

70

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

FILED
FEB 18 2010
CLERK'S OFFICE
DETROIT

MAURICE A. POINTER,

Plaintiff,
v.

Civil Action No. 2:10-CV-10589
HONORABLE DENISE PAGE HOOD
UNITED STATES DISTRICT JUDGE
HONORABLE VIRGINIA M. MORGAN
UNITED STATES MAGISTRATE JUDGE

MICHIGAN DEPARTMENT
OF CORRECTIONS, et. al.,
Defendants,

OPINION AND ORDER TRANSFERRING PLAINTIFF'S CIVIL RIGHTS
COMPLAINT TO THE WESTERN DISTRICT OF MICHIGAN

Maurice A. Pointer, ("plaintiff"), presently confined at the Gus Harrison Correctional Facility in Adrian, Michigan, has filed a civil rights complaint in this district against the defendants pursuant to 42 U.S.C. § 1983. In his complaint, plaintiff claims that his constitutional rights were violated by the defendants while he was incarcerated at the Straits Correctional Facility in Kincheloe, Michigan. For the reasons stated below, the Court will transfer this matter to the Western District of Michigan for further proceedings.

I. DISCUSSION

In the present case, all of the actions complained of by plaintiff took place at the Straits Correctional Facility, located in Kincheloe, Michigan, which is located in the Northern Division of the Western District of Michigan. The defendants named in the complaint reside in the Western District of Michigan.

Venue is in the judicial district where either all defendants reside or where the claim arose. *Al-Muhaymin v. Jones*, 895 F. 2d 1147, 1148 (6th Cir. 1990); 28 U.S.C. §

1391(b). For the convenience of parties and witnesses, in the interest of justice, a district court may transfer any civil action to any other district or division where the action might have been brought. See *United States v. P.J. Dick, Inc.*, 79 F. Supp. 2d 803, 805-06 (E.D. Mich. 2000)(Gadola, J.); 28 U.S.C. § 1404(a). Venue of a lawsuit may be transferred *sua sponte* for the convenience of parties or witnesses. *Sadighi v. Daghighfekr*, 36 F. Supp. 2d 267, 278 (D.S.C. 1999).

The factors that guide a district court's discretion in deciding whether to transfer a case include: (1) the convenience of the witnesses; (2) the location of relevant documents and the relative ease of access to sources of proof; (3) the convenience of the parties; (4) the locus of the operative facts; (5) the availability of process to compel the attendance of unwilling witnesses; (6) the relative means of the parties; (7) the forum's familiarity with governing law; (8) the weight accorded the plaintiff's choice of forum; and (9) trial efficiency and interests of justice, based upon the totality of the circumstances. *Overland, Inc. v. Taylor*, 79 F. Supp. 2d 809, 811 (E.D. Mich. 2000)(Gadola, J.).

The Court concludes that both for the convenience of the parties and witnesses, as well as in the interests of justice, the present matter must be transferred to the Western District of Michigan. Although plaintiff is currently incarcerated at the Gus Harrison Correctional Facility, which is located in this district, venue is more appropriate in the Western District of Michigan, because all of the "operative facts" in this case took place at the Straits Correctional Facility, which is located in the Western District of Michigan. See *Pierce v. Coughlin*, 806 F. Supp. 426, 428 (S.D.N.Y. 1992). Because the Straits Correctional Facility is the primary situs of the material events in plaintiff's civil

rights lawsuit, plaintiff's choice of forum has little weight in the Court's determination. See *Boyd v. Snyder*, 44 F. Supp. 2d 966, 971 (N.D. Ill. 1999). Finally, the witnesses and files necessary to prosecute these claims are located in the Western District of Michigan. For these reasons, transfer of this action to the Western District would be proper. See *Welch v. Kelly*, 882 F. Supp. 177, 180 (D.D.C. 1995). Accordingly, this matter will be transferred to the Western District of Michigan for further proceedings.

II. ORDER

Accordingly, the Court **ORDERS** the Clerk of the Court to transfer this case to the United States District Court for the Western District of Michigan pursuant to 28 U.S.C. § 1404(a).

S/R. Steven Whalen
R. STEVEN WHALEN
UNITED STATES MAGISTRATE JUDGE

Dated: February 18, 2010

CERTIFICATE OF SERVICE

The undersigned certifies that a copy of the foregoing order was served on the attorneys and/or parties of record by electronic means or U.S. Mail on February 18, 2010.

S/Gina Wilson
Judicial Assistant

CIVIL RIGHTS

PRISONER CASE INFORMATION SHEET

Case No. 10-10589 Judge: Hood M/J: Morgan Staff Attorney: Besser

Plaintiff's Name and Inmate Number:

MAURICE A POINTER Inmate No. 542653

Defendant's Name:

MICHIGAN DEPARTMENT OF CORRECTIONS ET AL

Petitioner's Attorney/Address:

Name of Correctional Facility:

Gus Harrison Correctional Facility
2727 E. Beecher Street
Adrian, MI 49221
LENAWEE COUNTY

To: STAFF ATTORNEYS From: CLERK'S OFFICE [X] Detroit [] Divisional Clerk's Initials: DA Date: 02/12/2010

THE FOLLOWING DOCUMENT(S) HAVE BEEN PLACED IN YOUR ELECTRONIC INBOX:

Litigation Printout: [X] Yes [] No

- [X] Order Re: Proceeding Without Prepayment of Fees and Costs
[X] Civil Rights Information Sheet
[X] Order Directing Service Without Prepayment of Fees and Costs
[] Acknowledgment of Receipt of Documents
[X] Order to Provide Additional Copies
[] Order to Correct Deficiency
[] Other:

Deficiency:

- [] Yes [] No IFP Application [] No Fee [] No Copies [] No Signature [] Other:
[X] No

THE FOLLOWING DOCUMENT(S) HAVE BEEN PLACED IN YOUR INBOX IN THE CLERK'S OFFICE:

- [] Motion
[] Request for:

To: DISTRICT COURT JUDGE From: STAFF ATTORNEYS S.A. Initials: dhb Date: 02/17/2010

THE STAFF ATTORNEY WILL PREPARE THE FOLLOWING DOCUMENT(S):

- [] Order to Show Cause (Three Strikes)
[] Proposed Order of Summary Dismissal (For consideration by a District Judge.*) *This determination is based on a preliminary screening of the pleading. If the Staff Attorneys subsequently conclude that a different disposition of the case is appropriate, they will notify chambers accordingly.
[] Proposed Order of Partial Dismissal (of Defendants(s)) (For consideration by a District Judge.*) *This determination is based on a preliminary screening of the pleading. If the Staff Attorneys subsequently conclude that a different disposition of the case is appropriate, they will notify chambers accordingly.
[X] Order of Transfer to: Western District of Michigan-will have Magistrate Judge Whalen review and sign.
[] Other:

ALLEGATIONS/DISCUSSION:

MAURICE A. POINTER 542653

(Enter above the full names of all plaintiffs, including prisoner number, in this action.)

v. MICHIGAN DEPARTMENT OF CORRECTIONS,
MEDICAL SERVICE PROVIDER,
MEDICAL UNIT DIRECTOR, et al.

Case:2:10-cv-10589
Judge: Hood, Denise Page
MJ: Morgan, Virginia M
Filed: 02-11-2010 At 03:26 PM
CMP POINTER V. MDOC ET AL (DA)

(Enter above the full name of the defendant or defendants in this action.)

COMPLAINT

I. Previous Lawsuits

CAUTION: The Prison Litigation Reform Act has resulted in substantial changes in the ability of incarcerated individuals to initiate lawsuits in this and other federal courts without prepayment of the required \$350 filing fee. Accurate and complete responses are required concerning your litigation history. Generally, a plaintiff's failure to accurately and completely answer the questions set forth below will result in denial of the privilege of proceeding *in forma pauperis* and require you to pay the entire \$350 filing fee regardless whether your complaint is dismissed.

A. Have you ever filed a lawsuit while incarcerated or detained in any prison or jail facility? Yes No

B. If your answer to question A was yes, for each lawsuit you have filed you must answer questions 1 through 5 below. Attach additional sheets as necessary to answer questions 1 through 5 below with regard to each lawsuit.

1. Identify the court in which the lawsuit was filed. If it was a state court, identify the county in which the suit was filed. If the lawsuit was filed in federal court, identify the district within which the lawsuit was filed.

2. Is the action still pending? Yes No

a. If your answer was no, state precisely how the action was resolved: _____

3. Did you appeal the decision? Yes No

4. Is the appeal still pending? Yes No

a. If not pending, what was the decision on appeal? _____

5. Was the previous lawsuit based upon the same or similar facts asserted in this lawsuit? Yes No

If so, explain: _____

Place of Present Confinement STRAITS CORRECTIONAL FACILITY

If the place of present confinement is not the place you were confined when occurrence that is subject of instant lawsuit arose, also list the place you were confined: _____

III. Parties

In Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of Plaintiff LESLIE WIGHT MAURICE A. POINTER 542653 HEALTH UNIT MANAGER
Address STRAITS CORRECTIONAL FACILITY, 4387 W. M-80, KINCHELOE, MICHIGAN 49785

In Item B below, place the full name of the defendant in the first blank, his or her official position in the second blank and his or her place of employment in the third blank. Use Item C for the names, positions and place of employment of all additional defendants. Attach extra sheets as necessary. State whether you are suing each defendant in an official or personal capacity.

B. Defendant LESLIE WIGHT is employed as HEALTH UNIT MANAGER
at STRAITS CORRECTIONAL FACILITY

C. Additional Defendants Lori Davis, RN 13, Eilene Conklin, Nurse Practitioner

STRAITS CORRECTIONAL FACILITY

ASST. DEPUTY WARDEN-HOUSING: JACQUELINE NADEAU PROVIDER
OF FOOT STOOL CLEARLY MARKED "NO STEP"

IV. Statement of Claim

State here, as briefly as possible, the facts of your case. Describe how each defendant is personally involved. Include also, the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets if necessary.

Upon intake at Straits Correctional Facility, I was interviewed by Lori Davis,
RN 13, on 10-11-07. I informed her of my previous bodily injuries and my inability
to climb, also that I was not sure of my footing on the stool provided for inmates
to gain access and exit the top bunk. I was told by RN 13 Davis, "To leave!"

top Bunk, I tried to fix my assigned bunk while standing on a 2 foot high stool, provided for inmates to climb to the top bunk, I became unstable and I fell to the floor. RN 13 Davis came to my accident and grabbed me, pulling and jerking my left arm. I asked her not to do that, and RN 13 Davis replied, "I'm just trying to check your vitals." I replied, "Please don't." RN 13 Davis told Sgt. Mc Kay, "He doesn't want me to touch him. Well I'm going to check the camera to see if he just laid down, and if so, I'm going to make sure that he pays!" Upon my return from War Memorial Hospital in Sault Ste. Marie, I was told by Leslie White, Medical Unit Manager, "There is nothing wrong with you, you're just trying to steal a bunk, I'm not giving you nothing. I'll bet you'll be careful next time, and you know what you've got to do!" Medical Unit Director Leslie White, is referring to myself taking disciplinary action to resolve a medical situation!

I went to see Nurse Practitioner Eilene Conklin on 10-12-07 and she stated, "There's nothing wrong with you, you're not fat or have a limb missing, and you're not deformed, and I can find no reason to give you a bottom bunk detail. Exercise and walk to take away your soreness, because you don't need any medication and you can kite record's for your paperwork from the hospital and from KTF Straits Correctional Facility's Medical Service Provider, Tina Harvey, RN. T, a charge of \$2.25 for 9 Pages of documentation from War Memorial Hospital." I immediately left because anything said or done could and would be construed into a Major Misconduct and Administrative Segregation and a security level change.

relief

State briefly and precisely what you want the court to do for you.

To be placed in a Medical Facility that will Accommodate my medical needs and
sleeping area. \$500.00 for every day I'm forced to sleep on a top bunk. Punitive
relief for negligence for basing their decisions on a visual evaluation instead
of physical examination, and also, pain and suffering for having to take this
situation to Federal Court. Filing Fees, Copy Fees, and Attorney Fees. Also,
at this time I request \$500.00 per day for everyday after 10-11-07 for not
receiving proper medical care.

2.8.2010
 Date

Maurice A. Porter
 Signature of Plaintiff

NOTICE TO PLAINTIFF(S)

The failure of a *pro se* litigant to keep the court apprised of an address change may be considered cause for dismissal.

HOME MAILING ADDRESS
 15 EAGLE STREET, BATHE CREEK, MI. 49037
 269.968.8862

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I 10/16/07 Grievance Identifier: KTF 11919 11915 1031

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
MAURIE A. PAINTER	542653	KTF	A-2-45	10-11-07	10-15-07

What attempt did you make to resolve this issue prior to writing this grievance? On what date?
If none, explain why.

LESLIE WHITE - HEALTH UNIT MANAGER 10-11-07 3:50 PM

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

I DISAGREE WITH HER DECISION AFTER BEING TOLD FROM WAR MEMORIAL HOSPITAL SAKT SIG. MARIE I WAS TOLD THERE'S NOTHING WHICH'S WITH ME. YOUR TRYING TO STEAL A BOTTOM BUNK SEEM NOT OVER WEIGHT. MISSING A LIMB OR DEFORMED ALSO EX. YOU KNOW WHAT YOU GOT TO DO. BECAUSE I'M NOT SIGNED SOMETHING. SHE'S REFERRING TO ME TALKING A DISCIPLINARY ACTION'S TO RESOLVE A MEDICAL SITUATION AND I SHOULD NOT BE SUBJECTED TO A BIAS AND PREJUDICE ENVIRONMENT. ALL WHITE MEDICAL STAFF OF KTF. LESLIE WHITE IS BASING HER DECISION ON A VISUAL EVALUATION AND ANY MEDICAL EVALUATION IS BASED ON A PHYSICAL EXAM'S AS WITH VISUAL. THERE ARE SEVERAL INMATES THAT FIT MY EXTERIOR CRITERIA THAT HAVE BOTTOM BUNK'S. MY MOST RESENT INMATE WAS SUSTAINED HERE AT KTF ON 10-11-07 11:5 A-2-45. I AM STILL FORCED TO STAY BUNK OR FACE DISCIPLINARY ACTION AND I'M BEING DENIED MEDICAL AND THE DOCUMENTATION SECTION MS. BEHRE FROM WAR MEMORIAL HOSPITAL HER DECISION'S SHOULD NOT BE ALLOWED TO AFFECT THE PROPERTS OF THE DEC IN HIS NINGS OR HEALTH CONDITION. BECAUSE THE MEDICAL DEPT IS NOT PART OF THE D.O.C. ALSO I SHOULD NOT BE FORCED INTO A DISCIPLINARY SITUATION TO RESOLVE A MEDICAL SITUATION. LESLIE WHITE IS UNPROFESSIONAL IN HER CONDUCT FOR BRING TO ANY INMATE ATTENTION TO TAKE A DISCIPLINARY MEASURE TO RESOLVE HER BIAS AND PREJUDICE DECISION'S!

Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)

[Signature]
Respondent's Signature
Theresa L. LINDEN
Respondent's Name (Print)
RN 12
Working Title
10/23/07
Date

Karen Dennis
Reviewer's Signature
Karen Dennis
Reviewer's Name (Print)
10-24-07
Date
RN 15
Working Title

Date Returned to Grievant: 10/29/07 If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature _____ Date _____

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

Date Received by Grievance Coordinator
at Step II: NOV 5 2007

Grievance Identifier

KTF 02110 1059 03A

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247 (Identical copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

RECEIVED MDOC
NOV 29 2007
Grievance & Appeals

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: URF
WARDEN by 11/8/07. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>POINTER MAURICE A</u>	<u>342653</u>	<u>KTF</u>	<u>A-2-45</u>	<u>10-11-07</u>	<u>11-4-07</u>

STEP II--Reason for Appeal I HAVE NOT RECEIVED AN INTERVIEW OR NOTICE FROM KTF MEDICAL DEPT UNDER A CALL OUT NOR HAVE I RECEIVE A VERBAL SUMMONS FROM A UNIT OFFICER SEE MEMORANDUM DATED 10-24-07 FROM A LETTER SENT TO WARDEN JERRI ANN SIEMMI ON 10-11-07. I HAD NO EVALUATION BECAUSE IT WAS NOT HELD IN THE MEDICAL DEPT. NIPCONKIN IS NOT QUALIFIED TO DIAGNOSIS MY PHYSICAL CONDITION AND WAR MEMORIAL HOSPITAL DIAGNOSED MY MEDICAL CONDITION. DEGENERATIVE DISC DISEASE OF MY SPINE WHICH LIMITS MY ABILITY TO CUMB. I REQUEST A BOTTOM BUNK TO ALLEVIATE MY PAIN AND STRUSSE TO GAIN ACCESS TO THE TOP BUNK THAT WAS ASSIGNED TO ME EVAN AFTER I FORE-WARNED DAVIS RN13 OF MY IMPAIRMENT ON 10-11-07. AT 10 45AM. AND ALSO WHERE MY ACCIDENT ACCURED A-2-45

STEP II--Response

Date Received by
Step II Respondent:
NOV 5 2007

[Handwritten signature]

Jennie Stephen
Respondent's Name (Print) Respondent's Signature Date 11/5/07

Date Returned to
Grievant:
11/19/07

STEP III--Reason for Appeal I HAVE NOT RECEIVED ANY MEDICAL ASSISTANCE, TREATMENT FOR MY ER-SUIT AT WAR MEMORIAL HOSPITAL AND THE DETERMINATION FOR BOTTOM BUNK WAS MADE BY NIPCONKIN. REVIEW SEE SHE WISHIT STATEMENT. I SENT MED. KITE 11-2-07 BLOOD PRESSURE, TEMPERATURE CHECKED CHARGED 5⁰⁰ EVER ADDRESSED ISSUES IN MY MED. KITE DATED 11-2-07. IVE BEEN ASKING FOR MEDICAL ASSISTANCE SINCE AS PLACEMENT FROM KOFLEYLA 11-28-06. JENNIE STEPHEN BN. MARC WEEET KNOWINSKY HAVE DENIED MY REQUEST VAD 0612 2197 12/1 URF 0705165016 URF 0708192012E P.O. 03 04 101 PAAG AD 03 03 130-PLUS STATEMENT PAR G. H. I. 6. J. K. 3 0706122228E URF 070711201283 URF 070610612 DI P.O. 04 02 105 PAR. K L P.O. 03 02 130 PAR K REPARIAL

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary --Step III; Pink--Step II; Goldenrod--Grievant

Michigan Department of Corrections

October 23, 2007

KTF-07-10-1085-3f

Grievance Step I Response

Pointer, #542653

The patient was scheduled to discuss his grievance on 10/19/07 but failed to appear. The grievance was reviewed, and his issue appears to be inappropriate treatment. Investigation reveals on 10-11-07 the patient returned from the emergency room following a fall. Per the ER report, CT and x-ray reports were negative other than degenerative disc disease of the spine. The nurse advised the patient of the criteria for a bottom bunk and explained he did not meet the criteria. She denies telling the patient there was nothing wrong with him and states she acted in a professional manner at all times. The patient was scheduled with a medical service provider the following day. At that time the MP confirmed a bottom bunk was not medically indicated.

Michigan Department of Corrections November 9, 2007 KTF-07-10-1085-03f

Grievance Step II Response

Pointer #542653

Investigation supports the Step I Response. Medical records indicate that the patient was seen post ER visit for follow-up, on October 12, 2007. It was determined that a bottom bunk detail was not medically indicated at that time.

Patient may contact KTF Health Care, if his back pain persists, so that he can be re-evaluated.

Jeannie Stephenson
Respondent Name

Jeannie Stephenson R.N.
Respondent Signature

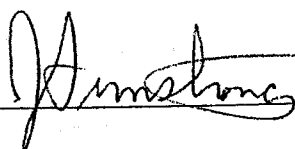
November 9, 2007
Date

THIRD STEP GRIEVANCE RESPONSE

Maurice Pointer #54653-542653
Grievance #: KTF-07-10-1085-03f

The Grievant presents an issue which alleges in October 2007 he was inappropriately denied a medical detail for a bottom bunk. Grievant wants a bottom bunk and other medical assistance as relief for filing this grievance. This grievance was processed at the local level in accordance with the provisions of Policy Directive and Operation Procedure 03.02.130 (Prisoner/Parole Grievances).

This investigator reviewed the record presented with the appeal to step three. All relevant information was considered. Based on the review, this writer finds staff properly responded to the grievance and addressed the merits of the main issue grieved. No additional information was provided to negate the step I and II responses. Grievant was assessed for a medical detail in accordance with PD-03.04.100 and 04.06.160. This grievance appeal is denied.

Approval Signature:  Date: 12/29/07

V/12-17-07

CC: Warden
Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I 10/16/07 Grievance Identifier: KTF # 10 10/16/11 12/E

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>MAURICE A. POINTE</u>	<u>342653</u>	<u>KTF</u>	<u>A-245</u>	<u>10-11-07</u>	<u>10-12-07</u>

What attempt did you make to resolve this issue prior to writing this grievance? On what date? _____
If none, explain why. LESLIE WHITE-HUM 10-11-07 3:45 PM

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

ON 10-11-07, I HAD AN ENCOUNTER WITH DAVIS RN13 FOR INTAKE REASON'S UPON CONFIDING. CONVERSING TO HER MY PHYSICAL IN PAIRMENT'S SHE BECAME UNPROFESSIONAL. 10-11-07, AROUND 11:15 AM, I HAD AN ACCIDENT FOR WHICH I TRIED TO FOREWARN DAVIS RN13 UPON DAVIS RN13 COMING TO MY ACCIDENT SHE GRABB MY ARM IN A UNPROFESSIONAL MANNER FOR ONE OF HER STAFF AND HAVING EXPERIENCE AND KNOWING I FAIL, DAVIS RN13 BLANSENSE REFERS TO 100 PEOPLE AND SHE'S GOING TO REVIEW CAMERA FOOTAGE, TO MAKE SURE THAT I FAIL AND NOT JUST LAID DOWN AND SHE WOULD MAKE SURE THAT I PAID ANY MEDICAL BILL'S. HER ACTION'S ARE DESPISING, BELITTLING, HARASSING, TAUNTING AND IN VIOLATION OF P.D. 03.03.130.

ALSO HER ACTION'S ARE DESCRIBED IN P.D. 03.02.130, MDP I, OCF I, ORF III

Maurice A. Pointe
Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)
SEE ATTACHED MEMO

Theresa L. Lovin
Respondent's Signature
Theresa L. LOVIN
Respondent's Name (Print)
2317
Date
RN12
Working Title

Karen Dennis
Reviewer's Signature
Karen Dennis
Reviewer's Name (Print)
10-24-07
Date
RN15
Working Title

Date Returned 10/29/07 Grievant: 10/29/07
If resolved at Step I, Grievant sign here... Resolution must be described above. _____
Grievant's Signature _____ Date _____

DEPARTMENT OF CORRECTIONS

4835-4248 · 12/97
CSJ-247 B

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

Date Received by Grievance Coordinator
at Step II: _____

Grievance Identifier KTF021A 1061112E

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (which you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

RECEIVED INDOO
NOV 29 2007
Grievance & Appeals

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: HEALTH SERVICES 11/8/07 KTF
If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>POINTER MAURICE A.</u>	<u>542653</u>	<u>KTF</u>	<u>A-2-45</u>	<u>10-11-07</u>	<u>12-6-07</u>

STEP II--Reason for Appeal REGARDLESS OF THE GRIEVANCE AND STEP I RESPONSE TASKING AND REQUESTS FOR MEDICAL AND PROMPT MEDICAL ASSISTANCE AND TREATMENT FOR THE CONTINUOUS PAIN I'M EXPERIENCING IN MY NECK, SHOULDER'S AND BACK AND ACCOMMODATION TO ALLEVIATE MY PAIN STRUGGLE TO GAIN ACCESS TO ASSISTED TO BUNK A-2-45. 10-11-07 9:30AM. 10-11-07 10:45AM FORE-WARNED ANIS DAVIS. 10-11-07 11:00AM FAIL FROM 2nd FLOOR. 10-11-07 3:50PM RETURNED FROM WAR MEMORIAL HOSPITAL EVALUATED BY LESLIE WISHT-HUM. PAIN BACK ON TOP BUNK A-2-45. 4:00PM. I BEING DENIED ADEQUATE & PROMPT MEDICAL ASSISTANCE TREATMENT AFTER MY RETURN AND BEING DIAGNOSED BY A PHYSICIAN FOR DEGENERATIVE DISC DISEASE OF THE SPINE AT WAR MEMORIAL HOSPITAL - SAULT STE MARIE, MI. IN VIOLATION OF P.O. 03-03-130. READ POLICY STATEMENT AND PARAGRAPH'S G-H-I-J-K-L P.O. 03-02-130-AR-K

STEP II--Response

Date Received by
Step II Respondent:

See attached
Jeannie Stephenson
Respondent's Name (Print) Respondent's Signature Date 11/19/07

Date Returned to
Grievant:
11/19/07

STEP III--Reason for Appeal AS POINTED IN STEP I & II. AND ALSO I'VE SEEN NO DOCTOR. SINCE MY ER VISIT AT WAR MEMORIAL HOSPITAL LESLIE WISHT-HUM, PENNS FILON RN, JEANNIE STEPHENSON, MARC WEST-HUM HAS NEVER ADDRESSED OR GIVEN ME ANY MEDICAL ASSISTANCE, TREATMENT

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary --Step III; Pink--Step II; Goldenrod--Grievant

A245

Step III Grievance Response

MAURICE POINTER 542653

KTF 07101061

Grievant alleges that the nurse was unprofessional when she responded to his medical emergency of falling out of the bed.

The information presented upon appeal to step III has been reviewed in addition to the medical record. The step I and step II responses appropriately address the grievance. As noted, investigation did not support his allegation. Also as noted, additional issues brought up with his step II and step III appeal will not be addressed.

Grievance denied.

~~Response of Bureau of Health Care Services~~

Date: 12/14/2007

Approved: _____

[Handwritten Signature]

Date: *12/27/07*

Step III ID: 213199

C: Warden

Regional Health Care Administrator I

Grievant

1-7-08 4:30 PM NO ENVELOPE

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I 10/24/07 Grievance Identifier: KTF 07/01/098/124

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
MAURICE A. POINTER	342653	KTF	A-2-45	10-11-07	10-19-07

What attempt did you make to resolve this issue prior to writing this grievance? On what date? _____
If none, explain why. LESLIE WHITE 10-11-07 3:50 PM.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

SINCE MY RETURN FROM WAR MEMORIAL HOSPITAL SAINT STE. MARIE, 10-11-07 3:50 PM I HAVE RECEIVE NO MEDICAL AT ALL UPON MYSELF TRINS TO CONVEY TO LESLIE WHITE - HEALTH UNIT MANAGER OF MY PAIN AND DEFACULTITS IN WALKING SITTING AND TRINS TO NEGOCIAT THE TOP BUNK IN WHICH MY ACCIDENT ACCUR FROM SHE BECAME IRRATE AND UNPROFESSIONAL. QUOTINS THESE WORDS-I NOT GIVINS YOU NOTHINS, THERE'S NOTHINS WHONS WITH YOU-I LL BET YOU WILL BE CAREFUL NEXT TIME, FOR A PERSON OF HER STATE AND PROFESSIONSHE'S VERY UNPROFESSIONAL IN CONDUCT AND FOR HER MEDICAL PRACTICE, I FAIL TO MENTION TH SHE TOLD ME- YOU KNOW WHAT YOU GOT TO DO! THERE ACTION'S ARE MEANT TO DISCOURSE- HARASS. FRUSTRATE BROWN SKIN NATIVE AMERICAN'S FROM SEEKING MEDICAL ATTENTION BECAUSE WE ARE THE ONLY INMATE'S COMPLAINING ABOUT MEDICAL.

Maurice A. Pointer
Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)

See attached memo

Respondent's Signature Maria Pereira Date 10-30-07
Respondent's Name (Print) Maria Pereira Working Title RM
Reviewer's Signature Marie West Date 11-6-07
Reviewer's Name (Print) Marie West Working Title HM

Date Returned to Grievant: 11/9/07 If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature _____ Date _____

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247 B

Date Received by Grievance Coordinator
at Step II: NOV 27 2007

Grievance Identifier KTF 0710 10981 12E

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) MUST be attached to the white copy of this form if you appeal it at both Step II and Step III.

RECEIVED MDOC
DEC 17 2007
KTF
Grievance & Appeals

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to Warden by 11/28/07. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>MAURICE A. POINTER</u>	<u>542653</u>	<u>KTF</u>	<u>A-2-45</u>	<u>10-11-07</u>	<u>11-22-07</u>

STEP II--Reason for Appeal NEVER RECEIVED CALLOUT FOR KTF MED. DEPT. NO VERBAL UNIT OFFICER FOR KTF MED. DEPT. HAVE NOT RECEIVED ANY MED. IN RESARD'S TO E.R. VISIT. LESLIE WISIT-HUM-MARIA PERERA. I'M NOT GIVING YOU NOTHING. THERE'S NOTHING WRONG WITH US. YOU KNOW WHAT YOU GOT TO DO. BET YOU'LL BE CAREFUL NEXT TIME. YOUR TRIN TO STEAL A BUNK. 10-12-07. NP CONKLIN, TALK'S TO ME AS IF I'M IMPAIRED. KNOW MY BODY BETTER THAN I, AFTER BEING ASKED TOO EXPLAIN. KTF MEDICAL STAFF BECOMES ARGUMENTATIVE & TERMINATE TO PREVENT A MAJOR MISCONDUCT AS THEIR RESOLUTION TO RESOLVE A MEDICAL SIT, KTF MED. DEPT. 11-2-07, 11-12-07, SEEN 11-05-07. Took Blood Pressure-TEMP. CHARGED 500. NEVER NEVER ADDRESSED MY ISSUE'S AND REASON FOR KTF-CALLOUT. KTF MED. STAFF NEEDS ETHNIC AND RACIAL DIVERSITY COUNSELING

STEP II--Response

see attached

Date Received by
Step II Respondent:
NOV. 27 2007
10/20/07

Jeanie Stephenson Jeanie Stephenson 12/3/07
Respondent's Name (Print) Respondent's Signature Date

Date Returned to
Grievant:
12/5/07

STEP III--Reason for Appeal I DISAGREE WITH STEP II. DERELICTION OF DUTY'S, EXTORTION OF MONEY, ABUS DENNIS, ADW NADEAU, MARC WEST-HUM, JEANNIE STEPHENSON PENNY FIKOL LESLIE WISIT-HUM. HAVE NOT RECEIVED MEDICAL ASSISTANCE, TREATMENT OR ACCOMMODATION. LAST SEEN BY A DOCTOR 10-11-07, EMERGENCY ROOM WAR MEMORIAL HOSPITAL FOR A FALL FROM A 2 FOOT HIGH STOOL THAT'S CLEARLY MARKED "NO STEP" THEY DO NOT FOLLOW POLICY DIRECTIVE'S OR OPERATING PROCEDURE'S AND A GRIEVANCE MEAN'S NOTHING TO THESE PEOPLE

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

A243

Step III Grievance Response

MAURICE POINTER 542653
KTF 07101098

Grievant alleges he is not receiving adequate medical care.

The information presented upon appeal to step III has been reviewed in addition to the medical record. The step I and step II responses appropriately address the grievance. Step I and step II responses are affirmed. Review of medical records show grievant has been assessed, evaluated and treated by the Medical Practitioner. Grievant has also been issued a special accommodation for a bottom bunk. Grievant is encouraged to follow the plan of care recommended and request follow up care as needed.

Grievance denied.

Response of Bureau of Health Care Services *WMM*

Date: 2/20/2008

Approved: *[Signature]*

Date: 3/6/08

Step III ID: 213778

C: Warden
Regional Health Care Administrator I
Grievant

DEPARTMENT OF CORRECTIONS
INMATE/PAROLEE GRIEVANCE FORM

Date Received at Step I 10/21/08 Grievance Identifier: KCF081091283128E

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
POINTEL MAURICE A.	342653	KCF	B-3-26	10-16-08	10-17-08

What attempt did you make to resolve this issue prior to writing this grievance? On what date?
If none, explain why. REJECTED TO SEE DOCTOR IN STALLMAN ON 10-9-08 AND 10-14-08.
NO RESPONSE TO REASON OF KITE'S BEAT ON ABOVE DATES.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

GRIEVANCE IN REFERENCE TO SUSAN H. WILSON - NP, POOL SERVICE UNPROFESSIONAL CONDUCT - FILING LAWSUITS REFUSING TO OBEY P.D. 03.04, 100 CENTS SERVICE. SUSAN H. WILSON, IN VIOLATION OF P.D. 03.03.130. FOR KNOWING MY PHYSICAL PROBLEMS THEN DENYING EXACTLY WHAT - WHY I WAS THE REASON ADDRESSED ON MEDICAL KITE DATED 9-26-08.

GRIEVANCE IN ACCORDANCE TO P.D. 03.02.130 PAR. - P. INTENTIONAL, DELIBERATE, INDIFFERENCES

GRIEVANCE AGAINST BERTHILSER IN VIOLATION OF P.D. 03.02.130 PAR. K. AND ALSO TOM MACKIE - A/ADU.

M. Pintel
Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)

SEE ATTACHED RESPONSE.

[Signature]
Respondent's Signature
H. BERLINGER
Respondent's Name (Print)

10/21/08
Date
G-C.
Working Title

[Signature]
Reviewer's Signature
MC STREWARD
Reviewer's Name (Print)

10/21/08
Date
A.A.
Working Title

Date Returned to Grievant: 10/22/08 If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature _____ Date _____

Grievance response:
KCF-08-10-01283-28e
Pointer #542653, B-3-86

The date of incident is listed as 10-6-08 and today's date is listed as 10-17-08 with no explanation for the cause in delay of filing.

PD 03.02.130 states, "A grievance shall be rejected by the Grievance Coordinator if the grievance is filed in an untimely manner. The grievance shall not be rejected if there is a valid reason for the delay."

Grievance rejected.

Received by Grievance Coordinator
Step II OCT 8 0 7 11

Grievance Identifier K C F 0 8 | 1 0 0 1 2 8 3 2 8 e

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.
The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: KCF
Warden's office by 10-31-08. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Pointer	542653	KCF	B-3-86	10-16-08	10-28-08

STEP II - Reason for Appeal *I REITERATE STEP I. EXPERIENCING PERS. AND INTENTIONAL DELIBERATE INDIFFERENCE'S DENIED MEDICAL HEALTH CARE (REFUSE TO ALLOW ME TO SEE A DOCTOR AFTER 3 EVALUATIONS), FROM SUSAN H. WILSON-NIP, 10-6-08; WENDY BALKER SUPERVISOR 10-22-08, EVALUATED FOR FOOT FUNGUS ON 8-26-08, BACK SHOULDER 9-30-08 BY MARY SIZEMAN AND BY SUSAN H. WILSON 10-6-08, 10-16-08. FOR HEMORRHOIDS BY DOCTOR T. STANMAN FLD TO KE KITE, NEVER RESOLVED HIS PROBLEMS. INVOLVATION OF P.D. 03, 03, 130 IN HUMANE TREATMENT!
ALSO EXPERIENCING PERS. AND INTENTIONAL DELIBERATE INDIFFERENCE'S FROM GRIEVANCE COORD. L. BERKINER AND CONSILIATOR TOM MARCKEL NEVER INTERVIEWED BY DEPARTMENT ORDERED BY GRIEVANCE COORD. TO DETERMINE IF COULD BE RESOLVED AT STEP I. DENIED DUE PROCESS OF THE GRIEVANCE PROCEDURE INVOLVATION OF P.D. 03, 02, 130 PAR-K5 - P.D. 03, 03, 130 ... ETC.*

STEP II - Response

Date Received by Step II Respondent: <u>OCT 8 0 7 11</u>
--

SEE Attached

T. Mackie Alwarden
Respondent's Name (Print)

T. Mackie
Respondent's Signature

11/19/08
Date

Date Returned to Grievant: <u>11/20/08</u>
--

STEP III - Reason for Appeal

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III - Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White - Central Office; Green - Canary - Step III; Pink - Step II; Goldenrod - Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I 4/3/08 Grievance Identifier: KT F08104 | 524 | 122

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>MAURICE A. POINTER</u>	<u>592653</u>	<u>KTF</u>	<u>A-2-43</u>	<u>ON going</u>	<u>4-3-08</u>

What attempt did you make to resolve this issue prior to writing this grievance? On what date?
If none, explain why. KITED LESLIE WISHT-HUM. SEVERAL TIMES: NO RESPONSE

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

WHAT I SEEK AND MY BODY'S NEED'S IS PHYSICAL THERAPY AND REHABILITATION FOR A SLIP AND FALL ON 10-11-07, A-2-45 IN WHICH I INJURED MY LOWER BACK, LEFT SHOULDER, RIGHT HIP.

Maurice A. Pointer
Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.
see attached

Theresa Lovin
Respondent's Signature
Theresa Lovin
Respondent's Name (Print)
4/9/08
Date
RVR
Working Title

Lori L. Davis
Reviewer's Signature
Lori L. Davis
Reviewer's Name (Print)
4/9/08
Date
RW13
Working Title

Date Returned to Grievant: 4/11/08 If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature _____ Date _____

4835-4248 12/97
CSI-247 B

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

Date Received by Grievance Coordinator
at Step II: APR 21 2008

Grievance Identifier

KTFO804 524 124

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.
The white copy of the Prisoner/Parolee Grievance Form CSI-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) MUST be attached to the white copy of this form if you appeal it at both Step II and Step III.

RECEIVED - MDOC
MAY 19 2008
KTF
Grievance & Appeals

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to Wardens Office by 4/27/08. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>MAURICE A. POINTER</u>	<u>542653</u>	<u>KTF</u>	<u>A-2-43</u>	<u>10-11-07</u>	<u>4-20-08</u>

STEP II--Reason for Appeal

I REITERATE STEP I. MEDICATION AND A LOWER BUNK IS NOT A RESOLUTION TOO HEAVY!
RELIEF REQUESTED: TO BE SEEN BY A DOCTOR ON A MONTHLY BASIS AND ALSO PHYSICAL THERAPY!

STEP II--Response

Date Received by Step II Respondent:
4/22/08

see attached
Jannie Stepherson
Respondent's Name (Print) Respondent's Signature Date 4/20/08

Date Returned to Grievant
4/30/08

STEP III--Reason for Appeal

DELIBERATE INDIFFERENCE. NOT RESOLVED AT STEP I-II
PAST KITCHENS. INITIATIONS IN REGARDS TO 10-11-07. INCIDENT IVE BEEN CHARGED!
3-9-08. KITED LESLIE WISAT-HUM. ALLERGIC REACTION TO FLEXERIL-TRAMANS-HINE'S. NO RESPONSE
ALSO WITHIN KITEDATED 5-9-08. INFORMING THEM 90 DAYS ASKED FOR BY STALLMAN 2-15-08-5-15-08.
IS UP AND I WOULD LIKE TO BE SEEN BY A DOCTOR. RELIEF REQUESTED. PHYSICAL THERAPY!

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

Step III Grievance Response

MAURICE POINTER

542653

[Handwritten signature and scribbles]

KTF 0804524

KCF

Grievant alleges that he is being denied care because physical therapy was not ordered following his slip and fall.

All information presented upon appeal to Step III has been reviewed in addition to the review of corresponding electronic medical records. As noted in earlier responses, grievant has been assessed and the medical conclusion was that physical therapy was not indicated at this time. Grievant's disagreement with this medical conclusion does not support a claim of denial of care.

The Step I and II responses are affirmed. Grievance denied. *M*

Response of Bureau of Health Care Services

Date: 8/6/2008

Approved: _____

[Handwritten signature]

Date: 8/20/07

Step III ID: 219561

C: Warden

Regional Health Care Administrator

Grievant

6-1-25

G-125.

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I 4/9/08 Grievance Identifier: KTF 98104 546 12II

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>MAURICE A. POINTER</u>	<u>542653</u>	<u>KTF</u>	546	<u>4-8-08</u>	<u>4-8-08</u>

What attempt did you make to resolve this issue prior to writing this grievance? On what date?
If none, explain why. STAFF CORRUPTION AS FAR UP AS THE WARDEN'S OFFICE!

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

THIS GRIEVANCE IS WRITTEN TO REDRESS AND ALSO BRING TO KTF ADMINISTRATIVE STAFF. RUM ARUS. RLO'S. CLO'S!
THAT ON 10-11-07, 11⁵⁹AM, A-2-45. I FELL INJURING MY LOWER BACK, LEFT SHOULDER AND RIGHT HIP.
4-8-08, 7³⁰AM, I WAS TOLD I HAD EXTRA DUTY, I WAS FORCED TO PUSH A KART AND DUMP A MATTRESS IN THE TRASH BEND OR FACE A MAJOR TICKET. ODD - DISOBEYING A DIRECTOR'S TRASH BEND OPENING MORE THAN 4 FT FROM GROUND!
I HAVE PULLED SOMETHING AND MY BACK IS KILLING ME!

RELIEF REQUESTED - BE SUSPENDED FROM SEVERE DUTY - LIGHT DUTY ONLY!
P.D. 03.03.105C. REVIEW POLICY STATEMENT - SECTIONS A, B, C!
P.D. 03.03.130. SECTION D - PRISONER'S SHALL NOT BE SUBJECTED TO PERSONAL ABUSE FROM STAFF

Maurice A. Pointer
Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)

[Signature]
Respondent's Signature
Theresa Lovin
Respondent's Name (Print)
4-16-08
Date
RN12
Working Title

[Signature]
Reviewer's Signature
Joslie Wright
Reviewer's Name (Print)
4-17-08
Date
Helen
Working Title

Date Returned to Grievant: 4/22/08 If resolved at Step I, Grievant sign here. Resolution must be described above. [Signature] Date [Date]

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 12/97
CSJ-247B

Date Received by Grievance Coordinator
at Step II 4/29/08

Grievance Identifier KT, F108104, 546 12B

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

RECEIVED MDOC
MAY 13 2008
KTF
Grievance & Appeals

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Wardens Office by 5/5/08. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>MAURICE A. POINTER</u>	<u>542653</u>	<u>KTF</u>	<u>A-2-43</u>	<u>4-28-08</u>	<u>4-28-08</u>

STEP II - Reason for Appeal ISSUED A MEDICAL DETAIL RELIEVING ME OF ANY PULLING PULLING, LIFTING AND TO BE REEVALUATED BY A DOCTOR FOR MY BACK CONDITION! KITED 11-2-07, TO BE EVALUATED FOR AN ACCIDENT CHARGED 5-60-PASS! 10-11-07, 11:00AM, A-2-45, FELL FROM STOOD PROVIDED BY JACQUELINE MADEAU, ASS. DEPT. WARDEN OF HOUSING, TO GAIN ACCESS TO TOP BUNK! STAFF CORRUPTION AS FAR UP AS THE WARDEN- THEY LIE THE OTHER COVER'S, CONDONE'S

STEP II - Response

Date Received by
Step II Respondent:
APR 30 2008

see attached

Respondent's Name (Print) Jamie Steyer
Respondent's Signature Jamie Steyer
Date 4/30/08

Date Returned to
Grievant:
5/5/08

STEP III - Reason for Appeal NOT RESOLVED AT STEP I-II, RELIEF REQUESTED: LIGHT DUTY ACCOMMODATION, PAST KITTING INITIATIVES FOR 10-11-08 INCIDENT, HAS RESULTED IN A CO-PAY OF \$500 DELIBERATE INDIFFERENCE, KEO MAYOR HAS PRIOR KNOWLEDGE OF INCIDENT ON 10-11-07, BECAUSE SHE WAS HERE, EXPERIENCING RETRIBUTION, RETRIATION FOR GRIEVANCE WHOLE HEAVENS FELL ON CO-WORKERS!

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III - Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

Step III Grievance Response

MAURICE POINTER 542653

KTF 0804546

Grievant alleges that there is staff corruption at the facility because he was charged a co-pay for his back injury and has not been provided a light duty assignment.

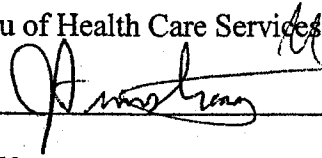
All information presented upon appeal to Step III has been reviewed. A disagreement with the medical conclusion of the attending provider does not equate to nor support a claim of staff corruption.

The Step I and II responses are affirmed. Grievance denied.

Response of Bureau of Health Care Services

Date: 8/7/2008

Approved: _____



Date: 8/20/08

Step III ID: 219560

C: Warden

Regional Health Care Administrator I

Grievant

KCF

DEPARTMENT OF CORRECTIONS STATE OF INTENT TO CONDUCT AN ADMINISTRATIVE HEARING		Prisoner Number: 042653	Prisoner Name: POINTER, MAURICE	Facility: KCF	Lock: E-1-48	Date: 1/31/09
Reporting Staff Member Name (PRINT): A. Laitinen			Title: Accounting Assistant	Reporting Staff Member Signature: <i>Amy Jantunen</i>		
Nature of Hearing (Property disposition, restriction, etc): Health Care Co-Payment - 1/6/09 VISIT						
Reason for Hearing (Describe events leading to this requested action. If property is involved, list all items and explain why taken):						

Pursuant to PD 03.04.101 Prisoner Health Care Co-Payment, if a prisoner refuses to sign the CHJ-549, a NOI will be prepared and an Administrative Hearing conducted. The above named prisoner filled out Form CHJ-549 requesting Health Care services. The prisoner was seen by health care staff and instructions were given. It was determined by Health Care staff at the time of the visit that the prisoner should be charged a fee of \$5.00 pursuant to PD 03.04.101. The prisoner refused to sign the CHJ-549 (copy attached) accepting the \$5.00 Health Care co-pay charge.

Proposed Disposition (Indicate what action you believe should be taken to address/resolve the above matter):	
<p>NOTE: Property dispositions are limited to the following:</p> <input type="checkbox"/> Photograph & return to prisoner it belongs to (except money/postage)	<p>NOTE: Non-property dispositions:</p> <input type="checkbox"/> Telephone restriction ___ days begins ___ ends midnight ___
<input type="checkbox"/> Money/Postage - Turn over to PBF	<input type="checkbox"/> Remove from following program: _____
<input checked="" type="checkbox"/> Store up to 30 calendar days for pick up	<input checked="" type="checkbox"/> Remove \$5.00 from prisoner's account (indicate reason below)
<input type="checkbox"/> Donate to charity as approved by the warden (property only)	<input type="checkbox"/> Other (explain below)
<input type="checkbox"/> Mail at prisoner expense to person identified by prisoner	
<input type="checkbox"/> Destroy (set forth reason below)	
Additional Information (cite relevant rule, policy directive, procedure or justification):	

The Health Care co-pay must be paid by the prisoner for the requested health care service in accordance with PD-03.04.101, despite the prisoner's refusal to sign form CHJ-549. Payment will be processed, as appropriate, once the Business Office received a completed hearing report. If the prisoner lacks sufficient funds to pay the fee, to co-pay shall be considered and institutional debt and shall be collected as set forth in PD-04.02.105

Please provide Prisoner Accounting with one copy of the CSJ-144 Administrative Hearing Report.

<input type="checkbox"/> I understand and agree with the proposed disposition stated above and waive the right to a hearing. (to be checked ONLY if prisoner agrees with proposed disposition and does NOT wish to have a hearing).	
OR	
<input checked="" type="checkbox"/> I request a hearing. I have received a copy of this report. My signature does not necessarily mean that I agree with the report (to be checked ONLY if prisoner wishes to have a hearing).	
<input type="checkbox"/> I waive the 24 hour notification of hearing requirements.	Prisoner's Signature: <i>Refused to Sign</i> Date: 2/10/09

Copy personally handed to prisoner on this date by the following staff member:

Staff Member Name (PRINT):	Title:	Staff Member Signature:	Date:
<i>J. Laitinen</i>	<i>Accounting Assistant</i>	<i>[Signature]</i>	2/10/09

Distribution: Record Office File Counselor File Prisoner

ADMINISTRATIVE HEARING REPORT

Prisoner's Name: POINTER	Number: 542653	Date of Notice: 1/13/2009
Reporting Staff Member's Signature: A. Laitinen	Block/Unit: E-1	Cell/Room: 48

Purpose of Hearing:
MEDICAL CO-PAY

REPORTING STAFF MEMBER'S STATEMENT:
THIS PRISONER REQUESTED AND WAS EVALUATED FOR A HEALTH CARE CONCERN ON 1/06/2009 AND INSTRUCTIONS WERE GIVEN. HE REFUSED TO SIGN THE CHJ-549. IT WAS DETERMINED BY HEALTH CARE PERSONNEL AT THE TIME OF THIS VISIT THAT THE PRISONER SHOULD BE CHARGED THE \$5.00 CO-PAY BECAUSE THE VISIT DID NOT MEET ANY OF THE EXCEPTIONS LISTED ON THE BOTTOM OF THE CHJ-549.

PRISONER'S STATEMENT:

Pointer refused to sign the NOI CSJ-282, therefore, an investigation was done and this hearing was completed. During the initial interview, Pointer stated that he did put in the health care kite to get his medications refilled, but, there was no call out for him and therefore he did not receive his medications and should not have to pay. Pointer stated that he did not go to health services.

HEARING OFFICER'S FINDINGS (INCLUDE REASONS FOR FINDINGS):

Hearings Officer reviewed Pointer's callout schedule for 1/06/2009 and note that Pointer did, if fact, have a call out scheduled to see the nurse for 0930 hours. Pointer's CHJ-549 Health Care Request was reviewed. It is noted on the form that Pointer refused to sign the form. As Pointer's visit to Health Care does not meet the criteria to be exempt from the co-payment, Pointer shall be responsible for the \$5.00 payment.

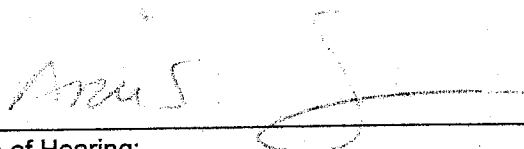
DISPOSITION OF ITEMS, IF ANY:

Pointer must pay the co-payment of \$5.00. This amount will be removed from his prisoner account.

TYPE OR PRINT NAME OF HEARING OFFICER:

ARUS G. SURIANO

Signature of Hearing Officer:



Date of Hearing:

Thursday, February 12, 2009

DISTRIBUTION: White - RO File; Canary - Central Office File; Pink - Prisoner; Goldenrod - Counselor File



**MICHIGAN DEPARTMENT OF CORRECTIONS
MEDICAL DETAIL**

FACILITY: KTF

COMPLETED BY: Rachael A. Kronemyer

SITE: KTF

02/15/2008 12:29 PM

Medlines at 1900 effective from 02/15/2008 through 08/31/2008
Order written by Rachael A. Kronemyer on 02/15/2008 at 12:29 PM

Approved by Timothy Stallman, DO on 02/15/2008 at 8:54 AM.

Provider: Timothy Stallman

**NAME: Pointer, Maurice a.
NUMBER: 542653
D.O.B: 05/23/1964**



MICHIGAN DEPARTMENT OF CORRECTIONS
MEDICAL DETAIL

FACILITY: KTF
COMPLETED BY: Timothy Stallman, DO

SITE: KTF
02/15/2008 8:28 AM

Housing: ~~Bottom Floor 110-114 from 02/15/2008 through 02/11/2008~~
Order written by ~~Timothy Stallman, DO~~ on 02/15/2008 at 8:33 AM
Approved by ~~Timothy Stallman, DO~~ on 02/15/2008 at 8:54 AM.

Provider: Timothy Stallman

NAME: Pointer, Maurice a.
NUMBER: 542653
D.O.B: 05/23/1964



STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

PATRICIA CARUSO
DIRECTOR

October 24, 2008

Pointer #542653 B-3-86
Kinross Correctional Facility
16770 South Water Tower Drive
Kincheloe, Michigan 49788

Mr. Pointer:

I am in receipt of your letter of October 22, 2008. You state that Wendy Ball treated you unprofessionally and refused to let you see the medical practitioner.

Per your medical record and verified by other staff present you refused to cooperate with Ms. Ball's assessment. You refused to answer her questions and simply [REDACTED]. If you would like a referral to a [REDACTED] you will have to rekitte and cooperate with the health care staff on the day of your visit. If you require a referral to a [REDACTED] you will be referred for an appointment or the [REDACTED] will be asked to consult with the nurse during your evaluation for further intervention. Your failure to cooperate is what stood in the way of further treatment.

I encourage you to rekitte if your problem persists and to cooperate with your evaluation. Thank you.

Sincerely,

Tanya L. Cunningham
Tanya Cunningham, RN, HUM



STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

PATRICIA CARUSO
DIRECTOR

November 14, 2008

E-1-48

Pointer #542653 ~~B-3-86~~
Kinross Correctional Facility
16770 South Water Tower Drive
Kincheloe, Michigan 49788

Mr. Pointer:

I am in receipt of your letter which is undated. In reviewing your medical record I see that you are being treated for [REDACTED]. These are both conditions which can improve, go away, and then recur. When you are uncomfortable we will treat you; when you are comfortable you should do fine.

Co-pays are charged whenever there is a patient initiated appointment that requires a nursing evaluation. Whenever you kite for another evaluation you will be charged. In reviewing your record I do not see any situations that need to be resolved.

Thank you.

Sincerely,

Tanya Cunningham

Tanya Cunningham, RN, HUM

MICHIGAN DEPARTMENT OF CORRECTIONS
REQUEST FOR SERVICES - KITE RESPONSE
MEDICAL

FACILITY: KCF
COMPLETED BY: Alan M. Manzardo, RN

SITE: KCF
10/10/2008 1:03 PM

Triage discipline: MEDICAL Date Initiated: 10/09/2008 Date Received: 10/10/2008
Type of Request: ROI kite

Problem 1:

Complaints: ~~Bottom bunk renewal~~

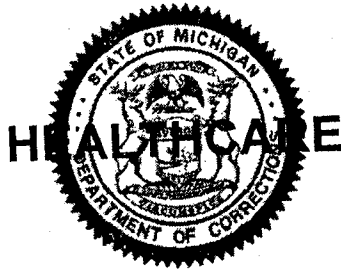
Triage: Nurse see comment below Scheduled for on or about:
Patient's perspective of urgency: (routine)
Staff's perspective of urgency: (routine)

Comments: Why do you request Bottom bunk ? 0 current order for bottom bunk you need reevaluation by
RN

23410765 BATEH/908206 11-5-07

NAME: Pointer, Mauricea.
NUMBER: 542653
D.O.B: 05/23/1964

0386



MICHIGAN DEPARTMENT OF CORRECTIONS
SPECIAL ACCOMMODATION NOTICE

FACILITY: KCF
COMPLETED BY: [REDACTED]

SITE: KCF
10/06/2008 7:36 AM

A. Housing:

HJ: Extra Bedding/Clothing (~~extra pillow~~) from 10/06/2008; ordered on 10/06/2008 at 8:00 AM
by Susan H. Wilson, NP

Provider name: Susan H. Wilson

ORIGINAL

NAME: Pointer, Maurice a
NUMBER: 54265
D.O.B: 05/23/196

MICHIGAN DEPARTMENT OF CORRECTIONS
REQUEST FOR SERVICES - KITE RESPONSE
MEDICAL

FACILITY: KCF
COMPLETED BY: Danielle L. Bartunek, RN

SITE: KCF
10/14/2008 1:32 PM

Triage discipline: MEDICAL Date Initiated: 10/14/2008 Date Received: 10/15/2008
Type of Request: symptom kite

Problem 1:

Complaints: ~~hemorrhoids - inflamed/irritated~~

Triage: schedule for sick call Scheduled for on or about: 10/16/2008
Patient's perspective of urgency:
Staff's perspective of urgency: (routine)

B-3-86

NAME: Pointer, Mauricea.
NUMBER: 542653
D.O.B: 05/23/1964

MICHIGAN DEPARTMENT OF CORRECTIONS
REQUEST FOR SERVICES - KITE RESPONSE
MEDICAL

FACILITY: KCF
COMPLETED BY: Penny L. Fillion, RN

SITE: KCF
10/20/2008 12:20 PM

Triage discipline: MEDICAL Date Initiated: 10/20/2008 Date Received: 10/20/2008
Type of Request: symptom kite

Problem 1:

Complaints: ~~remains as "blown out"~~

Triage: schedule for sick call Scheduled for on or about: 10/21/2008
Patient's perspective of urgency: (urgent)
Staff's perspective of urgency:

3386
NAME: Pointer, Mauricea.
NUMBER: 542653
D.O.B: 05/23/1964



MICHIGAN DEPARTMENT OF CORRECTIONS
MEDICAL DETAIL

FACILITY: KCF
COMPLETED BY: Matt Sizer, RN

SITE: KCF
09/30/2008 10:41 AM

~~HWB~~ effective from 09/30/2008 through 03/30/2009
Order written by Matt Sizer, RN on 09/30/2008 at 11:02 AM

Provider: Susan H. Wilson

ORIGINAL

NAME: Pointer, Maurice a.
NUMBER: 542653
D.O.B: 05/23/1964

CIVIL COVER SHEET FOR PRISONER CASES

Case No. <u>10-10589</u>		Judge: <u>Denise Page Hood</u>		Magistrate Judge: <u>Virginia M. Morgan</u>	
Name of 1st Listed Plaintiff/Petitioner: MAURICE A POINTER			Name of 1st Listed Defendant/Respondent: MICHIGAN DEPARTMENT OF CORRECTIONS ET AL		
Inmate Number: 542653			Additional Information: 		
Plaintiff/Petitioner's Attorney and Address Information: 					
Correctional Facility: Gus Harrison Correctional Facility 2727 E. Beecher Street Adrian, MI 49221 LENAWEE COUNTY					

BASIS OF JURISDICTION

- 2 U.S. Government Defendant
- 3 Federal Question

ORIGIN

- 1 Original Proceeding
- 5 Transferred from Another District Court
- Other:

NATURE OF SUIT

- 530 Habeas Corpus
- 540 Mandamus
- 550 Civil Rights
- 555 Prison Conditions

FEE STATUS

- IFP *In Forma Pauperis*
- PD Paid

PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

- Yes
- No

> If yes, give the following information:

Court: _____
 Case No: _____
 Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

- Yes
- No

> If yes, give the following information:

Court: _____
 Case No: _____
 Judge: _____