ P/T \_\_\_\_\_

## B. MEDICAL EQUIPMENT/SUPPLIES

None

8. Limb Prosthesis P/T \_\_\_\_\_ 16. Wheelchair: (type) \_\_\_\_\_ P/T \_\_\_\_\_

9. Brace P/T \_\_\_\_\_ 17. Contact Lens(es) & Supplies P/T \_\_\_\_\_

10. Crutches P/T \_\_\_\_\_ 18. Hearing Aid P/T \_\_\_\_\_

11. Cane: (type) \_\_\_\_\_ P/T \_\_\_\_\_ 19. Special Garment: \_\_\_\_\_ P/T \_\_\_\_\_  
(specify) \_\_\_\_\_

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 12/12/10

15. Dialysis Peritoneal P/T \_\_\_\_\_ (23) Other extra pillows P/T 12/12/10

## C. OTHER

None

24. Attendant to assist with meal access P/T \_\_\_\_\_ 26. Therapeutic Diet: (specify) \_\_\_\_\_ P/T \_\_\_\_\_  
and other movement inside the institution.

27. Communication Assistance P/T \_\_\_\_\_

Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene.

28. Transport Vehicle with Lift P/T \_\_\_\_\_

29. Short Beard P/T \_\_\_\_\_

25. Wheelchair Accessible Table P/T \_\_\_\_\_ 30. Other least Restraints 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: Fusion to shoulder - Purchase Chair Allow

INSTITUTION <u>CSP-SAC</u>	COMPLETED BY (PRINT NAME) <u>A. Bakewell</u>	TITLE <u>UP</u>
SIGNATURE <u>A. Bakewell</u>	DATE <u>3/4/08</u>	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH <u>Coston</u> <u>D 86227</u> <u>10-28-63</u>
HCM/CMO SIGNATURE <u>[Signature]</u>	DATE <u>3/14/08</u>	
APPROVED (list the number of items approved) <u>4, 22, 23, 30</u>		
DENIED (list the number of items denied)		

COMPREHENSIVE ACCOMMODATION  
CHRONO



2020 Court Street - Redding, CA 96001 - (530) 243-1236 - Toll Free 1-800-794-XRAY - Fax (530) 243-2452

mdimaging.net - regionalradiology.net

NAME:..	<b>Coston, Daniel (D86227)</b>	REF PROVIDER: <b>S Wrigley</b>
DATE OF BIRTH:	October 23, 1963 (45)	S Wrigley
PATIENT PHONE:		P.O. BOX 750
MRN:..	6072729	High Desert State Prison
EXAM DATE:	<b>March 12, 2009</b>	Susanville, CA 96130
INTERPRETED BY:	Rhonda Wyatt MD	

High Desert State Prison

### X-RAY OF THE LEFT SHOULDER

#### **HISTORY:**

Left shoulder pain.

#### **FINDINGS:**

A fracture of the left humeral head and neck is present. This fracture appears old with sclerosis at the margins of the humeral head as well as the glenoid fossa. At least two calcifications are noted adjacent to the shoulder joint. The deformed humeral head is slightly inferiorly subluxed.

#### **IMPRESSION:**

1. **Old fracture of the left humeral head and neck present with mild inferior subluxation. Degenerative changes of the left shoulder joint are also noted with osteophyte formation.**
2. **At least two calcific densities are seen in the soft tissues surrounding the left shoulder joint. Differential diagnosis includes loose bodies in the shoulder joint due to old fracture fragments versus dystrophic calcification.**

Thank you for allowing us to participate in the care of your patient.

Signed by Rhonda Wyatt MD

SA

*mw* 3/24/09



## TRUXTUN RADIOLOGY MEDICAL GROUP, L.P.

MRI - CT - PET - NUCLEAR MEDICINE  
MAMMOGRAPHY - DIAGNOSTIC RADIOLOGY - ULTRASOUND

Manjul Shah, M.D.

Girish Patel, M.D, D.A.B.R.,  
F.A.C.N.M.

Martha Wiedman, M.D.

John Roefs, M.D.  
Tony Deeths, M.D.

Godofredo Miranda, M.D.  
Mark Williams, M.D.

David Suadi, D.O.  
Howard Leventhal, M.D.

Patient: Coston, Daniel  
Physician: Jin K. Yu M.D.  
Prison: COR Prison  
CDCR: D86227

No: 461748  
DOB: 10/28/1963  
Date: 05/23/12  
HU: 3A05-132L

EXAMINATION: X-RAY CERVICAL SPINE, THREE VIEWS (READ ONLY)

HISTORY: Pain.

FINDINGS: (Read only) There is straightening of the spine. Plate and screw fixation is seen anteriorly at the C6-7 level. There is narrowing of the C6-7 disc. There is spondylotic spurring at the C4, C5 level which could be appearance of disc narrowing but there is no real narrowing. Remaining discs are unremarkable. There is uncovertebral arthritis at C5-6 level. There is generalized facet and C1/odontoid arthritis. Vertebral bodies are of normal height and there is calcification anterior to the plate bridging the C7-T1 level.

IMPRESSION:

- 1 Arthritis.
- 2 Post-op changes.

EXAMINATION: X-RAY LUMBAR SPINE, TWO VIEWS (READ ONLY)

HISTORY: Pain.

FINDINGS: (Read only) There is mild scoliosis concave to the right. Laminectomy changes seen at L4 and L5. Discs are of normal height. Vertebral bodies are of normal height and alignment. There is facet arthritis. Spondylosis seen at the L3, L4, L5 level.

IMPRESSION:

- 1 Post-op changes.
- 2 Scoliosis.
- 3 Facet arthritis.
- 4 Spondylosis.

*me* 6/1/12  
Khin Aye, MD  
Surgeon

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Patient: Coston, Daniel  
Physician: Jin K. Yu M.D.  
Prison: COR Prison  
CDCR: D86227

No: 461748  
DOB: 10/28/1963  
Date: 05/23/12  
HU: 3A05-132L

Dictated by: Tony M. Deeths M.D., F.A.C.R. 05/25/2012

Transcribed by: Sagar P - TIS 05/25/2012

Electronically approved by: Tony Deeths M.D. Date: 05/29/2012 07:34

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NAME: COSTON, DANIEL

CDC #: D86227

BED: 3A05-106L

## COMMITTEE ACTION SUMMARY

CDCR INITIAL/ANNUAL REVIEW: RELEASE 3A COR IV G.P., ESTABLISH DOUBLE CELL, ESTABLISH MEDIUMA CUSTODY, A1A EFFECTIVE 11/25/2010, NO MHSDS. P/O AYSS W/L, CSRA SCORE 1L, 2933/2933.05 N/E.

## COMMITTEE'S COMMENTS

Inmate COSTON, D86227 waived a personal appearance before 3A UCC on this date for an Initial/Annual Review. "S's" case was presented in-absentia. "S" was given 72 hour advance notification of this hearing.

**COMMITTEE NOTES & ACTION:** "S" is COR IV (270) endorsed per CDC 128G dated 3/27/2012. "S" is appropriately housed in a Level IV (270) housing unit consistent with classification score and case factors. "S" was received CSP/Corcoran Facility 3A on 4/19/2012 from HDSP on a non adverse transfer due to meeting Level IV (270) criteria. This action serves as "S's" Annual Review. "S" received (NQP) six month review period for Serious Disciplinary and (1) six month review period for Average or Above Performance in work. "S's" classification score has been adjusted to 109 points. "S" received an RVR dated 1/27/2011 for Assault on an inmate and assessed 61 days credit forfeiture. RELEASE 3A COR IV G.P., ESTABLISH DOUBLE CELL, ESTABLISH MEDIUMA CUSTODY, A1A EFFECTIVE 11/25/2010, NO MHSDS, P/O AYSS W/L, CSRA SCORE 1L, 2933/2933.05 N/E.

**CELL STATUS REVIEW:** Committee has reviewed "S's" housing status and determined "S" does not have significant in-cell/predatory/assaultive behavior towards inmates. Committee elects to clear for double cell status. DDPS IHC CODE: RE.

**INMATE COMMENTS/PARTICIPATION:** None, "S's" case was seen in-absentia per Inmate's request. "S" received knowledge of committee's proposed action during case conference and will accept committee's decision. "S" will be advised of committee's action via the CDCR 128G. "S" was advised of his administrative right to appeal committee's decision.

**CLINICIAN REVIEW:** "S" is not a participant in the MHSDS program per 128C dated 1/28/2011. No Mental Health concerns or disabilities noted. TB code is 34 per 128C dated 4/18/2011. Per 128C-3 dated 1/28/2011 "S" is full duty, low risk, basic nursing. Per 7410 dated 1/23/2012 no heavy lifting over 10 pounds.

**EFFECTIVE COMMUNICATION:** After reviewing the DEC'S Program for disabilities and interviewing the "S", no assistance for effective communication was required as the "S" has a TABE Score above 4.0 and no other disabilities or issues requiring effective communication.

**CASE FACTORS ADDITIONAL:** "S" is a 48 year old Black male, 1<sup>st</sup> term received CDC on 6/3/1988 from Contra Costa County for the controlling case of Murder 1st, resulting in a total term of 25 years to Life. Per 812 "S" is non-affiliated.

## INMATE CASE FACTORS

RELEASE DATE	ETHNICITY	DOB	BPT TYPE	NEXT BPT DATE	DATE REC'D CDC	COUNTIES OF COMMITMENT	SENTENCE LENGTH
LIFE 2/3/2009	BLA	10/28/1963	SUB	2013	6/3/1988	CONTRA COSTA	27 YEARS TO LIFE
PLACEMENT SCORE	LEVEL	CUSTODY	RECLASS DATE	TB CODE & DATE	PSYCH	PSYCH-DATE OF 128C	RGPL
115	IV	MEDA	5/3/2013	34-4/18/2011	CLEAR	01/28/2011	8.8
DDP LEVEL	DDP DATE	DPP	DPP DATE	MEDICAL STATUS		MEDICAL STATUS 128C1 DATE	WG/PG
NCF	11/12/2002	N/A	N/A	FULL DUTY		01/07/2011	A1A

COMMITMENT OFFENSE: Murder 1st

RECEIVED FROM: HDSP - NON ADVERSE TRANSFER DUE TO MEETING LEVEL IV (270) CRITERIA.

ARSON HX: NONE NOTED IN C-FILE AND S CLAIMS NONE.

Assignment Ducat/Activity Card

AIMS

ESCAPE HX: NONE NOTED IN C-FILE AND S CLAIMS NONE.

HOLDS/POTENTIAL HOLDS: (Clear)

CDC#: D86227 COSTON, DANIEL M

EFF : 06/02/2012

IA "S" does not meet criteria for MDO referral.

BED#: 03A005 1132001L

LOC : 7014

RDO : F S

JOB#: SKWPH.202 HOSPITAL CULINARY

CCF: VIO/LIFE

MCCF: VIO/LIFE

HRS: 0400-0800 0830-1230

SAP: VIO/LIFE

RESTITUTION CENTER: VIO/LIFE

AUTHORIZED BY: 

## COMMITTEE MEMBERS

## CHAIRPERSON

T. VARIZ, 3A FAC. CAPT.

## MEMBERS

M. L. GONZALES, CCH

## RECORDER

A.M. SMITH, CCI

Committee Date: 5/3/2012

## INITIAL REVIEW

## TRUXTUN RADIOLOGY MEDICAL GROUP, L.P.

MRI - CT - PET - NUCLEAR MEDICINE  
MAMMOGRAPHY - DIAGNOSTIC RADIOLOGY - ULTRASOUND

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David Suadi, D.O.  
Howard Leventhal, M.D.

Patient: Coston, Daniel  
Physician: Edgar H. Clark M.D.  
Prison: COR Prison  
CDCR: D86227

No: 461748  
DOB: 10/28/1963  
Date: 07/19/12  
HU: 3A01-110L

EXAMINATION: X-RAY LEFT SHOULDER (READ ONLY)

HISTORY: Pain.

COMPARISON: No prior films are available.

FINDINGS: (Read only) There is demineralization. There is old fracture deformity of the proximal humeral shaft. There may also be fracture deformity of the humeral head, but this is hard to evaluate because of extensive calcification about the humeral head. This could be due to trauma or osteochondromas in the joint space. There is moderate arthritic change and generalized demineralization. On the Y view, the humeral head appears to be low in position in relation to the glenoid, but on the external rotation view, this appears normal. No other abnormality is seen. AC joint is unremarkable, but partially cut-off on the films.

### IMPRESSION:

1. Demineralization.
2. Old trauma changes.
3. Dystrophic and heterotopic appearing calcification about the joint.

Dictated by: Tony M. Deeths M.D., F.A.C.R. 7/23/2012

Transcribed by: Abhijit M - TIS 07/23/2012

Electronically approved by: Tony Deeths M.D. Date: 07/24/2012 07:36

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# 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 \_\_\_\_\_

1. Barrier Free/Wheelchair Access P/T \_\_\_\_\_

2. Ground Floor Cell P/T \_\_\_\_\_

3. Continuous Powered Generator P/T \_\_\_\_\_

4. Bottom Bunk ☒ P/T \_\_\_\_\_

5. Single Cell (See 128-C date: \_\_\_\_\_) P/T \_\_\_\_\_

6. Permanent OHU / CTC (circle one) P/T \_\_\_\_\_

7. Other \_\_\_\_\_ P/T \_\_\_\_\_

## B. MEDICAL EQUIPMENT/SUPPLIES

None \_\_\_\_\_

8. Limb Prosthesis P/T \_\_\_\_\_

9. Brace P/T \_\_\_\_\_

10. Crutches P/T \_\_\_\_\_

11. Cane: (type) \_\_\_\_\_ P/T \_\_\_\_\_

12. Walker P/T \_\_\_\_\_

13. Dressing/Catheter/Colostomy Supplies P/T \_\_\_\_\_

14. Shoe: (specify) \_\_\_\_\_ P/T \_\_\_\_\_

15. Dialysis Peritoneal P/T \_\_\_\_\_

16. Wheelchair: (type) \_\_\_\_\_ P/T \_\_\_\_\_

17. Contact Lens(es) & Supplies P/T \_\_\_\_\_

18. Hearing Aid P/T \_\_\_\_\_

19. Special Garment: \_\_\_\_\_ P/T \_\_\_\_\_  
(specify) \_\_\_\_\_

20. Rx. Glasses: \_\_\_\_\_ P/T \_\_\_\_\_

21. Cotton Bedding P/T \_\_\_\_\_

22. Extra Mattress P/T \_\_\_\_\_

23. Other \_\_\_\_\_ P/T \_\_\_\_\_

## C. OTHER

None \_\_\_\_\_

24. Attendant to assist with meal access P/T \_\_\_\_\_  
and other movement inside the institution.

Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene.

25. Wheelchair Accessible Table P/T \_\_\_\_\_

26. Therapeutic Diet: (specify) \_\_\_\_\_ 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: *his patient has a completely torn full thickness tear of his left rotator cuff*

INSTITUTION <i>CSP ISA</i>	COMPLETED BY (PRINT NAME) <i>McAlpine</i>	TITLE <i>MD</i>
SIGNATURE <i>Jim Calper</i>	DATE <i>9/25/07</i>	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH  <i>Co\$ston</i> <i>D 86227</i>
HCM/CMO SIGNATURE <i>Pam</i>	DATE <i>10/2/07</i>	
APPROVED (list the number of items approved) <i>4</i>		
DENIED (list the number of items denied)		

COMPREHENSIVE ACCOMMODATION  
CHRONO

Distribution:

Original - Unit Health Record



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

1/23/12 **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 R

1. Barrier Free/Wheelchair Access P/T    5. Single Cell (See 128-C date:   ) P/T   

2. Ground Floor Cell P/T    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 P/T    18. Hearing Aid P/T   

10. Crutches P/T    19. Special Garment: P/T   

11. Cane: (type)    (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   

15. Dialysis Peritoneal P/T    23. Other Waist chain chrono P/T Not Moved from Temp to

**C. OTHER**

None 26. Therapeutic Diet: (specify)    P/T Permanent after chart review 2

24. Attendant to assist with meal access and other movement inside the institution. P/T    27. Communication Assistance P/T Physical exam 1/18/11

Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene. 28. Transport Vehicle with Lift P/T   

25. Wheelchair Accessible Table 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: No heavy lifting > 10 lbs cold

INSTITUTION <u>HDCP</u>	COMPLETED BY (PRINT NAME) <u>AGASOR</u>	TITLE <u>MD</u>
SIGNATURE <u>[Signature]</u>	DATE <u>1/19/12</u>	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH <u>COSTON, DANIEL</u> <u>D86227</u> <u>10/28/63</u>
HCM/CMO SIGNATURE <u>[Signature]</u>	DATE <u>1-23-12</u>	
APPROVED (list the number of items approved) <u>4-23</u>		
DENIED (list the number of items denied) <u>  </u>		

COMPREHENSIVE ACCOMMODATION  
CHRONO

C4-227L

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

Danny M. Coston

Plaintiff or Petitioner

v.

Case Number:

J.K. Yu, et. al.

Defendant or Respondent

PROOF OF SERVICE

I hereby certify that on April 14, 20 14, I served a copy  
of the attached First Amendment Complaint,  
by placing a copy in a postage paid envelope addressed to the person(s) hereinafter listed, by depositing said envelope  
in the United States Mail at Corcoran California:

(List Name and Address of Each  
Defendant or Attorney Served)

Office of the Clerk,  
Eastern District Court of California.  
~~501 I Street, Suite 4-200~~  
~~Sacramento California, 95814-2322~~

2500 TULARE ST. #1501  
FRESNO, CA. 93721

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

Danny M. Coston  
(Name of Person Completing Service)