CVIFP,PROSE,SA9,PE

# U.S. District Court
# Southern District of Indiana (Indianapolis)
# CIVIL DOCKET FOR CASE #: 1:20-cv-00650-SEB-TAB

ROBINSON et al v. HEDDEN et al
Assigned to: Judge Sarah Evans Barker
Referred to: Magistrate Judge Tim A. Baker
Cause: 42:1983 Prisoner Civil Rights

Date Filed: 02/27/2020
Jury Demand: Both
Nature of Suit: 555 Prisoner Petitions - Prison Condition
Jurisdiction: Federal Question

Discovery Deadline: 03/24/2021
Dispositive Motion Deadline: 04/26/2021

Settlement Conference:
Final Pretrial Conference:
Trial Date:

**Plaintiff**

**JUAN ROBINSON** represented by **JUAN ROBINSON**
119967
PENDLETON - CF
PENDLETON CORRECTIONAL FACILITY
Inmate Mail/Parcels
4490 West Reformatory Road
PENDLETON, IN 46064
PRO SE

V.

**Defendant**

**KASIE HEDDEN**
*individual and official capacity*

represented by **Douglass R. Bitner**
KATZ KORIN CUNNINGHAM, P.C.
The Emelie Building
334 North Senate Avenue
Indianapolis, IN 46204
317-464-1100
Fax: 317-464-1111
Email: dbitner@kkclegal.com
*ATTORNEY TO BE NOTICED*

**Rachel D. Johnson**
KATZ KORIN CUNNINGHAM, P.C.
The Emelie Building
334 North Senate Avenue
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317-464-1100
Fax: 317-464-1111
Email: rjohnson@kkclegal.com
*ATTORNEY TO BE NOTICED*

**Defendant**

**LYN FRYE**
*individual and official capacity*

represented by **Douglass R. Bitner**
(See above for address)
*ATTORNEY TO BE NOTICED*

**Rachel D. Johnson**
(See above for address)
*ATTORNEY TO BE NOTICED*

**Defendant**

**WEXFORD OF INDIANA LLC**
*individual & official capacity*

represented by **Douglass R. Bitner**
(See above for address)
*ATTORNEY TO BE NOTICED*

**Rachel D. Johnson**
(See above for address)
*ATTORNEY TO BE NOTICED*

| Date Filed | # | Page | Docket Text |
|---|---|---|---|
| 02/27/2020 | 1 | | CONSENT to Prisoner E−Service by JUAN ROBINSON located at PENDLETON CF. Pursuant to General Order 2013−1, documents submitted by JUAN ROBINSON to the court for filing will generate a Notice of Electronic Filing that will constitute official service upon registered users of CM/ECF. If any parties to the case are not registered CM/ECF users, the Clerk of the Court will mail the document via U.S. Postal Service on behalf of the inmate. **NOTE: The E−Filing Program does not affect the obligation of other parties to serve copies of documents in accordance with the Federal Rules of Civil Procedure.** (AKH) (Entered: 02/27/2020) |
| 02/27/2020 | 2 | | COMPLAINT against LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC, filed by JUAN ROBINSON. (No fee paid with this filing) (AKH) (Entered: 02/27/2020) |
| 02/27/2020 | 3 | | MAGISTRATE JUDGE's NOTICE of Availability to Exercise Jurisdiction issued. (AKH) (Entered: 02/27/2020) |
| 02/28/2020 | 4 | | NOTICE to Pro se Litigant − The following information is provided to pro se litigants to inform them about rules and procedures governing how they communicate with the Court. (MEH) (Entered: 02/28/2020) |
| 02/28/2020 | 5 | | NOTICE OF DEFICIENCY − Your civil rights complaint has been received. You shall have through March 27, 2020, in which to correct the deficiencies as follows: You must either pay the $400.00 filing fee for this action or demonstrate that you lack the financial ability to do so by filing a motion for leave to proceed without the prepayment of the filing fee *(in forma pauperis)*. (Attachments: # 1 Motion for Leave to Proceed Without Prepayment of the Filing Fee) (JRT) (Entered: 02/28/2020) |
| 03/04/2020 | 6 | | CONSENT to Jurisdiction to US Magistrate Judge by JUAN ROBINSON. (CKM) (Entered: 03/04/2020) |
| 03/09/2020 | 7 | | |

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| | | | MOTION for Leave to Proceed in forma pauperis, filed by Plaintiff JUAN ROBINSON. (Attachments: # 1 Exhibit Inmate Trust Account) (CKM) (Entered: 03/09/2020) |
| 03/18/2020 | 8 | | ORDER − on Motion to Proceed In Forma Pauperis; The plaintiffs motion to proceed in forma pauperis, dkt. 7 , is granted to the extent that the plaintiff is assessed an initial partial filing fee of Fifty− Four Dollars and Seventy−Five Cents ($54.75). See 28 U.S.C. § 1915(b)(1). The plaintiff shall have through April 14, 2020, in which to pay this sum to the clerk of the district court. Signed by Judge Sarah Evans Barker on 3/18/2020. cc: Finance (CKM) (Entered: 03/18/2020) |
| 03/30/2020 | 9 | | MOTION for Extension of Time to Pay Fee, filed by Plaintiff JUAN ROBINSON. (JDC) (Entered: 03/30/2020) |
| 04/02/2020 | 10 | | ORDER GRANTING MOTION FOR EXTENSION OF TIME − Juan Robinson's motion for an extension of time, dkt. [ 9 ], is granted. Mr. Robinson shall have through May 15, 2020, to pay his initial partial filing fee as previously directed. Signed by Magistrate Judge Tim A. Baker on 4/2/2020. (SWM) (Entered: 04/03/2020) |
| 04/22/2020 | 11 | | Second MOTION for Extension of Time to Pay Fee, filed by Plaintiff JUAN ROBINSON. (CKM) (Entered: 04/22/2020) |
| 04/27/2020 | 12 | | ENTRY granting Plaintiff's 11 Motion for Extension of Time to pay his initial partial filing fee as previously directed to 6/5/2020. Signed by Magistrate Judge Tim A. Baker on 4/27/2020. (SWM) (Entered: 04/27/2020) |
| 06/16/2020 | 13 | | FINAL ORDER TO PAY INITIAL PARTIAL FILING FEE − The Court has ordered Juan Robinson to pay an initial partial filing fee of $54.75. Dkt. 8 . He has not done so, despite being afforded two extensions of time. See dkts. 10 , 12 . Mr. Robinson's extended deadline to pay the initial partial filing fee expired on June 5, 2020.Mr. Robinson shall have through July 13, 2020, to pay his initial partial filing fee as previously directed. Failure to do so in the time provided will result in immediate dismissal of this action without further warning or opportunity to show cause. Signed by Magistrate Judge Tim A. Baker on 6/16/2020.(SWM) (Entered: 06/16/2020) |
| 07/10/2020 | 14 | | RECEIPT #IP069944 for initial partial filing fee in the amount of $54.75, paid by Plaintiff. (REO) (Entered: 07/10/2020) |
| 08/24/2020 | 15 | | ENTRY SCREENING COMPLAINT AND DIRECTING ISSUANCE OF PROCESS − The clerk is directed pursuant to Federal Rule of Civil Procedure 4(c)(3) to issue process to the defendants, (1) Kasie Hedden, (2) Lyn Frye, and (3) Wexford of Indiana, LLC, in the manner specified by Rule 4(d). Process shall consist of the complaint (dkt. 2 ), applicable forms (Notice of Lawsuit and Request for Waiver of Service of Summons and Waiver of Service of Summons), and this Entry. The clerk is directed to serve Wexford electronically. Ms. Hedden and Ms. Frye are identified as Wexford employees. In the event either does not waive service, Wexford is ORDERED to provide her full name and last known address if it has such information. This information may be provided to the Court informally or may be filed ex parte. SEE ENTRY. Copies mailed via U.S. mail per distribution list. Signed by Judge Sarah Evans Barker on 8/24/2020.(JDH) (Entered: 08/25/2020) |

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| 08/25/2020 | 16 | | NOTICE of Lawsuit & Waiver Issued by Clerk (JDH) (Entered: 08/25/2020) |
| 08/25/2020 | 17 | | Documents to be Sent via Electronic Notice to Wexford of Indiana, LLC – re 2 Complaint, 16 NOTICE of Lawsuit & Waiver Issued by Clerk, 15 Entry Electronic Notice to Wexford. (JDH) (Entered: 08/25/2020) |
| 09/16/2020 | 18 | | Mail Returned as undeliverable. 2 Complaint, 16 NOTICE of Lawsuit & Waiver Issued by Clerk, 15 Entry sent to KASIE HEDDEN. (Unable to Identify)(Return to Sender Refused Unable to Forward) (CKM) (Entered: 09/17/2020) |
| 09/21/2020 | 27 | | Mail Returned as undeliverable. 15 Entry sent to LYN FRYE. (RETURN TO SENDER REFUSED UNABLE TO FORWARD) (CKM) (Entered: 09/23/2020) |
| 09/22/2020 | 19 | | WAIVER OF SERVICE Returned Executed, filed by WEXFORD OF INDIANA LLC. WEXFORD OF INDIANA LLC waiver sent on 8/25/2020. (Johnson, Rachel) (Entered: 09/22/2020) |
| 09/22/2020 | 20 | | WAIVER OF SERVICE Returned Executed, filed by LYN FRYE. LYN FRYE waiver sent on 8/25/2020. (Johnson, Rachel) (Entered: 09/22/2020) |
| 09/22/2020 | 21 | | WAIVER OF SERVICE Returned Executed, filed by KASIE HEDDEN. KASIE HEDDEN waiver sent on 8/25/2020. (Johnson, Rachel) (Entered: 09/22/2020) |
| 09/22/2020 | 22 | | NOTICE of Appearance by Rachel D. Johnson on behalf of Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC. (Johnson, Rachel) (Entered: 09/22/2020) |
| 09/22/2020 | 23 | | Corporate Disclosure Statement by WEXFORD OF INDIANA LLC identifying Corporate Parent THE BANTRY GROUP CORPORATION for WEXFORD OF INDIANA LLC.. (Johnson, Rachel) (Entered: 09/22/2020) |
| 09/22/2020 | 24 | | MOTION to Dismiss *Defendant Kasie Hedden*, filed by Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC. (Attachments: # 1 Exhibit A – Hedden (Mumford) Kasie_ timecard, # 2 Exhibit B – Hadden (Mumford) Kasie_Employee Separation Notice, # 3 Text of Proposed Order)(Johnson, Rachel) (Entered: 09/22/2020) |
| 09/22/2020 | 25 | | ANSWER to 2 Complaint , *Jury Demand and Affirmative Defenses*, filed by All Defendants.(Johnson, Rachel) (Entered: 09/22/2020) |
| 09/22/2020 | 26 | | NOTICE of Appearance by Douglass R. Bitner on behalf of Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC. (Bitner, Douglass) (Entered: 09/22/2020) |
| 09/23/2020 | 28 | | ORDER SETTING PRETRIAL SCHEDULE AND DISCUSSING DISCOVERY IN PRISONER LITIGATION: This Order sets the schedule for how this action shall proceed. Part I sets forth the pretrial deadlines. Part II discusses various aspects of discovery. Facilitating the discovery process can be difficult, and this Order is issued in an effort to help explain and streamline the process for the parties. The parties should carefully read this Order. *SEE ORDER FOR ADDITIONAL INFORMATION*. Dispositive Motions due by 4/26/2021. Discovery due by 3/24/2021. Signed by Magistrate Judge Tim A. Baker on 9/23/2020.(SWM) (Entered: 09/24/2020) |

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| 09/29/2020 | 29 | | ORDER denying Defendant Kasie Hedden's 24 Motion to Dismiss. Ms. Hedden may authenticate the documents and reassert this argument in a motion for summary judgment after the plaintiff has had an opportunity to engage in discovery (See Order). Signed by Judge Sarah Evans Barker on 9/29/2020. (MAC) (Entered: 09/30/2020) |
| 11/17/2020 | 30 | | NOTICE *of Service of Responses to Plaintiff's Request for Production*, filed by Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC (Johnson, Rachel) (Entered: 11/17/2020) |
| 11/23/2020 | 31 | | NOTICE of Service of Initial Disclosures , filed by Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC. (Johnson, Rachel) (Entered: 11/23/2020) |
| 01/25/2021 | 32 | | NOTICE *of Service of Expert Disclosures*, filed by Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC (Johnson, Rachel) (Entered: 01/25/2021) |
| 02/10/2021 | 33 | | MOTION to Take Deposition from Juan Robinson , filed by Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC. (Attachments: # 1 Notice of Deposition, # 2 Text of Proposed Order)(Johnson, Rachel) (Entered: 02/10/2021) |
| 02/12/2021 | 34 | | ORDER − GRANTING 33 DEFENDANTS' MOTION FOR LEAVE TO TAKE DEPOSITION OF PLAINTIFF. Having considered the arguments presented by the Defendants in their Motion for Leave to Take Deposition of Plaintiff, the Court hereby GRANTS the Defendants, LINDA FRYE, HSA, KASIE HEDDEN, RN, AND WEXFORD OF INDIANA, LLC, by their attorney RACHEL D. JOHNSON of KATZ KORIN CUNNINGHAM PC, their Motion for Leave to Take Deposition of Plaintiff, dkt. 33 . Signed by Magistrate Judge Tim A. Baker on 2/12/2021. (NAD) (Entered: 02/12/2021) |
| 02/23/2021 | 35 | | NOTICE *Regarding Settlement Conference*, filed by Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC (Johnson, Rachel) (Entered: 02/23/2021) |
| 03/08/2021 | 36 | | MOTION for Summary Judgment, filed by Plaintiff JUAN ROBINSON. (CBU) Modified to reflect sj mtn on 3/12/2021 (JRT). (Entered: 03/10/2021) |
| 04/05/2021 | 37 | | RESPONSE in Opposition re 36 MOTION for Summary Judgment , filed by Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC. (Johnson, Rachel) (Entered: 04/05/2021) |
| 04/05/2021 | 38 | | MOTION for Summary Judgment , filed by Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC. (Attachments: # 1 Text of Proposed Order)(Johnson, Rachel) (Entered: 04/05/2021) |
| 04/05/2021 | 39 | | BRIEF/MEMORANDUM in Support re 38 MOTION for Summary Judgment , filed by Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC. (Johnson, Rachel) (Entered: 04/05/2021) |
| 04/05/2021 | 40 | | Designation of Evidence re 39 Brief/Memorandum in Support , filed by Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC. (Attachments: # 1 Exhibit A − Medical Records (Redacted), # 2 Exhibit B − Affidavit of Linda Frye, RN, HSA, # 3 Exhibit C − Affidavit of Kasie Hedden−Mumford, RN, # 4 Exhibit D − Deposition Transcript of |

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| | | | Plaintiff)(Johnson, Rachel) (Attachment 4 replaced on 5/21/2021) (JD). (Entered: 04/05/2021) |
| 04/05/2021 | 41 | | NOTICE *of Right to Reply*, filed by Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC, re 38 MOTION for Summary Judgment . (Johnson, Rachel) (Entered: 04/05/2021) |
| 07/21/2021 | 42 | | Correspondence REQUESTING COPY of Case Docket Sheet, filed by Juan Robinson. (Attachments: # 1 docket sheet, # 2 Envelope) (CKM) (Entered: 07/22/2021) |
| 10/18/2021 | 43 | | Correspondence REQUESTING COPY of Case Docket Sheet, filed by Juan Robinson. (Attachments: # 1 docket sheet, # 2 Envelope) (CKM) (Entered: 10/19/2021) |
| 12/08/2021 | 44 | | Correspondence REQUESTING COPY of Case Docket Sheet, filed by Juan Robinson. (Attachments: # 1 Envelope, # 2 docket sheet) (CKM) (Entered: 12/09/2021) |
| 12/16/2021 | 45 | | MOTION Requesting Copies, filed by Plaintiff JUAN ROBINSON. (Attachments: # 1 Envelope) (CKM) (Entered: 12/17/2021) |
| 02/14/2022 | 46 | | MOTION for Leave to File a Response to Motion for Summary Judgment, filed by Plaintiff JUAN ROBINSON. (CKM) (Entered: 02/14/2022) |
| 02/22/2022 | 47 | | RESPONSE in Opposition re 46 MOTION for Leave to File *to File a Response to Defendants' Motion for Summary Judgment*, filed by Defendants LYN FRYE, KASIE HEDDEN, WEXFORD OF INDIANA LLC. (Johnson, Rachel) (Entered: 02/22/2022) |

**Case #: 1:20−cv−00650−SEB−TAB**

United STATES DISTRICT COURT
SOUTHERN DISTRICT of INDIANA
INDIANAPOLIS DIVISION

SCANNED at PENDLETON and Emailed on
3/8/21 (date) by AA (initials) - 11 (num) pages.

JUAN ROBINSON,
PLAINTIFF,
-V/S-
KASIE HEDDEN,
LINDA FRYE,
KLEXFORD of INDIANA LLC,
DEFENDANTS.

No: 1:20-CV-00650-SEB-TAB

FILED
03/08/2021
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
Roger A.G. Sharpe, Clerk

PLAINTIFFS REPLY to DEFENDANTS ANSWER, JURY DEMAND AND AFFIRMATIVE DEFENSE NOW FILES PLAINTIFFS MOTION FOR SUMMARY JUDGMENT

COMES NOW, PLAINTIFF, JUAN ROBINSON, PRO-SE, Ind. R. TRIAL P. 56 Respectfully MOVES for Summary Judgment. In Support of said Motion, PLAINTIFF states the following;

[H.I.]

1.) That PLAINTIFF is a prisoner housed at the Pendleton Correctional Facility in Pendleton, Indiana at all relevant times of said CAUSE of ACTION.

2.) That [redacted] Defendants, Lyn Frye and Kasie Hedden while Acting in their own individual and official capacity with deliberate indifference, knowingly, willfully and with wanton disregard for the health and welfare of the

Plaintiff, violated the Plaintiff's Eighth Amendment right to be free from cruel and unusual punishment when they placed the Plaintiff in a life threathening situation, by failing to provide the Plaintiff with a life substaining medication for his chronic care health problems forcing the Plaintiff to suffer cruel, unusual, unnecessary and unneeded physical and mental pain and anguish for a number of days. That said Named Defendants acted with Negligence.

3.) That Defendant, Wexford, under the authority of Monell-v-New York City Department of Social Services, 436 U.S. 658 (1978), which stands for the proposition that municipalities are not vicariously liable for the constitutional violations of their employees under §1983 unless those acts were carried out pursuant to an official custom or policy. Id. at 694. Private corporations acting under color of state law are treated as municipalities for purposes of §1983. Jackson v. III. Medi-Car, Inc., 300 F.3d 760, 766 N.6 (7th Cir. 2002).

As such, Wexford is "treated the same as a municipality for liability purposes under §1983" See Minix-v-Canarecci, 597 F.3d 824, 832 (7th Cir. 2010) (holding that a corporation that contracted with a jail to provide health services is "treated the same as municipalities for liability purposes in a §1983 action"); Fromer-v-Corizon, Inc., 54 F. Supp. 3d 1012, 1027 (S.D. Ind. 2014).

In order to prevail on a Monell claim, a plaintiff must show that the municipal [redacted] policy or custom was the "direct cause" or "moving force" behind the constitutional violation. Monell, 436 U.S. at 694; Grieveson-v-Anderson, 538 F.3d 763, 771 (7th Cir. 2008); Holmes-v-Sheahan, 930 F.2d 1196, 1200 (7th Cir 1991); also see Estate of Novack ex Rel. Turbin-v-Cnty. of Wood, 226 F.3d 525, 530-531 (7th Cir. 2000).

"That a constitutional injury was caused by a municipality may be shown directly by demonstrating that the policy itself is unconstitutional" or "indirectly by showing a series of bad acts and inviting the court to infer from them that the policymaking level of govern was bound to have noticed what was going on and by failing to do anything must have encouraged or at least condoned, thus in either event adopting, the misconduct of subordinate officers." Novack, 226 F.3d at 531 (quoting Jackson-v-Marion Cnty., 66 F.3d 151, 152 (7th Cir. 1995)).

To establish such a widespread practice, a plaintiff must ultimately produce evidence of multiple incidents of unconstitutional activity. Id; see also County of Okla.-v-Tuttle, 808, 824 (1985) ("proof of a single incident of unconstitutional activity is not sufficient to impose liability under Monell, unless proof of the incident includes proof that it was caused by an existing, unconstitutional municipal policy, which policy can be attributed to a municipal policymaker").

Requiring more than one incident to establish a Monell claim is rooted in the requirement that municipal liability due to inadequacies in policy must result from a "conscious choice" on the part of the municipality.

To establish his claim, Plaintiff, Robinson will show evidence that there is a true municipal policy at issue, ~~not~~ as well as more than one random event." Calhoun, 408 F.3d at 380. A widespread practice argument would necessarily focus on the aplication of the alleged policy to many different individuals. Phelan v. Cook City, 463 F.3d 773, 779 (7th cir. 2008).

Here [redacted] stated in the "Statement of Material Facts Not In Dispute" stated below, Plaintiff will show support "A true municipal policy at issue, as well as more than one random event."

[redacted]

STATEMENT of MATERIAL FACTS NOT IN DISPUTE

5.) Defendant, Lyn Frye, at all relevant times of this cause of action, was the Health Care Administrator at the Pendleton Correctional Facility, in his individual and official capacity, with deliberate indifference failed to perform her duties, which are to ensure that all medications are being given to all inmates during lockdowns.

Plaintiff has a long standing chronic care condition. He was diagnosed with diabetes in 2010 and is insulin dependant. Plaintiff was seen by a specialist at Kishard's hospital who specialized in diabetes and endocrinology, who along with Plaintiff's former primary care doctor, ordered Plaintiff to take insulin shots 4x per day. [redacted]

"4 of 11"

Defendant's named in said motion were no show with Plaintiff's medication on some days and [redacted] late "extremely" on others causing Plaintiff to fear for his life, sugar level dropping and suffer needlessly physically and mentally.

Defendant Heddon, at all times relevant to this action was the facility's Director of Nursing and it is her duty to ensure that all medications are being given to all inmates during lockdowns at the Pendleton Correctional Facility. Plaintiff was convicted of a crime and came to Pendleton Correctional Facility on August 10, 2019, while at the Pendleton Correctional Facility the Plaintiff was only given 3 shots of insulin per day after a long period of time stated below.

Kasie Heddon and Lyn Faye were employed by Wexford of Indiana LLC, at all times relevant to this cause of action.

That Wexford of Indiana LLC is contracted by the State of Indiana, Indiana Department of Correction to provide mental treatment to all inmates / Plaintiff, to see to all of the medical needs. At the Pendleton Correctional Facility.

On August 9, 2019, Pendleton Correctional Facility was placed on a prison statewide lockdown. Plaintiff was housed, at all relevant times of said cause of action, in J-cell house (E-side Range 3, cell #1). The lockdown was lifted on August 27, 2019, but then the cell house was put back on lockdown on December 13. And remained on lockdown until January 2.

During the lockdown times, Defendant Hedden did not ensure or provide Plaintiff was given or made sure he was given his insulin shots. Even though Plaintiff is

only entitled to the minimum standard care, but for his special serious life threatening medical needs "Chronic Care" Plaintiff's medical care goes beyond the standard care.

That the following timeline will show how Defendants never administered shots to Plaintiff or was extremely late given Plaintiff his shots;

Shots not provided to Plaintiff;
On August 10, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 2019, Noon insulin shots were never administered to Plaintiff, Defendants are their subordinates never showed up.
"Some AM / pm / Noon shots" "Some All 3X never showed up"

Were extremely late
December 13, 15, 16, 2019, pm shots
December 14, 18, 2019, AM shots
December 28, 2019 Never showed up. 3X

"Defendants or their subordinates"
January 1, 2020, pm shot, No show 3X

As a result of the Defendants' negligence, deliberate indifferences for the health and welfare of the Plaintiff's medical needs, each day that the insulin shots were late or never given at all, Plaintiff was made to needlessly suffer high blood sugar that caused Plaintiff to have headaches, nausea, blurred vision, frequent urination, cotton mouth, foot pains, blackouts / faints due to low sugar, mood swings and melancholia.

The stress and anxiety of not getting insulin shots late or not at all each day, caused Plaintiff so much worry and mental suffering that Plaintiff became fearful that his life was in danger. Defendants placed Plaintiff's life in danger.

"6 of 11"

By deliberate and willful disregard of Plaintiffs health, life, well being and safety. and violated Plaintiffs 8th Amendment of cruel and usual punishment and Due Process 6th Amendment.

Defendant's must be held accountable for their actions.

## DISCUSSION

Defendant's must prove the following 3 prongs:

(1) That the appropriate standard of medical care applicable to the medical providers was given to Plaintiff during to times in question; (2) that medical providers' care did not fall below that standard of care; and (3) that the medical providers' failure to meet the standard of care was not the proximate cause of plaintiffs injuries. Klatson-v-Medical Emergency Services, 532 NE2d 1191, 1193 (Ind. ct. App. 1989). And that they did not breach the applicable standard of care and conduct never fell below that standard. Marquis-v-Battersby 443 NE2d 1202, 1203 (Ind. App. 1982).

That Defendant must also overcome the only exception as to where the standard of care and failure to meet it are so obvious that a layman can make those determinations. (e.g.: A surgeon leaving foreign objects in a patient after completing surgery, Ciesolka-v-Selby, 261 NE2d 95 (Ind. ct. App. 1970)).

In this case medical providers' failure to show up at all, all 3x in one day, on numerous times, or show up late extremely, to administer a life threatening medication "insulin shot" to Plaintiff.

"7 of 11"

If Defendants fails to provide such evidence, then "there is no triable issue" and the Plaintiff is entitled to summary judgment as a matter of law. Marquis-v-Battersby, 443 NE2d at 1203; Also see, Kerr-v-Carlos 582 NE2d 860, 863 (Ind. Ct. App. 1991); Narducci-v-Tedrow, 736 NE2d 1288 (Ind. Ct. App. 2000).

This rule has been approved by the Ind. Supreme Court in Burke-v-Capello, 520 NE2d 439, 441 (Ind. 1988), and Culberfson-v-Mernitz, 602 NE2d 98, 104 (Ind. 1992). A Defendant cannot rely on speculation and conjecture to explain his reasons. Hayden-v-Paragon Steakhouse, 731 NE2d 456, 458-459 (Ind. Ct. App. 2004). Defendants must prove all three elements / prongs to their reasons to survive summary judgment. If Plaintiff's negate just one element, then summary judgment is appropriate.

FEDERAL CLAIMS

The Supreme Court has interpreted the 8th Amendment's proscription against cruel and unusual punishment as imposing a duty upon the states, through the 14th Amendment, to provide adequate medical care to incarcerated individuals. Boyce-v-Moore, 314 F.3d 884, 888-889 (7th Cir. 2002), citing Estelle-v-Gamble, 429 U.S. 97, 103 (1976). However, a prisoner is not entitled to unqualified access to healthcare, Boyce-v-Moore, 314 F.3d at 888-889.

To establish deliberate indifference, a Plaintiff must prove two elements, one objective and one subjective. The Plaintiff has the burden of demonstrating that (1) the harm to the Plaintiff was objectively serious; and (2) the officials was deliberately indifferent to his health or safety." Board-v-Farnham, 394 F.3d 469, 478 (7th Cir. 2005); Farmer-v-Brennan, 114 S. Ct. 1970 (1994).

An objectively serious medical need is one that has been diagnosed by a physician and that requires medical treatment, or is so obvious that even a lay person would easily recognize the necessity for a doctor's attention. William-v-Liefer, 491 F.3d 710, 714 (7th Cir. 2007); Pinkston-v-Madry, 440 F.3d 879 (7th Cir. 2006); Foelker-v-Outagamie County, 394 F.3d. 510, 512 (7th Cir. 2005); Jackson-v-Illinois Medi-Car, Inc. 300 F.3d. 760, 765 (7th Cir. 2002); Davis-v-Jones, 936 F.2d 971, 972-73 (7th Cir. 1991).

Objectively serious medical need [redacted] rise to the level of injuries which are life-threatening, or pose a risk of needless pain or lingering disability if not treated immediately. Pinkston-v-Madry, 440 F.3d. at 892; Davis-v-Jones, 936 F.2d at 972.

Deliberate indifference means recklessness in a criminal subjective sense, such as disregarding a risk of danger so great that knowledge of the danger can be inferred. James-v-Milwaukee County, 956 F.2d. 696, 700 (7th Cir. 1992). For a medical professional to be liable for deliberate indifference to an inmate's medical needs, he must make a decision that represents "such a substantial departure from accepted professional judgment, practice, or standards, as to demonstrate that the person responsible actually did not base the decision on such a judgment." Sain-v-Wood, 512 F.3d. 886, 895 (7th Cir. 2008) (quoting Collignon-v-Milwaukee, 163 F.3d. 982, 988 (7th Cir. 1998)); See Also Johnson-v-Doughty, 433 F.3d. 1001, 1013 (7th Cir. 2006).

Here Defendants in their reply the Plaintiff's complaint failed to state a genuine issue of material facts for relief or to survive a triable jury. Plaintiff now seeks summary judgment.

"9 of 11"

## Conclusion

Plaintiff have presented the uncontroverted, favorable an unanimous opinion of evidence that all named Defendants failed to met the applicable standard of care in their responsibility treatment of Plaintiff, Juan Robinson, and that their untreated care caused Juan Robinson, to suffer cruel, unusual, unnecessary and unneeded physical/mental pain and anguish. while acting in their individual/official capacity with deliberate indifference, knowingly, willfully with wanton disregard for the health and welfare of Jaun Robinson and violating his 8th Amendment to the U.S. Constitution. Defendants is unable to meet the burden of proof to withstand summary judgment. Plaintiff can establish that Defendants conduct constituted deliberate indifference.

Wherefore, Plaintiff, Juan Robinson, respectfully request that this Court GRANT summary Judgment in his favor and for all just and proper relief in these premises.

Respectfully Submitted;
x Juan Robinson
x [signature]
DOC# 119947 Date: 3-7-2021
Pendleton Corr. Fac.
4490 W. Reformatory Rd.
Pendleton, In. 46064

"10 of 11"

I Affirm under the penalties of perjury that said Motion is true to the Best of My Knowledge And Belief.

x Juan Robinson
Date: 3-7-2021

I certify that said Motion was served upon the Defendant's Attorney and this Court's clerk by electronically filing, using the E-filing system provided by the Facility. Notice of filing will be sent Automacially by CM/ECF to Registered Parties in Court's system. ON the 7 day of March 2021.

x Juan Robinson

to: Katz Korin Cunningham, PC.
/s/ Rachel D. Johnson Attorney #30591-49
Douglass R. Bitner #34981-49
The Emelie Building
33 N. Senate Ave.
Indpls., In. 46204

Plaintiff's Reply to Defendant's Answer, Jury Demand and Affirmative Defense Now Files Plaintiff's Motion for Summary Judgment.

"11 of 11"

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

| | | |
|---|---|---|
| JUAN ROBINSON, | ) | |
| | ) | |
| Plaintiff, | ) | |
| | ) | |
| v. | ) | No. 1:20-cv-00650-SEB-TAB |
| | ) | |
| KASIE HEDDEN, | ) | |
| LINDA FRYE, | ) | |
| WEXFORD OF INDIANA, LLC, | ) | |
| | ) | |
| Defendants. | ) | |

**DEFENDANTS' RESPONSE TO PLAINTIFF'S MOTION FOR SUMMARY JUDGMENT**

NOW COME the Defendants, LINDA FRYE, HSA, KASIE HEDDEN, RN, AND WEXFORD OF INDIANA, LLC, by their attorney RACHEL D. JOHNSON of KATZ KORIN CUNNINGHAM PC, and requests the Court to deny Plaintiff's Motion for Summary Judgment as the Plaintiff has failed to make out a *prima facie* case of an Eighth Amendment violation against the Defendants. [D/N 36]. As such, Plaintiff is not entitled to summary judgment and his Motion should be denied.

## I. RESPONSE TO PLAINTIFF'S STATEMENT OF MATERIAL FACTS

The Plaintiff's Motion for Summary Judgment fails to follow the requirements of the local rules of the Southern District of Indiana. Pursuant to Local Rule 56-1, a party must support each fact the party asserts in a brief with a citation to a discovery response, a deposition, an affidavit, or other admissible evidence. S.D. Ind. L.R. 56-1(e). The evidence must be in the record or in an appendix to the brief, and the citation must refer to a page or paragraph number or otherwise similarly specify where the relevant information can be found in the supporting evidence. *Id.* The

Plaintiff's Motion for Summary Judgment does not contain any specifically numerated statements of facts nor does it provide any citations to any specific admissible evidence to support its claims. Additionally, the Plaintiff does not provide any evidence in support of his claims. Instead, beginning on page four (4) of his Motion, the Plaintiff provides several paragraphs of factual statements for two and a half (2 ½) pages. [D/N 36, p. 4-6]. The Defendants can admit as undisputed and material the following the facts:

The Plaintiff's medical records confirm that Plaintiff arrived at the Pendleton Correctional Facility in August 2019. Upon his arrival at the Pendleton facility, Plaintiff completed an intake screening with medical staff and subsequently met with a nurse practitioner for a provider visit, where a plan was developed regarding the administration of the Plaintiff's insulin for his diagnosis of diabetes. (*Ex. A*, p. 55-58). It was ordered that the Plaintiff would receive one (1) type of insulin, Humulin R Regular, three (3) times per day and also a second type of insulin, Novolin N NPH, two (2) times per day. *Id.* The provider contacted the pharmacy to ensure continuity of care for the Plaintiff and further notified the Health Services Administrator of the plan for his medications. *Id.* Plaintiff continued to have access to the medical department throughout the next several weeks, where he received a bottom-bunk pass, a low-range tier pass, and a special medical diet order specifically geared towards his medical diagnoses. (*Ex. A*, p. 59-68).

The Defendants admit that the Plaintiff submitted several healthcare request forms regarding his concern regarding the distribution of his diabetic medication; however, Defendants further acknowledge these healthcare request forms were received and followed-up on by onsite medical staff to ensure he received all orders as directed by the onsite providers. (*Ex. A*, p. 364-365, 382-384). In August 2019, upon receipt of the healthcare request forms, Defendant Frye reviewed the medical records, ensured that he was receiving his medication as ordered by the

providers, and responded to his requests. *Id.* During a provider visit with an onsite physician on August 28, 2019, it was noted that Plaintiff's A1C has been trending downward and was being managed with his prescribed insulin. *Id.* at p. 65-68. By September 26, 2019, it was noted that Plaintiff's A1C was showing consistent improvements with no new interventions needed. *Id.* at p. 91-94.

The Plaintiff's statements of material fact do not support his contention that his constitutional rights were violated by any of the Defendants. Mr. Robinson has not pointed to any specific evidence to support his claims against the Defendants. The undisputed evidence within the medical records show that Mr. Robinson had access to the medical department from the day he arrived at the Pendleton Correctional Facility and no medical professional indicated that Plaintiff receive any care that was not provided.

## II. STATEMENT OF MATERIAL FACTS IN DISPUTE

It is the Defendants position that there are no material facts in dispute in this case. Similar to the Plaintiff, the Defendants believe this case can be resolved of through dispositive motion. Defendants show within their subsequently filed motion for summary judgment that there is not sufficient evidence to establish that the Defendants violated the Plaintiff's constitutional rights. The facts as presented by the Defendants are undisputed and supported by medical evidence as opposed to Mr. Robinson's statements with his Motion, which appear to be based solely on his personal beliefs and recollection. Plaintiff's personal belief alone cannot be the basis for defeating summary judgment. See e.g., *Rand v. CF Indus, Inc.*, 42 F.3d 1139, 1146 (7th Cir. 1994) ("Inference and opinions must be grounded on more than flights of fancy, speculations, hunches, intuitions, or rumors…") (quoted in *Springer v. Durflinger*, 518 F.3d 479, 484 (7th Cir. 2008)).

## III. ADDITIONAL MATERIAL FACTS NOT IN DISPUTE

The Defendants hereby incorporate and adopt, as if fully restated herein, the material facts section as stated within the Defendants subsequently filed Motion for Summary Judgment and Supporting Brief, including all attachments.

## IV. STANDARD OF REVIEW

Summary judgment is required when the evidence shows that there are no genuine issues of material fact and the movant is entitled to judgment as a matter of law. Fed. R. Civ. P. 56(c); *Anderson v. P.A. Radocy & Sons, Inc.*, 67 F.3d 619, 621 (7th Cir. 1995). The moving party bears the initial burden of demonstrating the absence of a genuine issue of material fact. *Celotex Corp. v. Catrett*, 477 U.S. 317, 323 (1986). A material question of fact is a question which will be outcome determinative of an issue in the case. *Big O Tire Dealers, Inc. v. Big O Warehouse*, 741 F.2d 160, 163 (7th Cir. 1984).

## V. ARGUMENT

The Defendants agree with the Plaintiff that all material facts in this case are not in dispute, and that judgment is appropriate as a matter of law. However, judgment is not appropriate for the Plaintiff as none of the Defendants violated the Plaintiff's Eighth Amendment rights during his incarceration at the Pendleton Correctional Facility.

### A. Plaintiff has not made a *prima facie* case of an Eighth Amendment violation.

To establish an Eighth Amendment violation by a prison official for failure to provide adequate medical care, a prisoner "must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs." *Estelle v. Gamble*, 429 U.S. 97, 105-106 (1976). To prevail on an Eighth Amendment claim, a plaintiff must show that the responsible prison officials were deliberately indifferent to his serious medical needs. See *Farmer*, 511 U.S. at 83; *Dunigan ex rel. Nyman v. Winnebago County*, 165 F.3d 587, 590 (7th Cir.1999). Deliberate

indifference involves a two-part test. The plaintiff must show that (1) the medical condition was objectively serious, and (2) the state officials acted with deliberate indifference to his medical needs, which is a subjective standard. *Sherrod v. Lingle*, 223 F.3d 605, 619 (7th Cir.2000). The required showing for deliberate indifference is "something approaching a total unconcern for [the prisoner's] welfare in the face of serious risks." *Collins v. Seeman*, 462 F.3d 757, 762 (7th Cir. 2006), quoting *Duane v. Lane*, 959 F.2d 673, 677 (7th Cir.1992).

First, in order to succeed on his Eighth Amendment claim, the Plaintiff must prove that his medical needs were "serious". *Sherrod,* 223 F.3d at 619. A serious medical need is one that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for a doctor's attention. *Foulker v. Outagamie County*, 394 F.3d 510, 512 (7th Cir. 2005). Additionally, a medical condition is serious where the failure to treat the prisoner's condition could result in further significant injury or the unnecessary and wanton infliction of pain. *Gutierrez v. Peters*, 111 F.3d 1364, 1373 (7th Cir.1997). Indications of a serious medical need include "[t]he existence of an injury that a reasonable doctor or patient would find important and worthy of comment or treatment; the presence of a medical condition that significantly affects an individual's daily activities; or the existence of chronic and substantial pain. *Gutierrez*, 111 F.3d at 1373; see also *Jackson v. Pollion*, 2013 WL 5778994 (cautioning against finding an objectively serious condition absent corroborating medical evidence).

The second requirement of a claim of deliberate indifference, the subjective component, requires that the prison official know of "a substantial risk of harm to the inmate and that the prison official disregard that risk." *Greeno v. Daley*, 414 F.3d, 645, 653 (7th Cir. 2005). "The infliction of suffering on prisoners can be found to violate the Eighth Amendment only if that infliction is either deliberate, or reckless in the criminal law sense." *Duckworth v. Franzen,* 780 F.2d 645, 652–

53 (7th Cir. 1985). "Medical malpractice in the form of an incorrect diagnosis or improper treatment does not state an Eighth Amendment claim". *Gutierrez v. Peters*, 111 F.3d 1364, 1374 (7th Cir. 1997). Beyond that, even gross negligence does not constitute deliberate indifference. *Snipes v. Detella,* 95 F.3d, 586, 591 (7th Cir. 1996).

When assessing claims of deliberate indifference against a medical professional, the "professional judgment standard" applies. *Collignon v. Milwaukee County*, 163 F.3d 982, 989 (7th Cir. 1998); *Johnson v. Doughty*, 433 F.3d 1001, 1013 (7th Cir. 2006). Under this standard, a medical professional is entitled to deference in treatment decisions unless no minimally competent professional would have so responded under the circumstances. *Roe v. Elyea*, 631 F.3d 843, 857 (7th Cir. 2011); *Sain v. Wood*, 512 F.3d 886, 894-95 (7th Cir. 2008). A medical professional may only be held to have displayed deliberate indifference if "the decision by the professional is such a substantial departure from accepted professional judgment, practice, or standards, as to demonstrate that the person responsible did not base the decision on such a judgment." *Sain*, 512 F.3d at 895. The decision must be such a departure from established practice and judgment as to demonstrate "a complete abandonment of medical judgment." *Norfleet v. Webster*, 439 F.3d 392, 396 (7th Cir. 2006).

Wexford of Indiana, LLC., is "treated the same as a municipality for liability purposes under § 1983." *See Minix v. Canarecci*, 597 F.3d 824, 832 (7th Cir. 2010) (holding that a corporation that contracted with a jail to provide health services is "treated the same as municipalities for liability purposes in a § 1983 action"); *Fromer v. Corizon, Inc.*, 54 F. Supp. 3d 1012, 1027 (S.D. Ind. 2014). Because § 1983 does not permit liability to rest on the doctrine of *respondeat superior*, Plaintiff is required to show that a Wexford policy was the "direct cause" of or "moving force" behind his constitutional injury. *Pyles v. Fahim*, 771 F.3d 403, 409-10 (7th Cir.

2014). To do so, he must introduce evidence that establishes a plausible inference Wexford "maintain[ed] a policy that sanction[ed] the maintenance of prison conditions that infring[ed] upon the constitutional rights of the prisoners." *Woodward v. Corr. Med. Servs.*, 368 F.3d 917, 927 (7th Cir. 2004). "If a plaintiff cannot identify any formal policy that is unconstitutional, the plaintiff may show deliberate indifference through a 'series of bad acts' creating an inference that municipal officials were aware of and condoned the misconduct of their employees." *Fromer*, 54 F. Supp. 3d at 1028. However, "a showing of isolated incidents does not create a genuine issue as to whether defendants have a general policy or a widespread practice of an unconstitutional nature." *Palmer v. Marion Cnty.*, 327 F.3d 588, 597 (7th Cir. 2003).

While Plaintiff's Motion for Summary Judgment cites many cases that he believes support his theory that his constitutional rights were violated, Plaintiff has failed to demonstrate that he was not provided with adequate medical care as required under the Eighth Amendment as he did not provide any evidence to support the allegations made throughout his Motion. Based upon the information contained within the medical records, Mr. Robinson was seen by a member of the nursing staff and an onsite provider shortly after his arrival at the Pendleton Correctional Facility in August 2019. (*Ex. A*, p. 49-58). Additionally, he received direct orders regarding the distribution of his diabetic medication, and the records note that the provider directly contacted the pharmacy to ensure continuity of care. *Id.* While Plaintiff lists several dates in both August 2019 and December 2019 that he was not provided with this medication, he has not provided any evidence to support these conclusions, nor has he introduced any evidence of harm. [D/N 36, p. 6]. The medical records provide support to show that the Plaintiff received onsite medical attention during the fall of 2019 specifically to monitor his diabetes. (*Ex. A*, p. 65-68, 91-94). Plaintiff has not

submitted any of evidence to this Court to establish that the Defendants exhibited deliberate indifference to his medical needs.

As Mr. Robinson has not established the elements needed in order to support his claim of deliberate indifference against the Defendants, he has failed to make a *prima facie* case showing that the Defendants violated his constitutional rights. Additionally, as the Plaintiff has failed to show that a Wexford policy was the "direct cause" of or "moving force" behind any constitutional injury, he has failed to make a *prima facie* case of a *Monell* violation. In sum, the Plaintiff's Motion for Summary Judgment is insufficient and unsupported. As such, his pending Motion for Summary Judgment should be denied.

WHEREFORE, the Defendants, Linda Frye, HSA, Kasie Hedden, RN, and Wexford of Indiana, LLC, respectfully request this Court deny the Plaintiff's Motion for Summary Judgment [D/N 36], and instead grant the Defendants' subsequently filed Motion for Summary Judgment.

Respectfully submitted,

KATZ KORIN CUNNINGHAM PC

*/s/ Rachel D. Johnson*

Rachel D. Johnson, Attorney No. 30591-49
Douglass R. Bitner, Attorney No. 34981-49
**KATZ KORIN CUNNINGHAM PC**
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Indianapolis, IN 46204
Office (317) 464-1100
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Email: rjohnson@kkclegal.com
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*Counsel for Defendants Linda Frye, HSA, Kasie Hedden, RN, and Wexford of Indiana, LLC*

## CERTIFICATE OF SERVICE

I certify that on **April 5, 2021**, a copy of the foregoing ***Defendants' Response to Plaintiff's Motion for Summary Judgment*** was filed using the Court's electronic filing system (CM/ECF). A copy of the foregoing was sent via U.S. First Class Mail to the following person(s):

Juan Robinson (IDOC # 119967)
**PENDLETON CORRECTIONAL FACILITY**
Inmate Mail/Parcels
4490 West Reformatory Road
Pendleton, IN 46064
***PRO SE***

*/s/ Rachel D. Johnson*
Rachel D. Johnson

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

| | | |
|---|---|---|
| JUAN ROBINSON, | ) | |
| | ) | |
| Plaintiff, | ) | |
| | ) | |
| v. | ) | No. 1:20-cv-00650-SEB-TAB |
| | ) | |
| KASIE HEDDEN, | ) | |
| LINDA FRYE, | ) | |
| WEXFORD OF INDIANA, LLC, | ) | |
| | ) | |
| Defendants. | ) | |

**DEFENDANTS' MOTION FOR SUMMARY JUDGMENT**

NOW COME the Defendants, LINDA FRYE, HSA, KASIE HEDDEN, RN, AND WEXFORD OF INDIANA, LLC, by their attorney RACHEL D. JOHNSON of KATZ KORIN CUNNINGHAM PC, and pursuant to Rule 56 of The Federal Rules of Civil Procedure, hereby requests this Court enter judgment as a matter of law in their favor, stating as follows:

1. On February 27, 2020, the Plaintiff, Juan Robinson, filed with this Court his Complaint, alleging that defendants violated his Eighth Amendment rights to receive adequate medical care and treatment during his incarceration at the Pendleton Correctional Facility. [D/N 2].
2. On August 24, 2020, this Court completed a screening of the Plaintiff's complaint, finding that Plaintiff's claims shall proceed with Eighth Amendment claims against Ms. Hedden, Ms. Frye, and Wexford pursuant to 42 U.S.C. § 1983. [D/N 15].
3. Since the entry of this Court's Screening Order, parties have been able to complete written discovery, including a deposition of the Plaintiff, and review the Plaintiff's relevant medical records.

4. Based upon all the evidence obtained thus far, it is clear that Defendants did not violate Plaintiff's constitutional rights to receive adequate medical care.
5. The Defendants hereby incorporate and adopt, as if fully restated herein, their contemporaneously filed Memorandum of Law and Brief in Support of their Motion for Summary Judgment.

WHEREFORE, the Defendants, Linda Frye, HSA, Kasie Hedden, RN, and Wexford of Indiana, LLC, respectfully request that this Court enter judgment in their favor as a matter of law pursuant to Rule 56 of The Federal Rules of Civil Procedure.

Respectfully submitted,

KATZ KORIN CUNNINGHAM PC

*/s/ Rachel D. Johnson*

Rachel D. Johnson, Attorney No. 30591-49
Douglass R. Bitner, Attorney No. 34981-49
**KATZ KORIN CUNNINGHAM PC**
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334 N. Senate Avenue
Indianapolis, IN 46204
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Email: rjohnson@kkclegal.com
Email: dbitner@kkclegal.com
*Counsel for Defendants Linda Frye, HSA, Kasie Hedden, RN, and Wexford of Indiana, LLC*

## CERTIFICATE OF SERVICE

I certify that on **April 5, 2021**, a copy of the foregoing ***Defendants' Motion for Summary Judgment*** was filed electronically using the Court's electronic filing system (CM/ECF). A copy of the foregoing was sent via U.S. First Class Mail to the following person(s):

Juan Robinson (IDOC # 119967)
**PENDLETON CORRECTIONAL FACILITY**
Inmate Mail/Parcels
4490 West Reformatory Road
Pendleton, IN 46064
***PRO SE***

*/s/ Rachel D. Johnson*
Rachel D. Johnson

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

| | | |
|---|---|---|
| JUAN ROBINSON, | ) | |
| | ) | |
| Plaintiff, | ) | |
| | ) | |
| v. | ) | No. 1:20-cv-00650-SEB-TAB |
| | ) | |
| KASIE HEDDEN, | ) | |
| LINDA FRYE, | ) | |
| WEXFORD OF INDIANA, LLC, | ) | |
| | ) | |
| Defendants. | ) | |

**ORDER GRANTING DEFENDANTS' MOTION FOR SUMMARY JUDGMENT**

Defendants, LINDA FRYE, HSA, KASIE HEDDEN, RN, AND WEXFORD OF INDIANA, LLC, having filed their Motion for Summary Judgment, and the Court, being duly advised, now finds that the Motion is well taken, and

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that Defendants' Motion for Summary Judgment should be and is hereby GRANTED.

Dated: _____

_____
Judge, United States District Court
Southern District of Indiana

Distribution:

Rachel D. Johnson
Douglass R. Bitner
**KATZ KORIN CUNNINGHAM PC**
rjohnson@kkclegal.com
dbitner@kkclegal.com

Juan Robinson (IDOC # 119967)
**PENDLETON CORRECTIONAL FACILITY**
Inmate Mail/Parcels
4490 West Reformatory Road
Pendleton, IN 46064
***PRO SE***

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

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|---|---|---|
| JUAN ROBINSON, | ) | |
| | ) | |
| Plaintiff, | ) | |
| | ) | |
| v. | ) | No. 1:20-cv-00650-SEB-TAB |
| | ) | |
| KASIE HEDDEN, | ) | |
| LINDA FRYE, | ) | |
| WEXFORD OF INDIANA, LLC, | ) | |
| | ) | |
| Defendants. | ) | |

**DEFENDANTS' MEMORANDUM OF LAW IN SUPPORT OF MOTION FOR SUMMARY JUDGMENT**

NOW COME the Defendants, LINDA FRYE, HSA, KASIE HEDDEN, RN, AND WEXFORD OF INDIANA, LLC, by their attorney RACHEL D. JOHNSON of KATZ KORIN CUNNINGHAM PC, and for their Memorandum of Law in Support of their Motion for Summary Judgment, pursuant to Rule 56 of The Federal Rules of Civil Procedure, states as follows:

## I. INTRODUCTION

On February 27, 2020, the Plaintiff, Juan Robinson, filed with this Court his Complaint, alleging that defendants violated his Eighth Amendment rights to receive adequate medical care and treatment during his incarceration at the Pendleton Correctional Facility. [D/N 2]. On August 24, 2020, this Court completed a screening of the Plaintiff's complaint, finding that Plaintiff's claims shall proceed with Eighth Amendment claims against Ms. Hedden, Ms. Frye, and Wexford pursuant to 42 U.S.C. § 1983. [D/N 15].

Since the entry of this Court's Screening Order, Defendants have completed written discovery, including a deposition of the Plaintiff, and reviewed Plaintiff's relevant medical

records. Based upon all evidence obtained and reviewed thus far, Defendants believe summary judgment should be granted in their favor as to the pending claims. Defendants did not violate the Plaintiff's constitutional rights, but rather ensured that adequate medical care and treatment was provided to Plaintiff during all medical appointments during his time within the Pendleton Correctional Facility in the Indiana Department of Correction. As such, summary judgment is appropriate and warranted.

## II. STATEMENT OF UNDISPUTED MATERIAL FACTS

1. Linda Frye, R.N., is a registered nurse licensed to practice nursing services in the state of Indiana. From March 25, 2019 through October 31, 2019, Ms. Frye was employed by Wexford of Indiana, LLC as the acting Health Services Administrator at the Pendleton Correctional Facility in Pendleton, Indiana. Since July 1, 2020, Ms. Frye has been the Health Services Administrator over several facilities within the Indiana Department of Correction, including the Chain of Lake Correctional Facility, the South Bend Community Re-Entry Facility, the LaPorte Juvenile Correctional Facility, and the Logansport Juvenile Correctional Facility. (Affidavit of Linda Frye, RN, ¶ 1-2, attached to this memorandum as **Exhibit B.)**

2. As the Health Services Administrator at the Pendleton Correctional Facility, Ms. Frye's responsibilities and duties were primarily administrative in nature. Ms. Frye did not often provide direct patient care, and instead oversaw the provision of medical services at the facility. This included, at times, reviewing inquiries submitted by staff or offenders regarding medical care, ensuring compliance with IDOC directives, oversight of the nursing staff, providing responses to grievances that were medical in nature, and responding to offender healthcare request forms. Ms. Frye occasionally met with offenders to discuss their concerns about medical treatment when required. (Frye Aff., ¶ 3).

3. During her time as the Health Services Administrator at the Pendleton Correctional Facility, Ms. Frye does not recall having any direct face-to-face contact with the Plaintiff during the timeframe listed within his complaint; however, she did provide responses to several of his healthcare requests and informal grievances. Ms. Frye has reviewed the Plaintiff's relevant medical records during his incarceration within the IDOC, and a true and accurate copy of the Plaintiff's medical records are attached hereto and marked as **Exhibit A.** (Frye Aff., ¶ 4).

4. To Ms. Frye's knowledge, Plaintiff filed this lawsuit against her with the belief that she failed to provide him with life-sustaining medication during his incarceration at the Pendleton facility. Specifically, Plaintiff alleges that she did not provide or ensure that he was given his insulin shots throughout August 2019 and December 2019. [D/N 2]. (Frye Aff., ¶ 5).

5. As the Health Services Administrator, Ms. Frye did not have the legal authority to diagnose patients or order specific medical care at the Pendleton Correctional Facility. Additionally, she did not have the authority to order any specific medical treatment or medication for any offender. Ms. Frye did, however, have the authority and responsibility to ensure that patients received access to the medical care that they required. In the case of Mr. Robinson, this included reviewing the medical records, speaking with other healthcare providers onsite at the Pendleton Correctional Facility, and ensuring that he had access to needed treatment and medication at the facility. (Frye Aff., ¶ 6).

6. Based on Ms. Frye's review of the medical records, Plaintiff arrived at the Pendleton Correctional Facility as a transfer offender from the Wabash Valley Correctional Facility on August 9, 2019. Upon his arrival, Plaintiff was provided with both a bottom-bunk pass and low range pass due to being diabetic and due to a previous condition with his back. (*Ex. A,* p. 43-48) (Frye Aff., ¶ 7).

7. On or about August 16, 2019, Plaintiff submitted a Request for Interview, which he labeled as an informal grievance. Plaintiff reported that he had not received any Noon insulin and had concerns about the status of his bottom-bunk pass. Based on her review of the medical records, Ms. Frye advised that Plaintiff's provider had ordered that he receive his NPH insulin twice per day. (*Ex. A*, p. 383) (Frye Aff., ¶ 8).

8. On or about August 18, 2019, Plaintiff submitted a healthcare request regarding his concern that he had not received his scheduled Noon insulin medication. Ms. Frye reviewed the medical records and provided a response to the Plaintiff, indicating that while she was not sure what had initially occurred with his prescription for insulin, she could identify where the medication had been ordered since August 15, 2019. Ms. Frye advised that she would further look into the situation. (*Ex. A*, p. 382) (Frye Aff., ¶ 9).

9. On or about September 22, 2019, Plaintiff submitted a healthcare request form regarding his concerns that his Eighth Amendment rights were being violated as he reported that some nurses were calling him for his insulin medication and others were not. Mr. Robinson also reported that his A1C was high due to his lack of insulin received. Ms. Frye reviewed the medical records and advised that the nursing staff was responsible to alert custody staff when they are ready each day for insulin to be distributed to each particular offender. Ms. Frye further advised that it is then up to the custody staff to ensure the Plaintiff is brought over to the medical center to receive the needed insulin, but acknowledge that sometimes it does not happen. Ms. Frye continued to speak to the nursing staff regarding his concerns. (*Ex. A*, p. 378) (Frye Aff., ¶ 10).

10. On or about October 12, 2019, Plaintiff submitted a healthcare request form regarding a concern he had about his medical records, specifically regarding a payment issue, that did not concern a specific medical issue. Ms. Frye responded that he will be charged for all medical

visits other than the chronic care visits that are scheduled in advance every ninety (90) to one-hundred eighty (180) days, pursuant to IDOC Healthcare Services Directive policies. (*Ex. A*, p. 375) (Frye Aff., ¶ 11).

11. As her employment as the acting Health Services Administrator at the Pendleton Correctional Facility ended in October 2019, Ms. Frye had no authority to control any issues with medication or medical care for any offender thereafter. Thus, when Plaintiff alleges that Ms. Frye was responsible for medication issues that occurred in December 2019 and January 2020, this is not accurate as she no longer had any authority to discuss or ensure medical care or treatment was provided to any specific offender at the Pendleton Correctional Facility at that time. (Frye Aff., ¶ 12).

12. To Ms. Frye's knowledge, her only involvement in the care and treatment of Plaintiff's medical issues relating to his medication concerns during his incarceration at the Pendleton Correctional Facility was responding to his healthcare request forms regarding his concerns. (Frye Aff., ¶ 13).

13. As the Health Services Administrator, Ms. Frye determined that Plaintiff was able to voice his complaints to the medical department and ultimately received the needed medical services and medication as clinically required. Ms. Frye did not have the authority to dictate any offender's medical care, formulate treatment plans for offenders, or override the medical judgment of the onsite practitioners at the facility, including Mr. Robinson. (Frye Aff., ¶ 14).

14. Ms. Frye did not believe any further action was required based on the treatment Mr. Robinson was receiving from the onsite providers at Pendleton during that timeframe, including Dr. Paul Talbot, Elaine Purdue, F.N.P., and the members of the nursing staff. Shortly after his arrival at the facility, NP Purdue contacted the pharmacy regarding the necessary blood pressure

medications and further notified Ms. Frye of the plan for Mr. Robinson's medications. (*Ex. A*, p. 55-58). Based on Ms. Frye's review of the medical records, Plaintiff was seen regularly in the medical clinic at the facility and had many opportunities to meet with onsite practitioners to discuss his concerns regarding the management of his diabetes. (*Ex. A*, p. 43-58, 63-68, 91-94, 111-115, 120-124). As healthcare request forms were received from the Plaintiff, Ms. Frye reviewed the medical records and followed-up with members of the nursing staff when it was brought to her attention that he believed he was not receiving his medication in order to ensure that Plaintiff ultimately received the necessary medical treatment. (Frye Aff., ¶ 15).

15. Ms. Frye was not deliberately indifferent to any of Mr. Robinson's medical needs or medical care during his incarceration at the Pendleton Correctional Facility. Based upon her review of the Plaintiff's records, and her conversations with staff onsite at Pendleton, Plaintiff received his medication as ordered by the practitioners at the facility. Ms. Frye had no authority to make any changes to Plaintiff's medications without the express order of a physician. (Frye Aff., ¶ 16).

16. All of Ms. Frye's actions were based upon her professional judgment and medical training. (Frye Aff., ¶ 17).

17. Kasie Mumford (previously Hedden) is a registered nurse licensed to practice nursing services in the State of Indiana. Ms. Mumford was previously employed by Wexford of Indiana, LLC as a registered nurse at the Pendleton Correctional Facility from April 17, 2018 until September 18, 2019. From May 2018 through May 2019, Ms. Mumford was employed on a PRN status at the Pendleton Correctional Facility, also known as an as-needed basis. From May 2019 through the end of her employment, Ms. Mumford was the acting Director of Nursing at the Pendleton Correctional Facility. Her last day of employment at the Pendleton facility was

September 17, 2019. [D/N 24-2]. (Affidavit of Kasie Mumford, RN, ¶ 1-2, attached to this memorandum as **Exhibit C**.)

18. As the Director of Nursing, Ms. Mumford's responsibilities and duties were primarily administrative in nature. She did not often provide direct patient care. Instead, Ms. Mumford was tasked with oversight of nursing services that were provided at the facility. She would also, at times, respond to healthcare requests or informal grievances submitted by offenders at the Pendleton Correctional Facility that were medical in nature. (Mumford Aff., ¶ 3).

19. As the Director of Nursing, Ms. Mumford did not have the legal authority to diagnose patients or order specific medical care. However, she did have the authority to take steps to ensure that a patient was receiving appropriate nursing services, or to notify medical staff if they were unaware of offender complaints so that offenders could receive the medical care that was required. (Mumford Aff., ¶ 4).

20. During Ms. Mumford's time treating patients at the Pendleton Correctional Facility, she did not have an opportunity to interact with the Plaintiff, Juan Robinson. Ms. Mumford does not recall having any direct face-to-face contact with the Plaintiff during the timeframe listed within his complaint nor does she recall ever receiving any correspondence or communication from Mr. Robinson during his incarceration at the Pendleton Correctional Facility. (Mumford Aff., ¶ 5).

21. Based on Ms. Mumford's review of the medical records, Plaintiff arrived at the Pendleton Correctional Facility as a transfer offender from the Wabash Valley Correctional Facility on August 9, 2019. (*Ex. A*, p. 43-48) (Mumford Aff., ¶ 8).

22. Shortly after his arrival, Plaintiff had an opportunity to meet with onsite nurse practitioner, Elaine Purdue. Based on Ms. Purdue's assessment during the visit, it was decided that

the Plaintiff would receive his regular insulin three (3) times per day and would receive his NPH insulin two (2) times per day. NP Purdue contacted the pharmacy to supply the necessary blood pressure medications and further notified the health services administrator of the plan for Mr. Robinson's medications. (*Ex. A*, p. 55-58) (Mumford Aff., ¶ 9).

23. During Ms. Mumford's time as the Director of Nursing, she was not responsible for the physical distribution of any medication to the offenders at the Pendleton Correctional Facility but instead relied upon the nursing staff to provide the medication as ordered by offenders' treating physicians. Additionally, Ms. Mumford was not onsite at the Pendleton facility for the majority of the dates listed within the Plaintiff's complaint. Between August 7, 2019 and August 23, 2019, Ms. Mumford was offsite, and as Plaintiff arrived at Pendleton during a timeframe in which she was not onsite at the facility, she had no knowledge of any potential issues that the Plaintiff may or may not have been having with obtaining his insulin during this time frame. [D/N 2, p. 3-4] [D/N 24-1, p. 6-7] (Mumford Aff., ¶ 10).

24. On August 23, 2019, while Ms. Mumford was onsite at the Pendleton Facility that day, she worked the overnight shift from 7:00PM until nearly 7:00AM the following morning. [D/N 24-1, p. 7]. Ms. Mumford does not recall being provided with any information regarding Plaintiff's concerns with his insulin medication. Within his complaint, Plaintiff alleges that on August 23, 2019, Ms. Mumford failed to administer the AM or Noon insulin medication to the Plaintiff. [D/N 2, p. 3]. As noted by the time record that reflects exactly when Ms. Mumford was onsite at the Pendleton Correctional Facility, Plaintiff's allegations cannot be correct as she was not at the facility during either the AM or Noon medication distribution on August 23, 2019. [D/N 24-1, p. 7]. During the early morning hours of August 24, 2019, while Ms. Mumford was onsite, Plaintiff received his AM dose of insulin as prescribed. (*Ex. A*, p. 311) (Mumford Aff., ¶ 11).

25. As Ms. Mumford's employment with Wexford of Indiana ended in September 2019, she had no authority to control any issues with medication or medical care and treatment for any offender thereafter. Thus, when Plaintiff states that Ms. Mumford was responsible for medication issues that occurred after her departure from the Pendleton facility in December 2019 and January 2020, this is not accurate as she no longer had any authority to provide medical care or treatment at the Pendleton Correctional Facility at that time. [D/N 2, p. 3-4] [D/N 24-2] (Mumford Aff., ¶ 12).

26. Ms. Mumford was not deliberately indifferent to Mr. Robinson's medical care during his incarceration at the Pendleton Correctional Facility. Ms. Mumford did not continuously deny him access to his prescribed medication nor did she have any information regarding the Plaintiff's concerns about not receiving his medication during the alleged timeframe as reported within his complaint. Additionally, Ms. Mumford did not intentionally deprive Mr. Robinson of his medication pursuant to any policy or practice of Wexford of Indiana to minimize expenses. (Mumford Aff., ¶ 13).

27. Based on Ms. Mumford's review of the medical records, Plaintiff was seen regularly in the medical clinic at the facility and had many opportunities to meet with onsite practitioners to discuss his concerns regarding the management of his diabetes. Shortly after his arrival to the facility, NP Purdue contacted the others within the health department regarding the orders for the Plaintiff's insulin medication management. (Mumford Aff., ¶ 14).

28. While Ms. Mumford was the acting Director of Nursing at the Pendleton Correctional Facility, she took all appropriate steps needed in order to ensure that all offenders received timely medical care, including access to medication, and ensured that offenders had access to their onsite practitioners as needed. (Mumford Aff., ¶ 15).

29. Juan Robinson is an inmate currently incarcerated within the Indiana Department of Correction at the Pendleton Correctional Facility. Mr. Robinson has previously obtained his GED but testified that he has not been offered any other educational programs during his incarceration at the Pendleton facility. (Deposition Transcript of Juan Robinson, p. 5-6, attached to this memorandum as **Exhibit D**.).

30. Mr. Robinson testified that he is seen by medical for his chronic care conditions, including diabetes, diabetic neuropathy, and an issue with his eyes which requires eye drops on occasion. *Id.* at p. 12.

31. Mr. Robinson filed this lawsuit against Ms. Frye because from August 10, 2019 through August 23, 2019, he kept writing her, asking why he was not getting his insulin shots, and it took several weeks to get his medication upon his arrival at Pendleton. Mr. Robinson believes that Ms. Frye is the boss of all the nurses onsite, but she would not come to pass out medication or give him the insulin shot he needed. Mr. Robinson stated this occurred in December 2019, as well. *Id.* at p. 13-15, 18.

32. Mr. Robinson testified that he has no issue with Defendant Hedden as he does not believe that she was working at that time. He testified that he was going to try and dismiss her from this matter. *Id.* at p. 19-20.

33. Mr. Robinson testified that he is suing Wexford of Indiana because they are accountable for Ms. Frye as her employer. Ms. Robinson believes that Wexford should have had its staff do their job. *Id.* at p. 20-21.

34. During the timeframe listed within his Complaint, Mr. Robinson testified that he was housed in the A&O Dorm at the facility. When housed in the A&O Dorm, custody was responsible for letting him out of his cell for any reason. Mr. Robinson testified that when a nurse

came to his cell for medical purposes, a custody officer was always present, as well. *Id.* at p. 18, 25.

35. Mr. Robinson testified that Ms. Frye was deliberately indifferent because she did not know the reason for his delay in the insulin, which is indifference because he believes she knows something. Mr. Robinson does not believe that Ms. Hedden was deliberately indifferent. *Id.* at p. 39.

36. The only symptom that Mr. Robinson stated he still experiences as a result of the allegations from August and December 2019 is that his feet still bother him from time to time, but he further testified that he is on medication for his diabetic neuropathy. *Id.* at p. 40.

37. Mr. Robinson is not asking for specific medical treatment from the Defendants nor is he seeking a monetary judgment against the Defendants. *Id.* at p. 41-42.

## III. AUTHORITY

### A. Summary Judgment Standard

Summary judgment is proper if the pleadings, answers to interrogatories, depositions, and admissions, along with affidavits, show that there is no genuine issue of material fact and that the moving party is entitled to judgment as a matter of law. Fed. R. Civ. P. 56(c). An issue of material fact exists only if "the evidence is such that a reasonable jury could return a verdict for the nonmoving party." *Anderson*, 477 U.S. at 248. In determining whether there are any genuine issues of material fact, the court must draw all inferences in the light most favorable to the non-movant. *Krchnavy v. Limagrain Genetics Corp.*, 294 F.3d 871, 875 (7th Cir. 2002). Yet not every conceivable inference must be drawn, only reasonable inferences. *Bartman v. Allis-Chalmers Corp.*, 799 F.2d 311, 312-13 (7th Cir.1986). Moreover, "when opposing parties tell two different stories, one of which is blatantly contradicted by the record, so that no reasonable jury could

believe it, a court should not adopt that version of the facts for purposes of ruling on a motion for summary judgment." *Scott v. Harris*, 550 U.S. at 380-81 (holding that the "[r]espondent's version of events is so utterly discredited by the record that no reasonable jury could have believed him. The Court of Appeals should not have relied on such visible fiction…").

**B. Eighth Amendment - Deliberate Indifference Standard**

To establish an Eighth Amendment violation by a prison official for failure to provide adequate medical care, a prisoner "must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs." *Estelle v. Gamble*, 429 U.S. 97, 105-106 (1976). To prevail on an Eighth Amendment claim, a plaintiff must show that the responsible prison officials were deliberately indifferent to his serious medical needs. See *Farmer*, 511 U.S. at 83; *Dunigan ex rel. Nyman v. Winnebago County*, 165 F.3d 587, 590 (7th Cir.1999). Deliberate indifference involves a two-part test. The plaintiff must show that (1) the medical condition was objectively serious, and (2) the state officials acted with deliberate indifference to his medical needs, which is a subjective standard. *Sherrod v. Lingle*, 223 F.3d 605, 619 (7th Cir.2000). The required showing for deliberate indifference is "something approaching a total unconcern for [the prisoner's] welfare in the face of serious risks." *Collins v. Seeman*, 462 F.3d 757, 762 (7th Cir. 2006), quoting *Duane v. Lane*, 959 F.2d 673, 677 (7th Cir.1992).

First, in order to succeed on his Eighth Amendment claim, the Plaintiff must prove that his medical needs were "serious". *Sherrod,* 223 F.3d at 619. A serious medical need is one that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for a doctor's attention. *Foulker v. Outagamie County*, 394 F.3d 510, 512 (7th Cir. 2005). Additionally, a medical condition is serious where the failure to treat the prisoner's condition could result in further significant injury or the unnecessary and

wanton infliction of pain. *Gutierrez v. Peters*, 111 F.3d 1364, 1373 (7th Cir.1997). Indications of a serious medical need include "[t]he existence of an injury that a reasonable doctor or patient would find important and worthy of comment or treatment; the presence of a medical condition that significantly affects an individual's daily activities; or the existence of chronic and substantial pain. *Gutierrez*, 111 F.3d at 1373; see also *Jackson v. Pollion*, 2013 WL 5778994 (cautioning against finding an objectively serious condition absent corroborating medical evidence).

The second requirement of a claim of deliberate indifference, the subjective component, requires that the prison official know of "a substantial risk of harm to the inmate and that the prison official disregard that risk." *Greeno v. Daley*, 414 F.3d, 645, 653 (7th Cir. 2005). "The infliction of suffering on prisoners can be found to violate the Eighth Amendment only if that infliction is either deliberate, or reckless in the criminal law sense." *Duckworth v. Franzen,* 780 F.2d 645, 652–53 (7th Cir. 1985). "Medical malpractice in the form of an incorrect diagnosis or improper treatment does not state an Eighth Amendment claim". *Gutierrez v. Peters*, 111 F.3d 1364, 1374 (7th Cir. 1997). Beyond that, even gross negligence does not constitute deliberate indifference. *Snipes v. Detella,* 95 F.3d, 586, 591 (7th Cir. 1996).

When assessing claims of deliberate indifference against a medical professional, the "professional judgment standard" applies. *Collignon v. Milwaukee County*, 163 F.3d 982, 989 (7th Cir. 1998); *Johnson v. Doughty*, 433 F.3d 1001, 1013 (7th Cir. 2006). Under this standard, a medical professional is entitled to deference in treatment decisions unless no minimally competent professional would have so responded under the circumstances. *Roe v. Elyea*, 631 F.3d 843, 857 (7th Cir. 2011); *Sain v. Wood*, 512 F.3d 886, 894-95 (7th Cir. 2008). A medical professional may only be held to have displayed deliberate indifference if "the decision by the professional is such a substantial departure from accepted professional judgment, practice, or standards, as to

demonstrate that the person responsible did not base the decision on such a judgment." *Sain*, 512 F.3d at 895. The decision must be such a departure from established practice and judgment as to demonstrate "a complete abandonment of medical judgment." *Norfleet v. Webster*, 439 F.3d 392, 396 (7th Cir. 2006). Delay in medical treatment may amount to deliberate indifference if the delay results in serious harm or unnecessary pain. *Berry v. Peterman*, 604 F. 3d 435, 440 (7th Cir. 2010); *Knight v. Wiseman*, 590 F.3d 458, 466 (7th Cir. 2009). The Plaintiff must also present evidence that the delay in treatment exacerbated his injury. *Estelle*, 429 U.S. at 104-105. The length of the delay that is tolerable depends on the seriousness of the condition and the ease of providing treatment. *McGowan v. Hulick*, 612 F.3d 636, 640 (7th Cir. 2010).

While the receipt of some treatment does not automatically defeat a claim for deliberate indifference, the fact-finder must be able to infer that the treatment received was "so blatantly inappropriate as to evidence intentional mistreatment likely to seriously aggravate" the serious medical condition. *Edwards v. Snyder*, 478 F.3d 827, 830–31 (7th Cir. 2007) (quoting *Snipes*, 95 F.3d at 592). The Plaintiff must prove, at the very least, that the defendant failed to act despite "knowledge of a substantial risk of serious harm". *Walker v. Peters*, 233 F.3d, 494, 499 (7th Cir. 2000); see also *Farmer v. Brennan*, 511 U.S. 825, 837 (1994) (stating that to prevail on his claim, Plaintiff must show that the defendant was aware of facts from which it could be inferred that the Plaintiff faced a substantial risk of serious harm, and that the defendant actually drew the inference).

**C. Municipal Liability Under § 1983**

Wexford of Indiana, LLC., is "treated the same as a municipality for liability purposes under § 1983." *See Minix v. Canarecci*, 597 F.3d 824, 832 (7th Cir. 2010) (holding that a corporation that contracted with a jail to provide health services is "treated the same as

municipalities for liability purposes in a § 1983 action"); *Fromer v. Corizon, Inc.*, 54 F. Supp. 3d 1012, 1027 (S.D. Ind. 2014). "It is well-established that there is no *respondeat superior* liability under § 1983." *Fromer*, 54 F. Supp. 3d at 1028 (quoting *Jackson v. Ill. Medi–Car, Inc.*, 300 F.3d 760, 766 (7th Cir. 2002)). "A 'private corporation is not vicariously liable under § 1983 for its employees' deprivations of others' civil rights." *Id.*

Because § 1983 does not permit liability to rest on the doctrine of *respondeat superior*, Plaintiff is required to show that a Wexford policy was the "direct cause" of or "moving force" behind his constitutional injury. *Pyles*, 771 F.3d at 409-10. To do so, he must introduce evidence that establishes a plausible inference Wexford "maintain[ed] a policy that sanction[ed] the maintenance of prison conditions that infring[ed] upon the constitutional rights of the prisoners." *Woodward v. Corr. Med. Servs.*, 368 F.3d 917, 927 (7th Cir. 2004). "If a plaintiff cannot identify any formal policy that is unconstitutional, the plaintiff may show deliberate indifference through a 'series of bad acts' creating an inference that municipal officials were aware of and condoned the misconduct of their employees." *Fromer*, 54 F. Supp. 3d at 1028. However, "a showing of isolated incidents does not create a genuine issue as to whether defendants have a general policy or a widespread practice of an unconstitutional nature." *Palmer v. Marion Cnty.*, 327 F.3d 588, 597 (7th Cir. 2003).

## IV. ARGUMENT

Based upon all evidence gathered, and primarily based upon the attached affidavits and supporting medical records, it is clear the Defendants were not deliberately indifferent to the Plaintiff's medical needs. Rather, Plaintiff was seen and treated on several occasions regarding his diabetes at the Pendleton Correctional Facility. Medical providers assessed and evaluated

Plaintiff's condition and provided medical attention and treatment to address Plaintiff's complaints. As such, the Defendants are entitled to judgment as a matter of law.

***1. Deliberate Indifference***

The Plaintiff received constitutionally adequate medical care from the Defendants. The Defendants will admit for purposes of this motion that failing to administer prescribed medications to an offender could constitute a serious medical condition as that term has been interpreted under the Eighth Amendment if such condition were ignored by onsite providers. However, Defendants did not display deliberate indifference to such condition as the records show that the Defendants reviewed all information to ensure Plaintiff received his medication. As such, the Defendants' Motion for Summary Judgment should be granted as to the Plaintiff's Eighth Amendment claims.

*i.* *Linda Frye, R.N.*

Defendant Frye was not deliberately indifferent to the Plaintiff's medical care during his incarceration at the Pendleton Correctional Facility. Linda Frye, R.N., is a registered nurse licensed to practice nursing services in the state of Indiana. [UMF 1]. From March 25, 2019 through October 31, 2019, Ms. Frye was employed by Wexford of Indiana, LLC as the acting Health Services Administrator at the Pendleton Correctional Facility. *Id.*

As the Health Services Administrator at the Pendleton Correctional Facility, Ms. Frye's responsibilities and duties were primarily administrative in nature. [UMF 2]. She did not often provide direct patient care but instead oversaw the provision of medical services at the facility, which included, at times, reviewing inquiries submitted by staff or offenders regarding medical care, ensuring compliance with IDOC directives, oversight of the nursing staff, providing responses to grievances that were medical in nature, and responding to offender healthcare request forms. *Id.* Ms. Frye did not have the legal authority to diagnose patients or order any specific

medical care at the Pendleton Correctional Facility. [UMF 5]. Additionally, she did not have the authority to order any specific medical treatment or medication for any offender. *Id.* During her time as the Health Services Administrator at the Pendleton Correctional Facility, Ms. Frye does not recall having any direct face-to-face contact with the Plaintiff during the timeframe listed within his complaint; however, she did provide responses to several of his healthcare requests and informal grievances. [UMF 3].

Plaintiff arrived at the Pendleton Correctional Facility as a transfer from the Wabash Valley Correctional Facility on August 9, 2019. [UMF 6]. Upon his arrival, Plaintiff was provided with both a bottom-bunk pass and low range pass due to being diabetic and due to a previous condition with his back. *Id.* There were several instances in which Defendant Frye responded to specific healthcare request forms submitted by the Plaintiff. On or about August 16, 2019, Plaintiff submitted a Request for Interview, where he reported that he had not received any Noon insulin and had concerns about the status of his bottom-bunk pass. [UMF 7]. Based on her review of the medical records, Defendant Frye advised that Plaintiff's provider had ordered that he receive his NPH insulin twice per day. *Id.* On or about August 18, 2019, Plaintiff submitted a healthcare request regarding his concern that he had not received his scheduled Noon insulin medication. [UMF 8]. After she reviewed the medical records, Defendant Frye provided a response to the Plaintiff, indicating that while she was not sure what had initially occurred with his prescription for insulin she could identify where the medication had been ordered since August 15, 2019. *Id.* Additionally, Defendant advised that she would further look into the situation. *Id.*

On or about September 22, 2019, Plaintiff submitted a healthcare request form regarding his concerns that some nurses were calling him for his insulin medication and others were not. [UMF 9]. Ms. Frye reviewed the medical records and advised that the nursing staff was responsible

to alert custody staff when they are ready each day for insulin to be distributed to each particular offender, and further advised that it is then up to the custody staff to ensure the Plaintiff is brought over to the medical center to receive the needed insulin. *Id.* While Defendant Frye acknowledged that sometimes it does not happen as it should, she continued to speak to the nursing staff regarding his concerns. *Id.*

Defendant Frye's only involvement in the care and treatment of Plaintiff's medical issues relating to his medication concerns during his incarceration at the Pendleton Correctional Facility was responding to his healthcare request forms. [UMF 12]. As her employment as the acting Health Services Administrator at the Pendleton Correctional Facility ended in October 2019, Defendant Frye had no authority to control any issues with medication or medical care for any offender thereafter. [UMF 11]. Thus, when Plaintiff alleges that Ms. Frye was responsible for medication issues that occurred in December 2019 and January 2020, as she no longer had any authority to discuss or ensure medical care or treatment was provided to any specific offender at the Pendleton Correctional Facility at that time, this cannot be accurate. *Id.* Based on the treatment the Plaintiff was receiving for his diabetes from his onsite providers during her time at the Pendleton facility, Defendant Frye did not believe any further action was required. [UMF 14]. Plaintiff was seen regularly in the medical clinic at the facility and had many opportunities to meet with onsite practitioners to discuss his concerns regarding the management of his diabetes. *Id.*

As the Health Services Administrator, Ms. Frye determined that Plaintiff was able to voice his complaints to the medical department and ultimately received the needed medical services and medication as clinically required. [UMF 13]. No rational juror could find that Defendant Frye's actions amount to "criminal recklessness", which is the standard for a finding of deliberate indifference. To the contrary, Ms. Frye reviewed the records and followed-up with medical staff

as needed to discuss the Plaintiff's concerns raised in his healthcare request forms. Defendant did not have the authority to dictate any offender's medical care, formulate treatment plans for offenders, or override the medical judgment of the onsite practitioners at the facility, including Mr. Robinson. [UMF 13]. Likewise, she had no authority to make any changes to the Plaintiff's medications without the express order of the Plaintiff's physician. [UMF 15]. Based upon her review of the Plaintiff's records, and her conversations with staff onsite at Pendleton, Plaintiff received treatment as ordered by the practitioners at the facility. *Id.* Additionally, the Plaintiff has not provided any evidence that any possible unintentional delay in his medication exacerbated the treatment of his diabetes or his symptoms. As noted by Plaintiff's onsite physician, Paul A. Talbot, M.D., Plaintiff's diabetes continued to improve during his first month at the Pendleton Correctional Facility. (*Ex. A*, p. 65-68, 91-94). There is no evidence of any serious harm or unnecessary pain to the Plaintiff as a result of Defendant Frye's actions.

Defendant Frye's actions fall well within her employment and duties as the Health Services Administrator, were based upon the medical records and reports of medical staff, and do not amount to deliberate indifference. As such, Defendant's Motion for Summary Judgment should be granted.

*ii.* *Kasie Mumford (previously Hedden), R.N.*

Defendant Mumford, previously identified as Kasie Hedden, was not deliberately indifferent to the Plaintiff's medical needs. Kasie Mumford (previously Hedden) is a registered nurse licensed to practice nursing services in the State of Indiana. [UMF 17]. Ms. Mumford was previously employed by Wexford of Indiana, LLC as a registered nurse at the Pendleton Correctional Facility from April 17, 2018 until September 18, 2019. *Id.* From May 2018 through May 2019, Ms. Mumford was employed on a PRN status at the Pendleton Correctional Facility.

*Id.* From May 2019 through the end of her employment, Ms. Mumford was the acting Director of Nursing at the Pendleton Correctional Facility, with her last day of employment at the facility being September 17, 2019. [UMF 17].

As the Director of Nursing, Defendant Mumford's responsibilities and duties were primarily administrative in nature. [UMF 18]. She did not often provide direct patient care, but instead was tasked with oversight of nursing services that were provided at the facility. *Id.* Ms. Mumford did not have the legal authority to diagnose patients or order specific medical care. [UMF 19]. During Ms. Mumford's time as the Director of Nursing, she was not responsible for the physical distribution of any medication to the offenders at the Pendleton Correctional Facility but instead relied upon the nursing staff to provide the medication as ordered by offenders' treating physicians. [UMF 23].

While at the Pendleton Correctional Facility, Defendant did not have an opportunity to interact with the Plaintiff. [UMF 20]. Ms. Mumford does not recall having any direct face-to-face contact with the Plaintiff during the timeframe listed within his complaint nor does she recall ever receiving any correspondence or communication from Mr. Robinson during his incarceration at the Pendleton Correctional Facility. *Id.* Additionally, Ms. Mumford was not onsite at the Pendleton facility for the majority of the dates listed within the Plaintiff's complaint. [UMF 23]. Between August 7, 2019 and August 23, 2019, Ms. Mumford was offsite, and as Plaintiff arrived at Pendleton during a timeframe in which she was not onsite at the facility, she had no knowledge of any potential issues that the Plaintiff may or may not have been having with obtaining his insulin during that time. *Id.*

On August 23, 2019, while Defendant Mumford was onsite at the Pendleton Facility, she worked the overnight shift from 7:00PM until nearly 7:00AM the following morning. [UMF 24].

On this date, Defendant does not recall being provided with any information regarding Plaintiff's concerns with his insulin medication. *Id.* Plaintiff alleges that on August 23, 2019, Ms. Mumford failed to administer the AM or Noon insulin medication to the Plaintiff. [D/N 2, p. 3]. As noted by the time record that reflects exactly when Ms. Mumford was onsite at the Pendleton Correctional Facility, Plaintiff's allegations cannot be correct as she was not at the facility during either the AM or Noon medication distribution on August 23, 2019. [UMF 24]. During the early morning hours of August 24, 2019, while Ms. Mumford was onsite, Plaintiff received his AM dose of insulin as prescribed. *Id.*

Defendant Mumford was not deliberately indifferent to the Plaintiff's medical care during his incarceration at Pendleton Correctional. [UMF 26]. Defendant Mumford's employment with Wexford ended in September 2019, and thereafter, she had no authority to control any issues with medication or medical care and treatment for any offender within the IDOC. [UMF 25]. Defendant could not have been responsible for any issues with the Plaintiff's medications in December 2019 as she was no longer onsite and no longer maintained any authority. *Id.* Defendant did not have any information regarding the Plaintiff's concerns about not receiving his medication during the alleged timeframe within his Complaint. [UMF 26]. Based on Ms. Mumford's review of the medical records, Plaintiff was seen regularly in the medical clinic at the facility and had many opportunities to meet with onsite practitioners to discuss his concerns regarding the management of his diabetes. [UMF 27]. Shortly after Plaintiff's arrival to the facility, the records indicate that an onsite nurse practitioner contacted staff within the health department regarding the orders for the Plaintiff's insulin medication management. *Id.*

Plaintiff cannot establish that Defendant Mumford knew of a "substantial risk of harm to [Plaintiff] and … disregard[ed] that risk." *Greeno*, 414 F.3d at 653. Instead, what is clear is that

Defendant Hedden was not onsite at the Pendleton Correctional Facility for the vast majority of the Plaintiff's claims. On the single day she was present during timeframe alleged within the Complaint, Plaintiff received his medication. The medical records indicate that the Plaintiff has received more than adequate treatment during his incarceration at Pendleton as he has had an opportunity to meet with onsite medical providers to address his concerns about his diabetes management. There is no evidence to support Plaintiff's claims that Nurse Mumford prevented him from receiving his medication. Additionally, the Plaintiff testified during his deposition that he has no issue with Defendant as he does not believe that she was working during the times within his Complaint, and further testified that he was going to try and dismiss her from this pending matter. [UMF 32]. There is no indication that Defendant Mumford was reckless in the Plaintiff's medical care or treatment or that she acted with wanton disregard for his medical needs. As such, she is entitled to judgment as a matter of law.

*iii.* *Wexford of Indiana, LLC*

There is no evidence of an improper policy or practice and as such Wexford of Indiana, LLC should be dismissed. The Court's screening order found that the Plaintiff's Complaint sufficiently alleged an Eighth Amendment claim against Wexford pursuant to 42 U.S.C. 1983. [D/N 15]. During his deposition, the Plaintiff testified he is suing Wexford of Indiana because Wexford employs the medical providers. [UMF 33].

As discussed in the above authority, the Plaintiff is required to present evidence that Wexford of Indiana, LLC maintained an unconstitutional policy or practice that was the driving force behind a constitutional deprivation. Plaintiff cannot maintain an action simply based on Wexford's role as employers of medical staff at various IDOC facilities, including the Pendleton Correctional Facility. As discussed above, the Plaintiff did not suffer any constitutional deprivation

and instead received appropriate medical care for his diabetes management during his incarceration. Moreover, there is no evidence or information indicating that Wexford of Indiana, LLC maintained an unconstitutional or improper policy or practice. Instead, the only evidence to date shows that Wexford of Indiana, LLC medical staff provided medical care to the Plaintiff regarding the treatment of his diabetes diagnosis. The Plaintiff has made no such disclosures or presented any evidence that would allow a reasonable jury to find that Wexford of Indiana, LLC maintained some unconstitutional policy or practice. As such, Wexford of Indiana, LLC is entitled to judgment as a matter of law.

Accordingly, the Defendants are entitled to judgment as a matter of law as there is no evidence that they were deliberately indifferent to Plaintiff's medical care, and Defendants' Motion for Summary Judgment should be granted by this Court.

WHEREFORE, the Defendants, Linda Frye, HSA, Kasie Hedden, RN, and Wexford of Indiana, LLC, respectfully request this Court enter judgment in their favor and against the Plaintiff and grant their Motion for Summary Judgment pursuant to Rule 56 of The Federal Rules of Civil Procedure.

Respectfully submitted,

KATZ KORIN CUNNINGHAM PC

*/s/ Rachel D. Johnson*

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*Counsel for Defendants Linda Frye, HSA, Kasie Hedden, RN, and Wexford of Indiana, LLC*

**CERTIFICATE OF SERVICE**

I certify that on **April 5, 2021**, a copy of the foregoing ***Memorandum in Support of Defendants' Motion for Summary Judgment*** was filed electronically using the Court's electronic filing system (CM/ECF). A copy of the foregoing was sent via U.S. First Class Mail to the following person(s):

Juan Robinson (IDOC # 119967)
**PENDLETON CORRECTIONAL FACILITY**
Inmate Mail/Parcels
4490 West Reformatory Road
Pendleton, IN 46064
***PRO SE***

*/s/ Rachel D. Johnson*
Rachel D. Johnson

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

| | | |
|---|---|---|
| JUAN ROBINSON, | ) | |
| | ) | |
| Plaintiff, | ) | |
| | ) | |
| v. | ) | No. 1:20-cv-00650-SEB-TAB |
| | ) | |
| KASIE HEDDEN, | ) | |
| LINDA FRYE, | ) | |
| WEXFORD OF INDIANA, LLC, | ) | |
| | ) | |
| Defendants. | ) | |

**DEFENDANTS' INDEX OF EXHIBITS**

**Exhibit A**: Juan Robinson Medical Records

**Exhibit B**: Affidavit of Linda Frye, R.N.

**Exhibit C**: Affidavit of Kasie Mumford (previously Hedden), R.N.

**Exhibit D**: Deposition Transcript of Plaintiff, Juan Robinson

Respectfully submitted,

KATZ KORIN CUNNINGHAM PC

*/s/ Rachel D. Johnson*

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*Counsel for Defendants Linda Frye, HSA, Kasie Hedden, RN, and Wexford of Indiana, LLC*

## CERTIFICATE OF SERVICE

I certify that on **April 5, 2021,** a copy of the foregoing ***Index of Exhibits*** was filed electronically using the Court's electronic filing system (CM/ECF). A copy of the foregoing was sent via U.S. First Class Mail to the following person(s):

Juan Robinson (IDOC # 119967)
**PENDLETON CORRECTIONAL FACILITY**
Inmate Mail/Parcels
4490 West Reformatory Road
Pendleton, IN 46064
***PRO SE***

*/s/ Rachel D. Johnson*
Rachel D. Johnson

# DEPARTMENT OF CORRECTIONS
# INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY

**SITE: WVD**
**COMPLETED BY: Abigail L. Cooper, MRC 08/09/2019 12:41 PM**

**State of Indiana**
Department of Correction
Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

**Facility: WVD**

| | |
|---|---|
| PATIENT: | JUAN ROBINSON |
| DATE OF BIRTH: | |
| DOC #: | 119967 |
| DATE: | 08/09/2019 12:41 PM |
| VISIT TYPE: | Transfer Documentation |

**Transfer information**

| | |
|---|---|
| Type of transfer: | intrasystem |
| Transferring facility: | WVD |
| Receiving facility: | ISR |
| Date of transfer: | 08/09/2019 |

**Problem List**

Plantar fascial fibromatosis
Nonspecific reaction to tuberculin skin test witho
Major depressive affective disorder, recurrent epi
Major depressive affective disorder, recurrent epi
Hypertension Essential
Diabetes with neurological manifestations
Diabetes mellitus
Asthma

**Medication**

Current Medications

| Medication | Instructions | Stop Date |
|---|---|---|
| Trileptal 600 mg tablet | take 1 tablet by oral route 2 times every day | 11/12/2019 |
| Therapeutic Shampoo 0.5 % | Apply to scalp, face, and neck. Lather and rinse in 5 minutes avoiding eyes, nose, and mouth | 11/23/2019 |
| lisinopril 40 mg tablet | take 1 tablet by oral route every day | 12/22/2019 |



EXHIBIT
A

## DEPARTMENT OF CORRECTIONS
## INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY

**SITE: WVD**
**COMPLETED BY: Abigail L. Cooper, MRC 08/09/2019 12:41 PM**

| | | |
|---|---|---|
| Norvasc 10 mg tablet | take 1 tablet by oral route every day | 12/22/2019 |
| Effexor XR 75 mg capsule,extended release | take 1 capsule by oral route every morning with food | 01/05/2020 |
| Pepcid 20 mg tablet | take 1 tablet by oral route 2 times every day | 01/12/2020 |
| hydrocortisone 2.5 % lotion | apply by topical route 2 times every day a thin layer to the affected area(s) | 01/12/2020 |
| Novolin N NPH U-100 Insulin isophane 100 unit/mL subcutaneous susp | 34 units at AM and 45 units in PM | 02/07/2020 |
| Humulin R Regular U-100 Insulin 100 unit/mL injection solution | 20 untis SQ in AM, 25 units SQ at noon, 28 units at PM | 02/07/2020 |

Labs

| Status | Ordered | Lab Order | Timeframe | Comments |
|---|---|---|---|---|
| result received | 10/30/2008 | Rapid Plasma Reagin (RPR), Qualitative | Routine | |
| result received | 03/26/2010 | CMP 12 + BAC + CBC/PLT -F | Routine | Fasting. |
| result received | 03/26/2010 | Lipid panel -F | Routine | Fasting. |
| result received | 03/26/2010 | Hemoglobin A1C -F | Routine | Fasting. |
| result received | 04/16/2010 | CMP 12 + BAC + CBC/PLT -F | STAT | |
| result received | 04/19/2010 | CMP 12 + BAC + CBC/PLT -F | Routine | |
| result received | 08/10/2010 | Hemoglobin A1C -F | Routine | |
| result received | 09/03/2010 | CMP 12 + BAC + CBC/PLT -F | Routine | |
| result received | 09/03/2010 | Lipid panel -F | Routine | |
| result received | 09/03/2010 | Microalbumin, Random Urine -F | Routine | |
| result received | 09/03/2010 | Urinalysis, Routine -F | Routine | |
| result received | 11/01/2010 | Hemoglobin A1C -F | Routine | |
| result received | 01/19/2011 | Lipid panel -F | Routine | |
| result received | 01/19/2011 | Hemoglobin A1C -F | Routine | |
| result received | 01/19/2011 | Hemoglobin A1C -F | Routine | |
| result received | 01/19/2011 | Comp Panel -F | Routine | |
| result received | 01/19/2011 | Lipid panel -F | Routine | |
| result received | 01/19/2011 | Hemoglobin A1C -F | Routine | |
| result received | 01/19/2011 | Microalbumin, Random Urine -F | Routine | |
| result received | 02/09/2011 | CMP 12 + BAC + CBC/PLT -F | Routine | Fasting. |
| result received | 02/09/2011 | Lipid panel -F | Routine | Fasting. |

Diagnostics

# DEPARTMENT OF CORRECTIONS
## INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY

**SITE: WVD**
**COMPLETED BY: Abigail L. Cooper, MRC 08/09/2019 12:41 PM**

| Status | Ordered | Order | Location | Timeframe |
|---|---|---|---|---|
| ordered | 08/22/2012 | Chest one view Bilateral | | |
| ordered | 11/05/2015 | Facial bones three views or more | | |
| ordered | 08/22/2012 | Chest one view | | |
| ordered | 05/27/2015 | Chest two views | | |

Classifications

| Order | Reason | Frequency | Ordered Date |
|---|---|---|---|
| Bottom bunk | insulin dependent diabeti | | 11/07/2018 |
| Lower tier | insulin dependent diabeti | | 11/07/2018 |

Office Services part 1

| Status | Ordered | Order | Timeframe | Completed |
|---|---|---|---|---|
| result received | 04/16/2010 | Monitor vital signs-BP | | 09/23/2010 |
| result received | 04/16/2010 | Monitor vital signs-Respirations | | 09/23/2010 |
| ordered | 06/30/2015 | diet order | | |

Office Services part 2

| Status | Ordered | Order | Timeframe | Completed |
|---|---|---|---|---|
| result received | 02/10/2010 | Monitor blood glucose | | 09/23/2010 |
| result received | 02/10/2010 | Monitor blood glucose | | 09/23/2010 |
| result received | 02/10/2010 | Monitor blood glucose | | 09/23/2010 |
| result received | 04/16/2010 | UA Dipstick | | 04/19/2010 |
| result received | 04/19/2010 | Oxygen pulse | | |
| result received | 04/20/2010 | UA Dipstick | | 04/21/2010 |
| result received | 04/21/2010 | UA Dipstick | | 09/09/2010 |
| result received | 04/29/2010 | Monitor blood glucose | | 09/23/2010 |
| ordered | 09/13/2010 | Monitor blood glucose | | |
| ordered | 09/13/2010 | Monitor blood glucose | | |
| ordered | 09/13/2010 | Monitor blood glucose | | |
| ordered | 09/13/2010 | Monitor blood glucose | | |
| result received | 04/19/2011 | Monitor blood glucose | | 07/15/2011 |
| ordered | 07/11/2011 | Monitor blood glucose | | |
| ordered | 07/11/2011 | Monitor blood glucose | | |
| ordered | 07/11/2011 | Monitor blood glucose | | |
| ordered | 07/11/2011 | Monitor blood glucose | | |
| ordered | 08/22/2012 | Monitor blood glucose | | |
| ordered | 08/22/2012 | Monitor blood glucose | | |
| ordered | 08/22/2012 | Monitor blood glucose | | |
| ordered | 08/22/2012 | Monitor blood glucose | | |
| ordered | 08/22/2012 | UA Dipstick | | |
| ordered | 05/27/2015 | Monitor blood glucose | | |

**DEPARTMENT OF CORRECTIONS**
**INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: WVD**
**COMPLETED BY: Abigail L. Cooper, MRC 08/09/2019 12:41 PM**

| | | |
|---|---|---|
| ordered | 05/27/2015 | Monitor blood glucose |
| ordered | 05/27/2015 | Monitor blood glucose |
| ordered | 05/27/2015 | Monitor blood glucose |
| ordered | 07/09/2015 | Monitor blood glucose |
| ordered | 07/09/2015 | Monitor blood glucose |
| ordered | 07/09/2015 | Monitor blood glucose |
| ordered | 07/09/2015 | Monitor blood glucose |
| ordered | 08/28/2015 | Monitor blood glucose |
| ordered | 08/28/2015 | Monitor blood glucose |
| ordered | 08/28/2015 | Monitor blood glucose |
| ordered | 08/28/2015 | Monitor blood glucose |
| ordered | 02/03/2016 | Blood stool quiac |
| ordered | 02/03/2016 | Monitor blood glucose |
| ordered | 02/03/2016 | Monitor blood glucose |
| ordered | 02/03/2016 | Monitor blood glucose |
| ordered | 02/03/2016 | Monitor blood glucose |
| ordered | 03/16/2016 | Monitor blood glucose |
| ordered | 03/16/2016 | Monitor blood glucose |
| ordered | 03/16/2016 | Monitor blood glucose |
| ordered | 03/16/2016 | Monitor blood glucose |
| ordered | 10/17/2016 | Monitor blood glucose at breakfast |
| ordered | 10/17/2016 | Monitor blood glucose at lunch |
| ordered | 10/17/2016 | Monitor blood glucose at dinner |
| ordered | 10/17/2016 | Monitor blood glucose at bedtime |
| ordered | 01/10/2017 | Initiate restrictive housing monitoring |
| ordered | 02/25/2017 | Monitor blood glucose at breakfast |
| ordered | 02/25/2017 | Monitor blood glucose at lunch |
| ordered | 02/25/2017 | Monitor blood glucose at dinner |
| ordered | 04/01/2017 | Monitor blood glucose at breakfast |
| ordered | 04/01/2017 | Monitor blood glucose at lunch |
| ordered | 04/01/2017 | Monitor blood glucose at dinner |
| ordered | 11/27/2017 | Monitor blood glucose at lunch |
| ordered | 11/27/2017 | Monitor blood glucose |

# DEPARTMENT OF CORRECTIONS
# INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY

**SITE: WVD**
**COMPLETED BY: Abigail L. Cooper, MRC 08/09/2019 12:41 PM**

| | | |
|---|---|---|
| | | at dinner |
| ordered | 11/27/2017 | Monitor blood glucose at bedtime |
| ordered | 02/28/2019 | Monitor blood glucose at breakfast |
| ordered | 02/28/2019 | Monitor blood glucose at lunch |
| ordered | 02/28/2019 | Monitor blood glucose at dinner |
| ordered | 02/28/2019 | Monitor blood glucose at bedtime |
| ordered | 08/13/2019 | Monitor blood glucose at breakfast |
| ordered | 08/13/2019 | Monitor blood glucose at lunch |
| ordered | 08/13/2019 | Monitor blood glucose at dinner |

Referrals

| Status | Ordered | Provider | Specialty | Timeframe | Reason |
|---|---|---|---|---|---|
| ordered | 09/13/2012 | | | ASAP | |
| ordered | 11/30/2012 | | Optometry | | |
| ordered | 01/07/2013 | | | | |
| ordered | 09/28/2012 | | Optometry | | |
| result received | 04/19/2010 | | | | |
| result received | 11/10/2010 | | Optometry | | |

Chronic Care Enrollment

| Clinic | Enroll Date | Last Visit | Disenroll Date | Disenroll Reason |
|---|---|---|---|---|
| Asthma | 05/27/2015 | 02/13/2018 | 02/13/2018 | No inhaler use |
| Diabetes | 02/10/2010 | 10/23/2018 | | |
| Hypertension | 05/27/2015 | 10/23/2018 | | |
| Other | 05/31/2016 | 10/23/2018 | | |

*Document generated by:* Abigail L. Cooper, MRC 08/14/2019 12:41 PM

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

## SPECIAL NEEDS / URGENT ORDERS

**SITE: ISR**

**State of Indiana**
**Department of Correction**

Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

**Facility: ISR**

| | |
|---|---|
| PATIENT: | JUAN ROBINSON |
| DOB: | |
| DOC#: | 119967 |
| DATE: | 08/12/2019 11:03 AM |
| DOCUMENT GENERATED BY: | Jamie L. Bailey, LPN |

**Classification Orders**

| Order | Reason | Status | Start | End |
|---|---|---|---|---|
| Bottom bunk | insulin dependent diabeti | ordered | 11/07/2018 | 11/07/2020 |
| Lower tier | insulin dependent diabeti | ordered | 11/07/2018 | 11/07/2020 |

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

NAME: ROBINSON, JUAN
NUMBER: 119967
D.O.B :

**State of Indiana**
Department of Correction
Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

## Facility: ISR

| | |
|---|---|
| PATIENT: | JUAN ROBINSON |
| DOC#: | 119967 |
| DATE OF BIRTH: | |
| DATE: | 08/12/2019 11:03 AM |
| VISIT TYPE: | Intake |

## Intake

Reason for intake: New intake

### General

Completed by: Jamie L. Bailey, LPN, 08/12/2019, 11:04 AM

Completed date: 08/12/2019 Completed time: 11:16 AM

### Vital Signs

| Time | Height Ft | Height In | Weight | BMI | Systolic | Diastolic | Pulse | Resp | Temp | Sp O2 | Peak Flow |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11:05 AM | | | 200.0 | | 118 | 54 | 104 | 18 | 98.40 | 97 | |

| Date | Time | Blood Glucose | Pain Score | Comments |
|---|---|---|---|---|
| 08/12/2019 | 11:05 AM | | | |

### Subjective/Inmate Questionnaire

1. The patient has been told they have: high blood pressure, seizure activity, psychiatric disorder,

2. Have you ever been told you have diabetes? Yes

3. Do you take prescription medications? Yes

| Medication | Last Taken | Doctor Name | Pharmacy |
|---|---|---|---|
| antidepressant | several yrs ago | family pcp | |

elavil 05-06-07 county jail

| Medication Name | Sig | Quantity | Refills |
|---|---|---|---|
| Pepcid 20 mg tablet | take 1 tablet by oral route 2 times every day | 60 | 5 |
| hydrocortisone 2.5 % lotion | apply by topical route 2 times every day a thin layer to the affected area(s) | 1 | 5 |
| Effexor XR 75 mg capsule,extended release | take 1 capsule by oral route every morning with food | 30 | 5 |
| lisinopril 40 mg tablet | take 1 tablet by oral route every day | 30 | 5 |
| Norvasc 10 mg tablet | take 1 tablet by oral route every day | 30 | 5 |
| Therapeutic Shampoo 0.5 % | Apply to scalp, face, and neck. Lather and rinse in 5 minutes avoiding eyes, nose, and mouth | 1 | 5 |
| Trileptal 600 mg tablet | take 1 tablet by oral route 2 times every day | 60 | 5 |
| Humulin R Regular U-100 Insulin 100 unit/mL injection solution | 20 untis SQ in AM, 25 units SQ at noon, 28 units at 3 PM, and 28 units HS. | 1 | 5 |
| Novolin N NPH U-100 Insulin isophane 100 unit/mL subcutaneous susp | 34 units at noon and 45 units in PM | 1 | 5 |

4. Do you currently have any of the following? No

5. Have you been hospitalized by a physician within the last year? No

6. Has been treated for:

7. Do you have a painful dental condition? No

8. Do you wear dentures? No

9. Do you wear glasses or contacts? Yes
Are they with you? No

NEEDS NEW ONES

10. Do you wear a prosthesis? No

11. Do you use drugs or alcohol? No

12. Have you fainted or had a head injury in the last 72 hours? No

13. Have you been prescribed a special diet by a physician? Yes
DIABETIC DIET, HS SNACKS

History

**Social History:** (Detailed)
MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Currently single.
ALCOHOL
There is no history of alcohol use.

**Allergies**

| Ingredient | Medication Name | Comment |
|---|---|---|
| NO KNOWN DRUG ALLERGIES | | |
| PEANUT OIL | | |

**Alcohol and Drug Screening**

Alcohol
Drinks alcohol? No

Drug
Uses drugs? The patient denies illicit drug use.

Are you currently withdrawing or detoxing from any drug, alcohol or prescription medication? No
Have you ever had blackouts or withdrawal symptoms e.g. seizures, tremors etc from drugs or alcohol? No

Do you drink alcohol or take drugs regularly and have never stopped? No

Is this person known to facility to have a history of substance withdrawal in the past? No

**Suicide Risk Screening**

1. Arresting or transporting officer believes subject may be suicide risk. No

2. Lacks close family/friends in community. Yes

3. Experienced a significant loss within last 6 months (loss of job, relationship, death of close family member). No

4. Worried about major problems other than legal situation (terminal illness). No

5. Family member or significant other has attempted or committed suicide (spouse, parent, sibling, close friend, and lover). No

6. Has psychiatric history (psychotropic medication or treatment). Yes

7. Holds position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment/shame. No

8. Expresses thoughts about killing self. No

9. Has a suicide plan and/or suicide instrument in possession. No

10. Has previous suicide attempts. (Note methods and dates). No

11. Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness). No

12. Shows signs of depression (crying, emotional flatness). No

13. Appears overly anxious, afraid or angry. No

14. Appears to feel unusually embarrassed or ashamed. No

15. Is acting and/or talking in a strange manner. Cannot focus attention; hearing or seeing things not there). No

16. History of substance abuse treatment? No

17. Is apparently under the influence of alcohol or drugs. No

18. If YES to #17, is individual incoherent or showing signs of withdrawal or mental illness. No

Total Yes's: 2

**Psychiatric Screening**

History of inpatient mental health treatment? Yes
How many times? COUPLE

History of outpatient mental health treatment? No

History of cerebral trauma or seizure? Yes

Detainee reports history of learning
disability or special education services? No

Marital status? Marital status: Single

Highest grade or education level completed? GED

Family /Significant Other Supportive: Yes

Employed? No

Apparent Level of Cognitive Functioning: high

Current Mental Status
Appearance
Neat and Clean

Activity
Within Normal Limits

Orientation
Alert, oriented x 4

Mood
Euthymic

Affect
Full Range

Speech
Clear

Hallucinations
Denied

Delusions
None Reported

**Objective/Visual Observations**

1. Is inmate unconscious or stuporous? No

2. Does the inmate exhibit symptoms/illness requiring emergency medical care? No

3. Has the inmate been seen in a hospital/care facility within the last 24hrs? No

4. Based on my assessment, this inmate requires an evaluation at a hospital/emergency facility before acceptance at this facility. No

5. Does the inmate appear to be under the influence of drugs or alcohol? No

6. Are there any signs of abnormality or visible signs of alcohol/drug withdrawal? No

7. Does the inmate's behavior suggest the risk of suicide or mental illness? No

9. Does the inmate exhibit any of the these? Yes
tattoos/scars

EXZEMA

10. Are there signs of breathing difficulties or chest pain? No

11. Are there any signs of restricted or compromised movement? No

12. Does inmate exhibit characteristics of potentially being at risk for victimization? No

**TB Review**

Have you ever tested positive for PPD? No

Do you suffer from any of these? No

**TST:**
TB Screening: PPD Not Placed

**TB Screening**

**Assessment/Plan**

Intake Reviewed By: Jamie L. Bailey, LPN on 08/12/2019 at 11:16 AM

*Document generated by: Jamie L. Bailey, LPN 08/12/2019 11:16 AM*

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Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

**State of Indiana**
Department of Correction
Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

## Facility: ISR

PATIENT: JUAN ROBINSON
DATE OF BIRTH:
DOC#: 119967
DATE: 08/12/2019 04:37 PM
VISIT TYPE: Provider Visit

Established patient

### History of Present Illness:

1. diabetes
   Risk factors include family history of diabetes mellitus, family history of hypertension, high salt intake, obesity, race (African American), sedentary lifestyle and male gender. Risk factors excluded are age > 50 years. Comorbid conditions include neuropathy.

pt seen to assess type 2 diabetes status. pt transfered from Wabash and reports his BS was controlled and ranging from 64-130 while at Wabash and taking 20 R in AM, 25 R and 34 NPH at noon, 28 R and 45NPH at 3pm, and 28 R in the PM. pt reports when he is active then the insulin keeps him in range. reports hx of DKA events. states metformin messed up his stomach. seizures whle on humalog R and requests BBP. requests meds for neuropathy- reports tilleptal somewhat effective. knows he is unlikely to get gabapentin which was the most effective. reports he doesn't have his BP medications located in his property.

AFTER DISCUSSION WITH PATIENT
Regular insulin 3x day at 20 units AM, 25 units at noon, and 28 units PM
NPH insulin 34 units AM and 45 units PM

PROBLEM LIST:

| Problem Description | Onset Date | Chronic | Clinical Status | Notes |
|---|---|---|---|---|
| Hypertension | 05/27/2015 | Y | | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Hypertension Essential, 401, added by Amanda J. Markand, NP, with responsible provider Amanda J. Markand NP. Onset date 05/27/2015. |
| Antisocial personality disorder | 03/22/2019 | N | | |
| Recurrent major depressive episodes, mild | 03/22/2019 | N | | |
| Plantar fascial | 09/07/2010 | Y | | Mapped from KBM Chronic |

| | | | |
|---|---|---|---|
| fibromatosis | | | Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Plantar fascial fibromatosis, 728.71, added by Jewell A. Kleege, MHP, with responsible provider . Onset date 09/07/2010; Axis III. |
| Diabetes | 02/10/2010 | Y | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Diabetes mellitus, 250, added by Jill Gallien,MD, with responsible provider Bradley Huffey PhD. Onset date 02/10/2010; Axis III. |

Problem List (not yet mapped to SNOMED-CT®):

| Problem Description | Onset Date | Notes |
|---|---|---|
| Nonspecific reaction to tuberculin skin test witho | 10/05/2010 | |
| Diabetes with neurological manifestations | 08/27/2012 | |
| Asthma | 05/27/2015 | |

Allergies

| Ingredient | Reaction | Medication Name | Comment |
|---|---|---|---|
| NO KNOWN DRUG ALLERGIES | | | |
| PEANUT OIL | Anaphylaxis | | |

## Vital Signs

**Height**

| Time | ft | in | cm | Last Measured | Height Position |
|---|---|---|---|---|---|
| 11:51 AM | 0.0 | 69.0 | 175.3 | 01/14/2016 | 0 |

**Blood Pressure**

| Time | BP mm/Hg | Position | Side | Site | Method | Cuff Size |
|---|---|---|---|---|---|---|
| 11:51 AM | 120/90 | | | | | |

**Temperature/Pulse/Respiration**

| Time | Temp F | Temp C | Temp Site | Pulse/min | Pattern | Resp/ min |
|---|---|---|---|---|---|---|
| 11:51 AM | 97.90 | 36.6 | | 103 | | 16 |

**Pulse Oximetry/FIO2**

| Time | Pulse Ox (Rest %) | Pulse Ox (Amb %) | O2 Sat | O2 L/Min | Timing | FiO2 % | L/min | Delivery Method | Finger Probe |
|---|---|---|---|---|---|---|---|---|---|
| 11:51 AM | 96 | | | | | | | | |

**Comments**

| Time | Comments |
|---|---|
| 11:51 AM | Historical entry 08/11/2019. |

**Measured By**

| Time | Measured by |
|---|---|
| 11:51 AM | Elaine Purdue, FNP |

## Suicide Risk Screening

## Assessment/Plan

| # | Detail Type | Description |
|---|---|---|
| 1. | Assessment | Diabetes mellitus (250). |
| | Provider Plan | - see plan above<br>- contacted property and pharmacy to supply BP meds to patient.<br>- agree with TID insulin management and notified HSA of plan<br>- BS checks TID<br>- f/u in 2 weeks with MD d/t diabetic management |
| | Plan Orders | The patient is to have Monitor blood glucose at breakfast, Monitor blood glucose at lunch and Monitor blood glucose at dinner performed on 08/13/2019. |

**Recurring Orders:**

| Order | Frequency | Duration | End Date |
|---|---|---|---|
| Monitor blood glucose at breakfast | Breakfast | 12 Months | 08/13/2020 |
| Monitor blood glucose at lunch | Lunch | 12 Months | 08/13/2020 |
| Monitor blood glucose at dinner | Dinner | 12 Months | 08/13/2020 |

Medications *(Added, Continued or Stopped this visit)*

| Start Date | Medication | Directions | PRN Status | PRN Reason | Instruction | Stop Date |
|---|---|---|---|---|---|---|
| 07/10/2019 | Effexor XR 75 mg capsule,extended release | take 1 capsule by oral route every morning with food | N | | | 01/05/2020 |
| 08/12/2019 | Humulin R Regular U-100 Insulin 100 unit/mL injection solution | 20 untis SQ in AM, 25 units SQ at noon, 28 units at PM | N | For High BGL | | 02/07/2020 |
| 07/17/2019 | hydrocortisone 2.5 % lotion | apply by topical route 2 times every day a thin layer to the affected area(s) | N | | | 01/12/2020 |
| 06/26/2019 | lisinopril 40 mg tablet | take 1 tablet by oral route every day | N | | | 12/22/2019 |
| 06/26/2019 | Norvasc 10 mg tablet | take 1 tablet by oral route every day | N | | | 12/22/2019 |
| 08/12/2019 | Novolin N NPH U-100 Insulin isophane 100 unit/mL subcutaneous susp | 34 units at AM and 45 units in PM | N | | | 02/07/2020 |
| 07/17/2019 | Pepcid 20 mg | take 1 tablet by oral route 2 | N | | | 01/12/2020 |

| | | | | |
|---|---|---|---|---|
| | tablet | times every day | | |
| 05/28/2019 | Therapeutic Shampoo 0.5 % | Apply to scalp, face, and neck. Lather and rinse in 5 minutes avoiding eyes, nose, and mouth | N | 11/23/2019 |
| 05/17/2019 | Trileptal 600 mg tablet | take 1 tablet by oral route 2 times every day | N | 11/12/2019 |

*Provider:*
Purdue, Elaine 08/13/2019 12:09 PM
*Document generated by:* Elaine Purdue, FNP 08/13/2019 12:09 PM

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

**State of Indiana**
Department of Correction

Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

**Facility: ISR**

# MEDICAL DIET ORDER

**Name of Offender:** JUAN ROBINSON **DOC #:** 119967

**Diet Start Date:** XX **Diet End Date:** XX

| | |
|---|---|
| | **CARDIAC** |
| **XXXXX** | **1800 DIABETIC with snack** |
| | **2200 DIABETIC (no snack)** |
| | **PREGNANCY (includes HS snack)** |
| | **HIGH PROTEIN (includes HS snack)** |
| | **BROKEN JAW / FULL LIQUID** |
| | **CLEAR LIQUID** |
| | **RENAL - Dialysis** |
| | **RENAL - Pre-Dialysis** |
| **XXXX** | **HS DIABETIC SNACK** |
| | **OTHER (attach non-formulary request approval)** |
| | **CONTAINER AND UTENSIL FREE DIET** |

**Paul Talbot, MD** **08/22/19**

**Medical Provider Authorizing** **Date *(month, day, year)***

**Signature of Nurse Transcribing** **Date *(month, day, year)***

**Provider: Paul A. Talbot MD**
**Document generated by: Paul A. Talbot, MD 08/22/2019**

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

ARAMARK

**Note: Diet order revised by Aramark on 1-29-16**

## SPECIAL NEEDS / URGENT ORDERS

**SITE: ISR**

**State of Indiana**
**Department of Correction**

Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

**Facility: ISR**

| | |
|---|---|
| PATIENT: | JUAN ROBINSON |
| DOB: | |
| DOC#: | 119967 |
| DATE: | 08/22/2019 8:38 AM |
| DOCUMENT GENERATED BY: | Paul A. Talbot, MD |

**Classification Orders**

| Order | Reason | Status | Start | End |
|---|---|---|---|---|
| Bottom bunk | insulin dependent diabeti | ordered | 11/07/2018 | 11/07/2020 |
| Lower tier | insulin dependent diabeti | ordered | 11/07/2018 | 11/07/2020 |
| Low bunk/low tier | MEDICAL | ordered | 08/22/2019 | 08/22/2020 |

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

NAME: ROBINSON, JUAN
NUMBER: 119967
D.O.B :

**State of Indiana**
Department of Correction
Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

## Facility: ISR

PATIENT: JUAN ROBINSON
DATE OF BIRTH:
DOC#: 119967
DATE: 08/22/2019 08:38 AM
VISIT TYPE: Provider Visit

Established patient

History of Present Illness:

1. WANTS BOTTOM BUNK; FELL OFF TOP BUNK BEFORE
   cc: as above
   WANTS DIET CARD AS WELL
   A/P
   DIABETES WITH SELF-REPORTED HISTORY OF HYPOGLYCEMIC-RELATED SEIZURES AND FALL FROM TOP BUNK
   - WILL HONOR BB/BR PERMIT FOR CLAIM FIO HYPOGLYCEMIA-RELATED SEZURE AND FALL OFF TOP BUNK - NO AVAILABLE RECORDS

   EDUCATION DONE

PROBLEM LIST:

| Problem Description | Onset Date | Chronic | Clinical Status | Notes |
|---|---|---|---|---|
| Hypertension | 05/27/2015 | Y | | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Hypertension Essential, 401, added by Amanda J. Markand, NP, with responsible provider Amanda J. Markand NP. Onset date 05/27/2015. |
| Antisocial personality disorder | 03/22/2019 | N | | |
| Recurrent major depressive episodes, mild | 03/22/2019 | N | | |
| Plantar fascial fibromatosis | 09/07/2010 | Y | | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Plantar fascial fibromatosis, |

| | | | |
|---|---|---|---|
| | | | 728.71, added by Jewell A. Kleege, MHP, with responsible provider . Onset date 09/07/2010; Axis III. |
| Diabetes | 02/10/2010 | Y | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Diabetes mellitus, 250, added by Jill Gallien,MD, with responsible provider Bradley Huffey PhD. Onset date 02/10/2010; Axis III. |

Problem List (not yet mapped to SNOMED-CT®):

| Problem Description | Onset Date | Notes |
|---|---|---|
| Nonspecific reaction to tuberculin skin test witho | 10/05/2010 | |
| Diabetes with neurological manifestations | 08/27/2012 | |
| Asthma | 05/27/2015 | |

Allergies

| Ingredient | Reaction | Medication Name | Comment |
|---|---|---|---|
| NO KNOWN DRUG ALLERGIES | | | |
| PEANUT OIL | Anaphylaxis | | |

## Vital Signs

**Height**

| Time | ft | in | cm | Last Measured | Height Position |
|---|---|---|---|---|---|
| 8:41 AM | 0.0 | 69.0 | 175.3 | 01/14/2016 | 0 |

**Weight/BSA/BMI**

| Time | lb | oz | kg | Context | BMI kg/m2 | BSA m2 |
|---|---|---|---|---|---|---|
| 8:41 AM | 205.0 | | 92.986 | dressed with shoes | 30.26 | |

**Blood Pressure**

| Time | BP mm/Hg | Position | Side | Site | Method | Cuff Size |
|---|---|---|---|---|---|---|
| 8:41 AM | 120/80 | sitting | left | brachial | manual | adult |

**Temperature/Pulse/Respiration**

| Time | Temp F | Temp C | Temp Site | Pulse/min | Pattern | Resp/ min |
|---|---|---|---|---|---|---|
| 8:41 AM | 97.70 | 36.5 | temporal | 78 | regular | 12 |

**Pulse Oximetry/FIO2**

| Time | Pulse Ox (Rest %) | Pulse Ox (Amb %) | O2 Sat | O2 L/Min | Timing | FiO2 % | L/min | Delivery Method | Finger Probe |
|---|---|---|---|---|---|---|---|---|---|
| 8:41 AM | 98 | | RA | | | 21 | | | R Index |

**Measured By**

| Time | Measured by |
|---|---|
| ROBINSON, JUAN 119967 | 08/22/2019 08:38 AM 2/4 |

Physical Exam

| Exam | Findings | Details |
|---|---|---|
| Respiratory | Normal | Inspection - Normal. Auscultation - Normal. Palpation - Normal. Percussion - Normal. Chest wall tenderness - Absent. Cough - Absent. Effort - Normal. |
| Cardiovascular | Normal | Inspection - JVD: Absent. Palpation/percussion - PMI normal. Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Extremities - No edema. |
| Vascular | Normal | Pulses - Dorsalis pedis: Normal, Posterior tibial: Normal. |
| Extremity | Normal | Monofilament Exam - Normal. No Cyanosis. No Edema. No Calf tenderness. No Ulceration. No Varicosities. Homans' sign - Negative. No Fistula. |
| Diabetic Foot Screen | Normal | Monofilament Exam - Normal. |

## Suicide Risk Screening

## Assessment/Plan

| # | Detail Type | Description |
|---|---|---|
| 1. | Assessment | Diabetes mellitus (250). |
| | Impression | REQUESTING BOTTOM BUNK - EDUCATION DONE. |

Recurring Orders:

| Order | Frequency | Duration | End Date |
|---|---|---|---|
| Low bunk/low tier | | | 08/22/2020 |

Medications *(Added, Continued or Stopped this visit)*

| Start Date | Medication | Directions | PRN Status | PRN Reason | Instruction | Stop Date |
|---|---|---|---|---|---|---|
| 08/22/2019 | Humulin R Regular U-100 Insulin 100 unit/mL injection solution | 20 untis SQ in AM, 25 units SQ at noon, 28 units at PM | N | For High BGL | | 02/17/2020 |
| 08/22/2019 | hydrocortisone 2.5 % lotion | apply by topical route 2 times every day a thin layer to the affected area(s) | N | | | 02/17/2020 |
| 08/22/2019 | lisinopril 40 mg tablet | take 1 tablet by oral route every day | N | | | 02/17/2020 |
| 08/22/2019 | Norvasc 10 mg tablet | take 1 tablet by oral route every day | N | | | 02/17/2020 |
| 08/22/2019 | Novolin N NPH U-100 Insulin isophane 100 unit/mL subcutaneous susp | 34 units at AM and 45 units in PM | N | | | 02/17/2020 |
| 08/22/2019 | Pepcid 20 mg | take 1 tablet by oral route 2 | N | | | 02/17/2020 |

| | | | | |
|---|---|---|---|---|
| | tablet | times every day | | |
| 08/22/2019 | Therapeutic Shampoo 0.5 % | Apply to scalp, face, and neck. Lather and rinse in 5 minutes avoiding eyes, nose, and mouth | N | 02/17/2020 |
| 08/22/2019 | Trileptal 600 mg tablet | take 1 tablet by oral route 2 times every day | N | 02/17/2020 |

*Provider:*
Talbot, Paul A 08/22/2019 12:52 PM
*Document generated by:* Paul A. Talbot, MD 08/22/2019 12:52 PM

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

**State of Indiana**
Department of Correction
Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

## Facility: ISR

PATIENT: JUAN ROBINSON
DATE OF BIRTH:
DOC#: 119967
DATE: 09/26/2019 01:27 PM
VISIT TYPE: Chronic Care Visit

Established patient
The following conditions were addressed during this chronic care visit:
Diabetes

History of Present Illness:

1. MONTHLY DIABETES
   CC: HE FEELS WELL
   HPI: DIABETIC WITH LAST A1C 8.2 (9/9/2019) IS SHOWING CONSISTENT IMPROVEMENTS
   A/P
   DISBETES MELLITUS, IMPROVING
   - NO NEW INTERVENTIONS

   EDUCATION DONE

PROBLEM LIST:

| Problem Description | Onset Date | Chronic | Clinical Status | Notes |
|---|---|---|---|---|
| Hypertension | 05/27/2015 | Y | | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Hypertension Essential, 401, added by Amanda J. Markand, NP, with responsible provider Amanda J. Markand NP. Onset date 05/27/2015. |
| Antisocial personality disorder | 03/22/2019 | N | | |
| Recurrent major depressive episodes, mild | 03/22/2019 | N | | |
| Plantar fascial fibromatosis | 09/07/2010 | Y | | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code |

| | | | |
|---|---|---|---|
| | | | was Plantar fascial fibromatosis, 728.71, added by Jewell A. Kleege, MHP, with responsible provider . Onset date 09/07/2010; Axis III. |
| Diabetes | 02/10/2010 | Y | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Diabetes mellitus, 250, added by Jill Gallien,MD, with responsible provider Bradley Huffey PhD. Onset date 02/10/2010; Axis III. |

Problem List (not yet mapped to SNOMED-CT®):

| Problem Description | Onset Date | Notes |
|---|---|---|
| Nonspecific reaction to tuberculin skin test witho | 10/05/2010 | |
| Diabetes with neurological manifestations | 08/27/2012 | |
| Asthma | 05/27/2015 | |

Allergies

| Ingredient | Reaction | Medication Name | Comment |
|---|---|---|---|
| NO KNOWN DRUG ALLERGIES | | | |
| PEANUT OIL | Anaphylaxis | | |

## Vital Signs

**Height**

| Time | ft | in | cm | Last Measured | Height Position |
|---|---|---|---|---|---|
| 1:29 PM | 0.0 | 69.0 | 175.3 | 01/14/2016 | 0 |

**Weight/BSA/BMI**

| Time | lb | oz | kg | Context | BMI kg/m2 | BSA m2 |
|---|---|---|---|---|---|---|
| 1:29 PM | 210.0 | | 95.254 | dressed with shoes | 31.00 | |

**Blood Pressure**

| Time | BP mm/Hg | Position | Side | Site | Method | Cuff Size |
|---|---|---|---|---|---|---|
| 1:29 PM | 100/72 | sitting | right | brachial | manual | adult |

**Temperature/Pulse/Respiration**

| Time | Temp F | Temp C | Temp Site | Pulse/min | Pattern | Resp/ min |
|---|---|---|---|---|---|---|
| 1:29 PM | 97.70 | 36.5 | temporal | 102 | | 16 |

**Pulse Oximetry/FIO2**

| Time | Pulse Ox (Rest %) | Pulse Ox (Amb %) | O2 Sat | O2 L/Min | Timing | FiO2 % | L/min | Delivery Method | Finger Probe |
|---|---|---|---|---|---|---|---|---|---|
| 1:29 PM | 97 | | | | | | | | |

**Measured By**

ROBINSON, JUAN 119967 09/26/2019 01:27 PM 2/4

| Time | Measured by |
|---|---|
| 1:29 PM | Jennifer A. Sturm, MA |

Physical Exam

| Exam | Findings | Details |
|---|---|---|
| Cardiovascular | Normal | Inspection - JVD: Absent. Palpation/percussion - PMI normal. Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Extremities - No edema. |
| Vascular | Normal | Pulses - Dorsalis pedis: Normal, Posterior tibial: Normal. |
| Extremity | Normal | Monofilament Exam - Normal. No Cyanosis. No Edema. No Calf tenderness. No Ulceration. No Varicosities. Homans' sign - Negative. No Fistula. |
| Diabetic Foot Screen | Normal | Monofilament Exam - Normal. |

## Suicide Risk Screening

## Assessment/Plan

| # | Detail Type | Description |
|---|---|---|
| 1. | Assessment | Diabetes mellitus (250.00). |
| | Impression | CONTINUING IMPROVEMENT - EDUCATION DONE. |

Medications *(Added, Continued or Stopped this visit)*

| Start Date | Medication | Directions | PRN Status | PRN Reason | Instruction | Stop Date |
|---|---|---|---|---|---|---|
| 08/22/2019 | Humulin R Regular U-100 Insulin 100 unit/mL injection solution | 20 untis SQ in AM, 25 units SQ at noon, 28 units at PM | N | For High BGL | | 02/17/2020 |
| 08/22/2019 | hydrocortisone 2.5 % lotion | apply by topical route 2 times every day a thin layer to the affected area(s) | N | | | 02/17/2020 |
| 08/22/2019 | lisinopril 40 mg tablet | take 1 tablet by oral route every day | N | | | 02/17/2020 |
| 08/22/2019 | Norvasc 10 mg tablet | take 1 tablet by oral route every day | N | | | 02/17/2020 |
| 08/22/2019 | Novolin N NPH U-100 Insulin isophane 100 unit/mL subcutaneous susp | 34 units at AM and 45 units in PM | N | | | 02/17/2020 |
| 08/22/2019 | Pepcid 20 mg tablet | take 1 tablet by oral route 2 times every day | N | | | 02/17/2020 |
| 08/23/2019 | Therapeutic Shampoo 0.5 % | Apply to scalp, face, and neck three times a week. Lather and rinse in 5 minutes avoiding eyes, nose, and mouth | N | | | 02/18/2020 |

| | | | | |
|---|---|---|---|---|
| 08/22/2019 | Trileptal 600 mg tablet | take 1 tablet by oral route 2 times every day | N | 02/17/2020 |

*Provider:*
Talbot, Paul A 09/26/2019 9:20 PM
*Document generated by:* Paul A. Talbot, MD 09/26/2019 09:20 PM

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

**State of Indiana**
Department of Correction
Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

## Facility: ISR

PATIENT: JUAN ROBINSON
DATE OF BIRTH:
DOC#: 119967
DATE: 10/10/2019 09:00 AM
VISIT TYPE: Provider Visit

Established patient

History of Present Illness:

1. B/L FOOT NEURALGIA REFERRAL FROM 10/7
   HE DOES NOT WANT PAMELOR; HE CLAIMS THE TRILEPTAL IS WORKS MINIMALLY - BUT SINCE HE HAS BEEN ON IT FOR SOME TIME WE WILL NOT DISCONTINUE AT THIS TIME
   LAST SERUM N 140 (11/6/18) HE IS DUE FOR BMP LAB
   REQUESTING NEURONTINS BUT WAS COUNSELLED THAT D/T HIGH DIVERSION POTENTIAL OF THIS DRUG IN CORRECTIONS IT WILL NOT BE GIVEN
   A/P
   FOOT NEURALGIA
   DRUG SEEKING BEHAVIOUR
   - TRIAL OF CYMBALTA
   - BMP LAB

   EDUCATION DONE
2. DIABETIC PATIENT
   HE CURRENTLY IS GETTING SAME AMOUNT OF INSULIN HE GOT A WABASH
   SO HOW CAN WE EXPLAIN HIS CLAIMED CURRENT ACCUCHECKS >250; CHART REVIEW SHOWS HE HAS 12 LB WEIGHT GAIN SINCE 7/7/2019!!
   - HE ADMITS TO GETTING DIABETIC TRAY
   - HE ALSO HAS COMMISSARY
   a/p
   diabetes mellitus
   - commissary abuse suspected - pull 3 month commissary list

   EDUCATION DONE

PROBLEM LIST:

| Problem Description | Onset Date | Chronic | Clinical Status | Notes |
|---|---|---|---|---|
| Hypertension | 05/27/2015 | Y | | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Hypertension Essential, 401, |

| | | | |
|---|---|---|---|
| | | | added by Amanda J. Markand, NP, with responsible provider Amanda J. Markand NP. Onset date 05/27/2015. |
| Antisocial personality disorder | 03/22/2019 | N | |
| Recurrent major depressive episodes, mild | 03/22/2019 | N | |
| Plantar fascial fibromatosis | 09/07/2010 | Y | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Plantar fascial fibromatosis, 728.71, added by Jewell A. Kleege, MHP, with responsible provider . Onset date 09/07/2010; Axis III. |
| Diabetes | 02/10/2010 | Y | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Diabetes mellitus, 250, added by Jill Gallien,MD, with responsible provider Bradley Huffey PhD. Onset date 02/10/2010; Axis III. |

Problem List (not yet mapped to SNOMED-CT®):

| Problem Description | Onset Date | Notes |
|---|---|---|
| Nonspecific reaction to tuberculin skin test witho | 10/05/2010 | |
| Diabetes with neurological manifestations | 08/27/2012 | |
| Asthma | 05/27/2015 | |

Allergies

| Ingredient | Reaction | Medication Name | Comment |
|---|---|---|---|
| NO KNOWN DRUG ALLERGIES | | | |
| PEANUT OIL | Anaphylaxis | | |

## Vital Signs

**Height**

| Time | ft | in | cm | Last Measured | Height Position |
|---|---|---|---|---|---|
| 9:04 AM | 0.0 | 69.0 | 175.3 | 01/14/2016 | Standing |

**Weight/BSA/BMI**

| Time | lb | oz | kg | Context | BMI kg/m2 | BSA m2 |
|---|---|---|---|---|---|---|
| 9:04 AM | 212.0 | | 96.162 | dressed with shoes | 31.29 | |

**Blood Pressure**

ROBINSON, JUAN 119967 10/10/2019 09:00 AM 2/5

| Time | BP mm/Hg | Position | Side | Site | Method | Cuff Size |
|---|---|---|---|---|---|---|
| 9:04 AM | 100/72 | | | | | |

**Temperature/Pulse/Respiration**

| Time | Temp F | Temp C | Temp Site | Pulse/min | Pattern | Resp/ min |
|---|---|---|---|---|---|---|
| 9:04 AM | | | | 96 | regular | 12 |

**Pulse Oximetry/FIO2**

| Time | Pulse Ox (Rest %) | Pulse Ox (Amb %) | O2 Sat | O2 L/Min | Timing | FiO2 % | L/min | Delivery Method | Finger Probe |
|---|---|---|---|---|---|---|---|---|---|
| 9:04 AM | 96 | | RA | | | 21 | | | |

**Measured By**

| Time | Measured by |
|---|---|
| 9:04 AM | Paul A. Talbot, MD |

Physical Exam

| Exam | Findings | Details |
|---|---|---|
| Cardiovascular | Normal | Inspection - JVD: Absent. Palpation/percussion - PMI normal. Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Extremities - No edema. |
| Vascular | Normal | Pulses - Dorsalis pedis: Normal, Posterior tibial: Normal. |
| Extremity | Comments | NO NEW FINDINGS |
| Extremity | Normal | Monofilament Exam - Normal. No Cyanosis. No Edema. No Calf tenderness. No Ulceration. No Varicosities. Homans' sign - Negative. No Fistula. |
| Diabetic Foot Screen | Normal | Monofilament Exam - Normal. |
| Neurological | Comments | NO NEW FINDINGS |

## Suicide Risk Screening

## Assessment/Plan

| # | Detail Type | Description |
|---|---|---|
| 1. | Assessment | Neuralgia (729.2). |
| | Impression | EDUCATION DONE. |
| | Provider Plan | - TRIAL OF CYMBALTA<br>- BMP LAB |
| 2. | Assessment | Drug seeking behavior (V65.2). |
| | Impression | EDUCATON DONE. |
| 3. | Assessment | Diabetes mellitus (250.00). |
| | Impression | SUSPECTED COMMISSARY ABUSE - TO PULL 3 MONTH COMMISSARY LIST - EDUCATION DONE. |
| | Provider Plan | PULL 3-MONTH COMMISSARY LIST |
| | Plan Orders | CBC WITH DIFF, CHLAMYDIA/GC BY URINE, HEMOGLOBIN A1C and LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL) to be performed. |

Labs

| Date Ordered | Status | Test Status | Description | Order# | Provider | Test Location |
|---|---|---|---|---|---|---|
| 10/10/2019 09:00 AM | Ordered | Pending | BASIC METABOLIC PANEL | 11184441 | Talbot, Paul A | ISR |
| 10/10/2019 09:00 AM | Ordered | Pending | CBC WITH DIFF / CHLAMYDIA/GC BY URINE / HEMOGLOBIN A1C / LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL) | 11184283 | Talbot, Paul A | ISR |

Medications *(Added, Continued or Stopped this visit)*

| Start Date | Medication | Directions | PRN Status | PRN Reason | Instruction | Stop Date |
|---|---|---|---|---|---|---|
| 10/10/2019 | Cymbalta 20 mg capsule,delayed release | take 1 capsule by oral route every day | N | | | 04/09/2020 |
| 08/22/2019 | Humulin R Regular U-100 Insulin 100 unit/mL injection solution | 20 untis SQ in AM, 25 units SQ at noon, 28 units at PM | N | For High BGL | | 02/17/2020 |
| 08/22/2019 | hydrocortisone 2.5 % lotion | apply by topical route 2 times every day a thin layer to the affected area(s) | N | | | 02/17/2020 |
| 08/22/2019 | lisinopril 40 mg tablet | take 1 tablet by oral route every day | N | | | 02/17/2020 |
| 08/22/2019 | Norvasc 10 mg tablet | take 1 tablet by oral route every day | N | | | 02/17/2020 |
| 08/22/2019 | Novolin N NPH U-100 Insulin isophane 100 unit/mL subcutaneous susp | 34 units at AM and 45 units in PM | N | | | 02/17/2020 |
| 08/22/2019 | Pepcid 20 mg tablet | take 1 tablet by oral route 2 times every day | N | | | 02/17/2020 |
| 08/23/2019 | Therapeutic Shampoo 0.5 % | Apply to scalp, face, and neck three times a week. Lather and rinse in 5 minutes avoiding eyes, nose, and mouth | N | | | 02/18/2020 |
| 08/22/2019 | Trileptal 600 mg tablet | take 1 tablet by oral route 2 times every day | N | | | 02/17/2020 |

*Provider:*
Talbot, Paul A 10/10/2019 5:46 PM
*Document generated by*: Paul A. Talbot, MD 10/10/2019 05:46 PM

Indianapolis, IN 46204

ROBINSON, JUAN 119967 10/10/2019 09:00 AM 5/5

**State of Indiana**
Division of Medical and Clinical Healthcare Services
**Department of Correction**
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

## Facility: ISR

PATIENT: JUAN ROBINSON
DATE OF BIRTH:
DOC#: 119967
DATE: 10/28/2019 01:10 PM
VISIT TYPE: Chronic Care Visit

Established patient

History of Present Illness:

1. monthly diabetes; DFE
   CC: NO NEW COMPLAINTS
   LAST A1C 8.0 (9/919) WHICH EQUATES TO A MEAN FASTING BS @ 187
   HE CLAIMS LAST 5 OR ACCUCHECKS WERE 164, 276, 146, 211 BUT THEN ADMITS HE ALSO HAS LOWS < 100
   A/P
   DIABETES MELLITUS - POSSIBLE IMPROVING BY THE ABOVE BUT DUE FOR A1C IN DEC 2019
   - NO INSULIN ADJUSTMENTS AT THIS TIME OTHER THAN TO SYNCHRONIZED HIS M.A.R. TO THE PRESCRIPTION ORFDER FOR INSULIN:

PROBLEM LIST:

| Problem Description | Onset Date | Chronic | Clinical Status | Notes |
|---|---|---|---|---|
| Hypertension | 05/27/2015 | Y | | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Hypertension Essential, 401, added by Amanda J. Markand, NP, with responsible provider Amanda J. Markand NP. Onset date 05/27/2015. |
| Antisocial personality disorder | 03/22/2019 | N | | |
| Recurrent major depressive episodes, mild | 03/22/2019 | N | | |
| Plantar fascial fibromatosis | 09/07/2010 | Y | | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Plantar fascial fibromatosis, 728.71, added by Jewell A. Kleege, |

| | | | |
|---|---|---|---|
| Diabetes | 02/10/2010 | Y | MHP, with responsible provider . Onset date 09/07/2010; Axis III. Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Diabetes mellitus, 250, added by Jill Gallien,MD, with responsible provider Bradley Huffey PhD. Onset date 02/10/2010; Axis III. |

Problem List (not yet mapped to SNOMED-CT®):

| Problem Description | Onset Date | Notes |
|---|---|---|
| Nonspecific reaction to tuberculin skin test witho | 10/05/2010 | |
| Diabetes with neurological manifestations | 08/27/2012 | |
| Asthma | 05/27/2015 | |

Allergies

| Ingredient | Reaction | Medication Name | Comment |
|---|---|---|---|
| NO KNOWN DRUG ALLERGIES | | | |
| PEANUT OIL | Anaphylaxis | | |

## Vital Signs

**Height**

| Time | ft | in | cm | Last Measured | Height Position |
|---|---|---|---|---|---|
| 1:13 PM | 0.0 | 69.0 | 175.3 | 01/14/2016 | Standing |

**Weight/BSA/BMI**

| Time | lb | oz | kg | Context | BMI kg/m2 | BSA m2 |
|---|---|---|---|---|---|---|
| 1:13 PM | 208.0 | | 94.347 | dressed with shoes | 30.70 | |

**Blood Pressure**

| Time | BP mm/Hg | Position | Side | Site | Method | Cuff Size |
|---|---|---|---|---|---|---|
| 1:13 PM | 140/88 | sitting | right | brachial | manual | adult |

**Temperature/Pulse/Respiration**

| Time | Temp F | Temp C | Temp Site | Pulse/min | Pattern | Resp/ min |
|---|---|---|---|---|---|---|
| 1:13 PM | 97.70 | 36.5 | temporal | 92 | | 16 |

**Pulse Oximetry/FIO2**

| Time | Pulse Ox (Rest %) | Pulse Ox (Amb %) | O2 Sat | O2 L/Min | Timing | FiO2 % | L/min | Delivery Method | Finger Probe |
|---|---|---|---|---|---|---|---|---|---|
| 1:13 PM | 97 | | | | | | | | |

**Measured By**

| Time | Measured by |
|---|---|
| 1:13 PM | Jennifer A. Sturm, MA |

Physical Exam

| Exam | Findings | Details |
|---|---|---|
| General Exam | Comments | DFE - NO PAPILLEDEMA, NO HARD EXUDATES, NO RETINAL HEMORRHAGES |
| Eyes | Normal | General - Right: Normal, Left: Normal. Lids/external - Right: Normal, Left: Normal. Conjunctiva - Right: Normal, Left: Normal. Sclera - Right: Normal, Left: Normal. Cornea - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal. Iris - Right: Normal, Left: Normal. Anterior chamber - Right: Normal, Left: Normal. Fundus - Right: Normal, Left: Normal. Ocular muscles - Right: Normal, Left: Normal. |
| Respiratory | Normal | Inspection - Normal. Auscultation - Normal. Palpation - Normal. Percussion - Normal. Chest wall tenderness - Absent. Cough - Absent. Effort - Normal. |
| Cardiovascular | Normal | Inspection - JVD: Absent. Palpation/percussion - PMI normal. Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Extremities - No edema. |
| Vascular | Normal | Pulses - Dorsalis pedis: Normal, Posterior tibial: Normal. |
| Extremity | Normal | Monofilament Exam - Normal. No Cyanosis. No Edema. No Calf tenderness. No Ulceration. No Varicosities. Homans' sign - Negative. No Fistula. |
| Diabetic Foot Screen | Normal | Monofilament Exam - Normal. |

## Suicide Risk Screening

## Assessment/Plan

| # | Detail Type | Description |
|---|---|---|
| 1. | Assessment | Diabetes mellitus (250). |
| | Impression | MONTHLY EVALUAITON - ?VERY SLIGHT IMPROVEMENT IF ANY ON THIS VISIT - EDUCATION DONE. |

Medications *(Added, Continued or Stopped this visit)*

| Start Date | Medication | Directions | PRN Status | PRN Reason | Instruction | Stop Date |
|---|---|---|---|---|---|---|
| 10/28/2019 | Cymbalta 20 mg capsule,delayed release | take 1 capsule by oral route every day | N | | | 04/27/2020 |
| 10/28/2019 | Humulin R Regular U-100 Insulin 100 unit/mL injection solution | 20 untis SQ in AM, 25 units SQ at noon, 28 units at PM | N | For High BGL | | 04/24/2020 |
| 08/22/2019 | hydrocortisone 2.5 % lotion | apply by topical route 2 times every day a thin layer to the affected area(s) | N | | | 02/17/2020 |
| 10/28/2019 | lisinopril 40 mg tablet | take 1 tablet by oral route every day | N | | | 04/24/2020 |
| 10/28/2019 | Norvasc 10 mg | take 1 tablet by oral route | N | | | 04/24/2020 |

| | | | | |
|---|---|---|---|---|
| | tablet | every day | | |
| 10/28/2019 | Novolin N NPH U-100 Insulin isophane 100 unit/mL subcutaneous susp | 34 units at AM and 45 units in PM | N | 04/24/2020 |
| 10/28/2019 | Pepcid 20 mg tablet | take 1 tablet by oral route 2 times every day | N | 04/24/2020 |
| 10/28/2019 | Therapeutic Shampoo 0.5 % | Apply to scalp, face, and neck three times a week. Lather and rinse in 5 minutes avoiding eyes, nose, and mouth | N | 04/24/2020 |
| 10/28/2019 | Trileptal 600 mg tablet | take 1 tablet by oral route 2 times every day | N | 04/24/2020 |

*Provider:*
Talbot, Paul A 10/28/2019 5:30 PM
*Document generated by:* Paul A. Talbot, MD 10/28/2019 05:30 PM

---

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

**State of Indiana**
Department of Correction
Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

**Facility: ISR**

# MEDICAL DIET ORDER

**Name of Offender:** JUAN ROBINSON **DOC #:** 119967

**Diet Start Date: 12/31/2019** **Diet End Date: 6/30/2020**

| | |
|---|---|
| | CARDIAC |
| XXX | 1800 DIABETIC (no snack) |
| | 2200 DIABETIC (no snack) |
| | PREGNANCY (includes HS snack) |
| | HIGH PROTEIN (includes HS snack) |
| | BROKEN JAW / FULL LIQUID |
| | CLEAR LIQUID |
| | RENAL - Dialysis |
| | RENAL - Pre-Dialysis |
| XXXX | HS DIABETIC SNACK |
| | OTHER (attach non-formulary request approval) |
| | CONTAINER AND UTENSIL FREE DIET |

DR HAYES 12/18/2019 23

Medical Provider Authorizing — Date *(month, day, year)*

Signature of Nurse Transcribing — Date *(month, day, year)*

Provider: Lindiwee-Yaa Randal-Hayes MD
**Document generated by: Linda S. Stewart, MA 12/18/2019**

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

ARAMARK

**Note: Diet order revised by Aramark on 1-29-16**

**REQUEST FOR HEALTH CARE**
State Form 45913 (R3/9-12)
Approved by State Board of Accounts, 2012

RECEIVED
OCT 15 2019

INDIANA DEPARTMENT OF CORRECTION

**PCF № 288707**

**TO BE COMPLETED BY OFFENDER**

I request Health Care Services as follows:

☐ Sick Call ☐ Dentist ☐ Prescription Refill ☐ Mental Health ☑ Other *(specify)* Medical records

Nature of Complaint: I wrote A Chronic Care Health request and was charge five dollar. I do not understand why I was charge if I'm Chronic care.

By my signature, I hereby indicate that I understand that, in accordance with IC 11-10-3-5, I may be charged $5.00 for Health Care Services obtained at my request and $5.00 for initial *(new)* prescriptions. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my Trust Fund Account. I will not receive a receipt for this withdrawal; however, I may review the balance of my Trust Account as provided by facility procedures.

| Signature of Offender: | Printed Name: | DOC Number: | Date Signed: *(month, day, year)* |
|---|---|---|---|
| Juan Robinson | Juan Robinson | 119967 | 10-12-2019 |

**TO BE COMPLETED BY HEALTH CARE STAFF**

Response of Health Care Staff: You are charged for all visits other than the CCC visits that we schedule for you every 90 to 180 days

L Frye HSA

***IF AN APPOINTMENT HAS BEEN SCHEDULED, BE ALERT FOR YOUR CALL OUT.***

| Signature of Health Care Staff: | Date Signed: *(month, day, year)* |
|---|---|
| | |

**TO BE COMPLETED BY HEALTH CARE STAFF/FOR BUSINESS OFFICE USE**

| Was a New Prescription Provided? ☐ Yes ☐ No | TOTAL AMOUNT OF CO-PAYMENT: $ _____ | |
|---|---|---|
| Amount of Co-Payment: ☐ $5.00 Health Care Contact ☐ $5.00 New Prescription | Signature of Health Care Staff: | Date Signed: *(month, day, year)* |

**PCF № 288707**

**PATIENT IDENTIFICATION**

Full Name of Patient:

DOC Number:

Date of Birth: *(month, day, year)*

**DISTRIBUTION:** White - Health Care Chart
Canary - Offender/Business Office

Grievance

**REQUEST FOR HEALTH CARE**
State Form 45913 (R3/9-12)
Approved by State Board of Accounts, 2012

INDIANA DEPARTMENT OF CORRECTION

RECEIVED SEP 23 2012

**PCF № 288158**

**TO BE COMPLETED BY OFFENDER**

I request Health Care Services as follows:

☑ Sick Call ☐ Dentist ☐ Prescription Refill ☐ Mental Health ☑ Other (specify) HSA

Nature of Complaint: I had previously notified medical/D.O.C. officals under Conditions I have with my diabetic insulin! I feel Im being incarcerated under conditions posing a substantial risk of serious harm," and that the officals knows of and disregards an excessive risk to my health my Eight Amendment is been violated. Some nurses will call me over some want. My A1C is high lack of insulin and eye sight lack of insulin NO NOON insulin on weekend and some weekdays.

By my signature, I hereby indicate that I understand that, in accordance with IC 11-10-3-5, I may be charged $5.00 for Health Care Services obtained at my request and $5.00 for initial *(new)* prescriptions. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my Trust Fund Account. I will not receive a receipt for this withdrawal; however, I may review the balance of my Trust Account as provided by facility procedures.

JH-1E-19

| Signature of Offender: | Printed Name: | DOC Number: | Date Signed: *(month, day, year)* |
|---|---|---|---|
| Juan Robinson | Juan Robinson | 119467 | 9/22/2019 |

**TO BE COMPLETED BY HEALTH CARE STAFF**

Response of Health Care Staff: Nurses alert custody when they are ready each day for insulins, It's up to custody to get you over here + sometimes that does not happen

L Faye HSA

***IF AN APPOINTMENT HAS BEEN SCHEDULED, BE ALERT FOR YOUR CALL OUT.***

| Signature of Health Care Staff: | Date Signed: *(month, day, year)* |
|---|---|
| | |

**TO BE COMPLETED BY HEALTH CARE STAFF/FOR BUSINESS OFFICE USE**

| Was a New Prescription Provided? ☐ Yes ☐ No | TOTAL AMOUNT OF CO-PAYMENT: $ _____ | |
|---|---|---|
| Amount of Co-Payment: ☐ $5.00 Health Care Contact ☐ $5.00 New Prescription | Signature of Health Care Staff: | Date Signed: *(month, day, year)* |

**PCF № 288158**

**PATIENT IDENTIFICATION**

Full Name of Patient:

DOC Number:

Date of Birth: *(month, day, year)*

**DISTRIBUTION:** White - Health Care Chart
Canary - Offender/Business Office

Informal Grievance

**REQUEST FOR HEALTH CARE**
State Form 45913 (R3/9-12)
Approved by State Board of Accounts, 2012

RECEIVED
AUG 19 REC'D

INDIANA DEPARTMENT OF CORRECTION

**PCF № 286956**

**TO BE COMPLETED BY OFFENDER**

I request Health Care Services as follows:

☑ Sick Call ☐ Dentist ☐ Prescription Refill ☐ Mental Health ☑ Other (specify) D.O.N.

Nature of Complaint: I arrive here at PCF on 8/9/2019 in. I havent recieve NO noon insluin. I havent recieve NO KOP meds like my cream for face, foot etc. No shampoo for neck head or etc. barely recieve Pm insluin have to yell to officers and havent recieve diet card

By my signature, I hereby indicate that I understand that, in accordance with IC 11-10-3-5, I may be charged $5.00 for Health Care Services obtained at my request and $5.00 for initial *(new)* prescriptions. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my Trust Fund Account. I will not receive a receipt for this withdrawal; however, I may review the balance of my Trust Account as provided by facility procedures.

| Signature of Offender: | Printed Name: | DOC Number: | Date Signed: *(month, day, year)* |
|---|---|---|---|
| Juan Robinson | Juan Robinson | 119967 | 8/18/2019 |

**TO BE COMPLETED BY HEALTH CARE STAFF**

Response of Health Care Staff: Not sure what happened but I see where your insulin has been issued since the 15th - I will look into what happened.

L Frye HSA

***IF AN APPOINTMENT HAS BEEN SCHEDULED, BE ALERT FOR YOUR CALL OUT.***

| Signature of Health Care Staff: | Date Signed: *(month, day, year)* |
|---|---|
| | |

**TO BE COMPLETED BY HEALTH CARE STAFF/FOR BUSINESS OFFICE USE**

| Was a New Prescription Provided? ☐ Yes ☐ No | TOTAL AMOUNT OF CO-PAYMENT: $ _____ | |
|---|---|---|
| Amount of Co-Payment: ☐ $5.00 Health Care Contact ☐ $5.00 New Prescription | Signature of Health Care Staff: | Date Signed: *(month, day, year)* |

**PCF № 286956**

**PATIENT IDENTIFICATION**

Full Name of Patient:

DOC Number:

Date of Birth: *(month, day, year)*

**DISTRIBUTION:** White - Health Care Chart
Canary - Offender/Business Office

Informal grievance

**INDIANA DEPARTMENT OF CORRECTION**
REQUEST FOR INTERVIEW

TO: DON medical/nurses OFFICE: _____ DATE: 8/16/2019

NAME: Robinson, Juan DOC#: 119967 DORM: JCH 1-3E ASSIGNMENT: _____

Reason for Request: (be as definite as possible) I have seriously bad diabetes and feet problems I haven't recieve no noon insulin and in the medical system I'm not suppose to be on top tier or top bunk But im place on a top tier may I please get some assit please!

★★★DO NOT WRITE BELOW THIS LINE★★★

Action: Being Diabetic does not meet criteria for a BBP + your Provider has your insulin ordered twice a day.

State Form 36935 (R/4-91)

By: Dtye HSA

# DEPARTMENT OF CORRECTIONS
# INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY

**SITE: WVD**
**COMPLETED BY: Abigail L. Cooper, MRC 08/09/2019 12:41 PM**

**State of Indiana**
Department of Correction
Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

## Facility: WVD

| | |
|---|---|
| PATIENT: | JUAN ROBINSON |
| DATE OF BIRTH: | |
| DOC #: | 119967 |
| DATE: | 08/09/2019 12:41 PM |
| VISIT TYPE: | Transfer Documentation |

**Transfer information**

| | |
|---|---|
| Type of transfer: | intrasystem |
| Transferring facility: | WVD |
| Receiving facility: | ISR |
| Date of transfer: | 08/09/2019 |

**Problem List**

Plantar fascial fibromatosis
Nonspecific reaction to tuberculin skin test witho
Major depressive affective disorder, recurrent epi
Major depressive affective disorder, recurrent epi
Hypertension Essential
Diabetes with neurological manifestations
Diabetes mellitus
Asthma

**Medication**

Current Medications

| Medication | Instructions | Stop Date |
|---|---|---|
| Trileptal 600 mg tablet | take 1 tablet by oral route 2 times every day | 11/12/2019 |
| Therapeutic Shampoo 0.5 % | Apply to scalp, face, and neck. Lather and rinse in 5 minutes avoiding eyes, nose, and mouth | 11/23/2019 |
| lisinopril 40 mg tablet | take 1 tablet by oral route every day | 12/22/2019 |

**DEPARTMENT OF CORRECTIONS**
**INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: WVD**
**COMPLETED BY: Abigail L. Cooper, MRC 08/09/2019 12:41 PM**

| | | |
|---|---|---|
| Norvasc 10 mg tablet | take 1 tablet by oral route every day | 12/22/2019 |
| Effexor XR 75 mg capsule,extended release | take 1 capsule by oral route every morning with food | 01/05/2020 |
| Pepcid 20 mg tablet | take 1 tablet by oral route 2 times every day | 01/12/2020 |
| hydrocortisone 2.5 % lotion | apply by topical route 2 times every day a thin layer to the affected area(s) | 01/12/2020 |
| Novolin N NPH U-100 Insulin isophane 100 unit/mL subcutaneous susp | 34 units at AM and 45 units in PM | 02/07/2020 |
| Humulin R Regular U-100 Insulin 100 unit/mL injection solution | 20 untis SQ in AM, 25 units SQ at noon, 28 units at PM | 02/07/2020 |

Labs

| Status | Ordered | Lab Order | Timeframe | Comments |
|---|---|---|---|---|
| result received | 10/30/2008 | Rapid Plasma Reagin (RPR), Qualitative | Routine | |
| result received | 03/26/2010 | CMP 12 + BAC + CBC/PLT -F | Routine | Fasting. |
| result received | 03/26/2010 | Lipid panel -F | Routine | Fasting. |
| result received | 03/26/2010 | Hemoglobin A1C -F | Routine | Fasting. |
| result received | 04/16/2010 | CMP 12 + BAC + CBC/PLT -F | STAT | |
| result received | 04/19/2010 | CMP 12 + BAC + CBC/PLT -F | Routine | |
| result received | 08/10/2010 | Hemoglobin A1C -F | Routine | |
| result received | 09/03/2010 | CMP 12 + BAC + CBC/PLT -F | Routine | |
| result received | 09/03/2010 | Lipid panel -F | Routine | |
| result received | 09/03/2010 | Microalbumin, Random Urine -F | Routine | |
| result received | 09/03/2010 | Urinalysis, Routine -F | Routine | |
| result received | 11/01/2010 | Hemoglobin A1C -F | Routine | |
| result received | 01/19/2011 | Lipid panel -F | Routine | |
| result received | 01/19/2011 | Hemoglobin A1C -F | Routine | |
| result received | 01/19/2011 | Hemoglobin A1C -F | Routine | |
| result received | 01/19/2011 | Comp Panel -F | Routine | |
| result received | 01/19/2011 | Lipid panel -F | Routine | |
| result received | 01/19/2011 | Hemoglobin A1C -F | Routine | |
| result received | 01/19/2011 | Microalbumin, Random Urine -F | Routine | |
| result received | 02/09/2011 | CMP 12 + BAC + CBC/PLT -F | Routine | Fasting. |
| result received | 02/09/2011 | Lipid panel -F | Routine | Fasting. |

Diagnostics

# DEPARTMENT OF CORRECTIONS
## INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY

**SITE: WVD**
**COMPLETED BY: Abigail L. Cooper, MRC 08/09/2019 12:41 PM**

| Status | Ordered | Order | Location | Timeframe |
|---|---|---|---|---|
| ordered | 08/22/2012 | Chest one view Bilateral | | |
| ordered | 11/05/2015 | Facial bones three views or more | | |
| ordered | 08/22/2012 | Chest one view | | |
| ordered | 05/27/2015 | Chest two views | | |

Classifications

| Order | Reason | Frequency | Ordered Date |
|---|---|---|---|
| Bottom bunk | insulin dependent diabeti | | 11/07/2018 |
| Lower tier | insulin dependent diabeti | | 11/07/2018 |

Office Services part 1

| Status | Ordered | Order | Timeframe | Completed |
|---|---|---|---|---|
| result received | 04/16/2010 | Monitor vital signs-BP | | 09/23/2010 |
| result received | 04/16/2010 | Monitor vital signs-Respirations | | 09/23/2010 |
| ordered | 06/30/2015 | diet order | | |

Office Services part 2

| Status | Ordered | Order | Timeframe | Completed |
|---|---|---|---|---|
| result received | 02/10/2010 | Monitor blood glucose | | 09/23/2010 |
| result received | 02/10/2010 | Monitor blood glucose | | 09/23/2010 |
| result received | 02/10/2010 | Monitor blood glucose | | 09/23/2010 |
| result received | 04/16/2010 | UA Dipstick | | 04/19/2010 |
| result received | 04/19/2010 | Oxygen pulse | | |
| result received | 04/20/2010 | UA Dipstick | | 04/21/2010 |
| result received | 04/21/2010 | UA Dipstick | | 09/09/2010 |
| result received | 04/29/2010 | Monitor blood glucose | | 09/23/2010 |
| ordered | 09/13/2010 | Monitor blood glucose | | |
| ordered | 09/13/2010 | Monitor blood glucose | | |
| ordered | 09/13/2010 | Monitor blood glucose | | |
| ordered | 09/13/2010 | Monitor blood glucose | | |
| result received | 04/19/2011 | Monitor blood glucose | | 07/15/2011 |
| ordered | 07/11/2011 | Monitor blood glucose | | |
| ordered | 07/11/2011 | Monitor blood glucose | | |
| ordered | 07/11/2011 | Monitor blood glucose | | |
| ordered | 07/11/2011 | Monitor blood glucose | | |
| ordered | 08/22/2012 | Monitor blood glucose | | |
| ordered | 08/22/2012 | Monitor blood glucose | | |
| ordered | 08/22/2012 | Monitor blood glucose | | |
| ordered | 08/22/2012 | Monitor blood glucose | | |
| ordered | 08/22/2012 | UA Dipstick | | |
| ordered | 05/27/2015 | Monitor blood glucose | | |

**DEPARTMENT OF CORRECTIONS**
**INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY**

**SITE: WVD**
**COMPLETED BY: Abigail L. Cooper, MRC 08/09/2019 12:41 PM**

| | | |
|---|---|---|
| ordered | 05/27/2015 | Monitor blood glucose |
| ordered | 05/27/2015 | Monitor blood glucose |
| ordered | 05/27/2015 | Monitor blood glucose |
| ordered | 07/09/2015 | Monitor blood glucose |
| ordered | 07/09/2015 | Monitor blood glucose |
| ordered | 07/09/2015 | Monitor blood glucose |
| ordered | 07/09/2015 | Monitor blood glucose |
| ordered | 08/28/2015 | Monitor blood glucose |
| ordered | 08/28/2015 | Monitor blood glucose |
| ordered | 08/28/2015 | Monitor blood glucose |
| ordered | 08/28/2015 | Monitor blood glucose |
| ordered | 02/03/2016 | Blood stool quiac |
| ordered | 02/03/2016 | Monitor blood glucose |
| ordered | 02/03/2016 | Monitor blood glucose |
| ordered | 02/03/2016 | Monitor blood glucose |
| ordered | 02/03/2016 | Monitor blood glucose |
| ordered | 03/16/2016 | Monitor blood glucose |
| ordered | 03/16/2016 | Monitor blood glucose |
| ordered | 03/16/2016 | Monitor blood glucose |
| ordered | 03/16/2016 | Monitor blood glucose |
| ordered | 10/17/2016 | Monitor blood glucose at breakfast |
| ordered | 10/17/2016 | Monitor blood glucose at lunch |
| ordered | 10/17/2016 | Monitor blood glucose at dinner |
| ordered | 10/17/2016 | Monitor blood glucose at bedtime |
| ordered | 01/10/2017 | Initiate restrictive housing monitoring |
| ordered | 02/25/2017 | Monitor blood glucose at breakfast |
| ordered | 02/25/2017 | Monitor blood glucose at lunch |
| ordered | 02/25/2017 | Monitor blood glucose at dinner |
| ordered | 04/01/2017 | Monitor blood glucose at breakfast |
| ordered | 04/01/2017 | Monitor blood glucose at lunch |
| ordered | 04/01/2017 | Monitor blood glucose at dinner |
| ordered | 11/27/2017 | Monitor blood glucose at lunch |
| ordered | 11/27/2017 | Monitor blood glucose |

# DEPARTMENT OF CORRECTIONS
# INTRASYSTEM TRANSFER SUMMARY-TRANSFERRING FACILITY

**SITE: WVD**
**COMPLETED BY: Abigail L. Cooper, MRC 08/09/2019 12:41 PM**

| | | |
|---|---|---|
| | | at dinner |
| ordered | 11/27/2017 | Monitor blood glucose at bedtime |
| ordered | 02/28/2019 | Monitor blood glucose at breakfast |
| ordered | 02/28/2019 | Monitor blood glucose at lunch |
| ordered | 02/28/2019 | Monitor blood glucose at dinner |
| ordered | 02/28/2019 | Monitor blood glucose at bedtime |
| ordered | 08/13/2019 | Monitor blood glucose at breakfast |
| ordered | 08/13/2019 | Monitor blood glucose at lunch |
| ordered | 08/13/2019 | Monitor blood glucose at dinner |

Referrals

| Status | Ordered | Provider | Specialty | Timeframe | Reason |
|---|---|---|---|---|---|
| ordered | 09/13/2012 | | | ASAP | |
| ordered | 11/30/2012 | | Optometry | | |
| ordered | 01/07/2013 | | | | |
| ordered | 09/28/2012 | | Optometry | | |
| result received | 04/19/2010 | | | | |
| result received | 11/10/2010 | | Optometry | | |

Chronic Care Enrollment

| Clinic | Enroll Date | Last Visit | Disenroll Date | Disenroll Reason |
|---|---|---|---|---|
| Asthma | 05/27/2015 | 02/13/2018 | 02/13/2018 | No inhaler use |
| Diabetes | 02/10/2010 | 10/23/2018 | | |
| Hypertension | 05/27/2015 | 10/23/2018 | | |
| Other | 05/31/2016 | 10/23/2018 | | |

*Document generated by:* Abigail L. Cooper, MRC 08/14/2019 12:41 PM

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

## SPECIAL NEEDS / URGENT ORDERS

**SITE: ISR**

**State of Indiana**
**Department of Correction**

Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

**Facility: ISR**

| | |
|---|---|
| PATIENT: | JUAN ROBINSON |
| DOB: | |
| DOC#: | 119967 |
| DATE: | 08/12/2019 11:03 AM |
| DOCUMENT GENERATED BY: | Jamie L. Bailey, LPN |

**Classification Orders**

| Order | Reason | Status | Start | End |
|---|---|---|---|---|
| Bottom bunk | insulin dependent diabeti | ordered | 11/07/2018 | 11/07/2020 |
| Lower tier | insulin dependent diabeti | ordered | 11/07/2018 | 11/07/2020 |

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

NAME: ROBINSON, JUAN
NUMBER: 119967
D.O.B :

**State of Indiana**
Department of Correction
Division of Medical and Clinical Healthcare Services
Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

## Facility: ISR

PATIENT: JUAN ROBINSON
DATE OF BIRTH:
DOC#: 119967
DATE: 08/12/2019 04:37 PM
VISIT TYPE: Provider Visit

Established patient

### History of Present Illness:

1. diabetes
   Risk factors include family history of diabetes mellitus, family history of hypertension, high salt intake, obesity, race (African American), sedentary lifestyle and male gender. Risk factors excluded are age > 50 years. Comorbid conditions include neuropathy.

pt seen to assess type 2 diabetes status. pt transfered from Wabash and reports his BS was controlled and ranging from 64-130 while at Wabash and taking 20 R in AM, 25 R and 34 NPH at noon, 28 R and 45NPH at 3pm, and 28 R in the PM. pt reports when he is active then the insulin keeps him in range. reports hx of DKA events. states metformin messed up his stomach. seizures whle on humalog R and requests BBP. requests meds for neuropathy- reports tilleptal somewhat effective. knows he is unlikely to get gabapentin which was the most effective. reports he doesn't have his BP medications located in his property.

AFTER DISCUSSION WITH PATIENT
Regular insulin 3x day at 20 units AM, 25 units at noon, and 28 units PM
NPH insulin 34 units AM and 45 units PM

PROBLEM LIST:

| Problem Description | Onset Date | Chronic | Clinical Status | Notes |
|---|---|---|---|---|
| Hypertension | 05/27/2015 | Y | | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Hypertension Essential, 401, added by Amanda J. Markand, NP, with responsible provider Amanda J. Markand NP. Onset date 05/27/2015. |
| Antisocial personality disorder | 03/22/2019 | N | | |
| Recurrent major depressive episodes, mild | 03/22/2019 | N | | |
| Plantar fascial | 09/07/2010 | Y | | Mapped from KBM Chronic |

| | | | |
|---|---|---|---|
| fibromatosis | | | Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Plantar fascial fibromatosis, 728.71, added by Jewell A. Kleege, MHP, with responsible provider . Onset date 09/07/2010; Axis III. |
| Diabetes | 02/10/2010 | Y | Mapped from KBM Chronic Conditions table on 05/09/2016 by the ICD9 to SNOMED Bulk Mapping Utility. The mapped diagnosis code was Diabetes mellitus, 250, added by Jill Gallien,MD, with responsible provider Bradley Huffey PhD. Onset date 02/10/2010; Axis III. |

Problem List (not yet mapped to SNOMED-CT®):

| Problem Description | Onset Date | Notes |
|---|---|---|
| Nonspecific reaction to tuberculin skin test witho | 10/05/2010 | |
| Diabetes with neurological manifestations | 08/27/2012 | |
| Asthma | 05/27/2015 | |

Allergies

| Ingredient | Reaction | Medication Name | Comment |
|---|---|---|---|
| NO KNOWN DRUG ALLERGIES | | | |
| PEANUT OIL | Anaphylaxis | | |

## Vital Signs

**Height**

| Time | ft | in | cm | Last Measured | Height Position |
|---|---|---|---|---|---|
| 11:51 AM | 0.0 | 69.0 | 175.3 | 01/14/2016 | 0 |

**Blood Pressure**

| Time | BP mm/Hg | Position | Side | Site | Method | Cuff Size |
|---|---|---|---|---|---|---|
| 11:51 AM | 120/90 | | | | | |

**Temperature/Pulse/Respiration**

| Time | Temp F | Temp C | Temp Site | Pulse/min | Pattern | Resp/ min |
|---|---|---|---|---|---|---|
| 11:51 AM | 97.90 | 36.6 | | 103 | | 16 |

**Pulse Oximetry/FIO2**

| Time | Pulse Ox (Rest %) | Pulse Ox (Amb %) | O2 Sat | O2 L/Min | Timing | FiO2 % | L/min | Delivery Method | Finger Probe |
|---|---|---|---|---|---|---|---|---|---|
| 11:51 AM | 96 | | | | | | | | |

**Comments**

| Time | Comments |
|---|---|
| 11:51 AM | Historical entry 08/11/2019. |

**Measured By**

| Time | Measured by |
|---|---|
| 11:51 AM | Elaine Purdue, FNP |

## Suicide Risk Screening

## Assessment/Plan

| # | Detail Type | Description |
|---|---|---|
| 1. | Assessment | Diabetes mellitus (250). |
| | Provider Plan | - see plan above<br>- contacted property and pharmacy to supply BP meds to patient.<br>- agree with TID insulin management and notified HSA of plan<br>- BS checks TID<br>- f/u in 2 weeks with MD d/t diabetic management |
| | Plan Orders | The patient is to have Monitor blood glucose at breakfast, Monitor blood glucose at lunch and Monitor blood glucose at dinner performed on 08/13/2019. |

**Recurring Orders:**

| Order | Frequency | Duration | End Date |
|---|---|---|---|
| Monitor blood glucose at breakfast | Breakfast | 12 Months | 08/13/2020 |
| Monitor blood glucose at lunch | Lunch | 12 Months | 08/13/2020 |
| Monitor blood glucose at dinner | Dinner | 12 Months | 08/13/2020 |

Medications *(Added, Continued or Stopped this visit)*

| Start Date | Medication | Directions | PRN Status | PRN Reason | Instruction | Stop Date |
|---|---|---|---|---|---|---|
| 07/10/2019 | Effexor XR 75 mg capsule,extended release | take 1 capsule by oral route every morning with food | N | | | 01/05/2020 |
| 08/12/2019 | Humulin R Regular U-100 Insulin 100 unit/mL injection solution | 20 untis SQ in AM, 25 units SQ at noon, 28 units at PM | N | For High BGL | | 02/07/2020 |
| 07/17/2019 | hydrocortisone 2.5 % lotion | apply by topical route 2 times every day a thin layer to the affected area(s) | N | | | 01/12/2020 |
| 06/26/2019 | lisinopril 40 mg tablet | take 1 tablet by oral route every day | N | | | 12/22/2019 |
| 06/26/2019 | Norvasc 10 mg tablet | take 1 tablet by oral route every day | N | | | 12/22/2019 |
| 08/12/2019 | Novolin N NPH U-100 Insulin isophane 100 unit/mL subcutaneous susp | 34 units at AM and 45 units in PM | N | | | 02/07/2020 |
| 07/17/2019 | Pepcid 20 mg | take 1 tablet by oral route 2 | N | | | 01/12/2020 |

| | | | | |
|---|---|---|---|---|
| | tablet | times every day | | |
| 05/28/2019 | Therapeutic Shampoo 0.5 % | Apply to scalp, face, and neck. Lather and rinse in 5 minutes avoiding eyes, nose, and mouth | N | 11/23/2019 |
| 05/17/2019 | Trileptal 600 mg tablet | take 1 tablet by oral route 2 times every day | N | 11/12/2019 |

*Provider:*
Purdue, Elaine 08/13/2019 12:09 PM
*Document generated by:* Elaine Purdue, FNP 08/13/2019 12:09 PM

Indiana Government Center South
302 W. Washington Street
Indianapolis, IN 46204

# MEDICATION ADMINISTRATION RECORD

BOSWELL PRESCRIPTION CENTER
888-629-6694 • Fax: 844-448-5397

| EFFECTIVE DATES | MEDICATIONS | HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Original Order 081219 | SQ Humulin R 100u/mL 20 Talbot 25 | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discontinue | 20 u QAM 25 u QNOON 28 u QPM | NOON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rx # 020000 | | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Original Order 081219 | SQ Humulin N 100u/mL | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discontinue | 34 u QAM 45u QPM | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rx # 020120 | Talbot | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Original Order | ACCU ✓ | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discontinue | | NOON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rx # | | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Original Order | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discontinue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rx # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Original Order | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discontinue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rx # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Original Order | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discontinue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rx # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature | Initial | Signature |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

Location: Talbot Unique RN | Date of Birth or Soc. Sec. No. | Allergies: JH 16 4F | Diagnosis

Inmate Name and Number: Robinson, Juan 119967 | Facility: NCF | Charting for: 080119 | Through: 080119

Form # 6182LMR1 (05/17) Reorder From: MED-PASS 800-438-8884 AI-052317



ROBINSON (JUAN)-MR 00311

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

| | | |
|---|---|---|
| JUAN ROBINSON, | ) | |
| | ) | |
| Plaintiff, | ) | |
| | ) | |
| v. | ) | No. 1:20-cv-00650-SEB-TAB |
| | ) | |
| KASIE HEDDEN, | ) | |
| LINDA FRYE, | ) | |
| WEXFORD OF INDIANA, LLC, | ) | |
| | ) | |
| Defendants. | ) | |

**AFFIDAVIT OF LINDA FRYE, R.N.**

I, Linda Frye, RN, being duly sworn and aware of the penalties for perjury, hereby state that the following information is true and accurate:

1. I am a registered nurse licensed to practice nursing services in the State of Indiana.

2. From March 25, 2019 through October 31, 2019, I was employed by Wexford of Indiana, LLC as the acting Health Services Administrator at the Pendleton Correctional Facility in Pendleton, Indiana. Since July 1, 2020, I have been the Health Services Administrator over several facilities within the Indiana Department of Correction, including the Chain of Lake Correctional Facility, the South Bend Community Re-Entry Facility, the LaPorte Juvenile Correctional Facility, and the Logansport Juvenile Correctional Facility.

3. As the Health Services Administrator at the Pendleton Correctional Facility, my responsibilities and duties were primarily administrative in nature. I did not often provide direct patient care, and instead oversaw the provision of medical services at the facility. This included, at times, reviewing inquiries submitted by staff or offenders regarding medical care, ensuring compliance with IDOC directives, oversight of the nursing staff, providing responses to grievances

EXHIBIT B

that were medical in nature, and responding to offender healthcare request forms. I occasionally met with offenders to discuss their concerns about medical treatment when required.

4. During my time as the Health Services Administrator at the Pendleton Correctional Facility, I do not recall having any direct face-to-face contact with the Plaintiff during the timeframe listed within his complaint; however, I did provide responses to several of his healthcare requests and informal grievances. I have reviewed the Plaintiff's relevant medical records during his incarceration within the IDOC, and a true and accurate copy of the Plaintiff's medical records are attached hereto and marked as **Exhibit A.**

5. To my knowledge, Plaintiff filed this lawsuit against me with the belief that I failed to provide him with life-sustaining medication during his incarceration at the Pendleton facility. Specifically, Plaintiff alleges that I did not provide or ensure that he was given his insulin shots throughout August 2019 and December 2019. [D/N 2].

6. As the Health Services Administrator, I did not have the legal authority to diagnose patients or order specific medical care at the Pendleton Correctional Facility. Additionally, I did not have the authority to order any specific medical treatment or medication for any offender. I did, however, have the authority and responsibility to ensure that patients received access to the medical care that they required. In the case of Mr. Robinson, this included reviewing the medical records, speaking with other healthcare providers onsite at the Pendleton Correctional Facility, and ensuring that he had access to needed treatment and medication at the facility.

7. Based on my review of the medical records, Plaintiff arrived at the Pendleton Correctional Facility as a transfer offender from the Wabash Valley Correctional Facility on August 9, 2019. Upon his arrival, Plaintiff was provided with both a bottom-bunk pass and low range pass due to being diabetic and due to a previous condition with his back. (*Ex. A,* p. 43-48).

8. On or about August 16, 2019, Plaintiff submitted a Request for Interview, which he labeled as an informal grievance. Plaintiff reported that he had not received any Noon insulin and had concerns about the status of his bottom-bunk pass. Based on my review of the medical records, I advised that Plaintiff's provider had ordered that he receive his NPH insulin twice per day. (*Ex. A*, p. 383).

9. On or about August 18, 2019, Plaintiff submitted a healthcare request regarding his concern that he had not received his scheduled Noon insulin medication. I reviewed the medical records and provided a response to the Plaintiff, indicating that while I was not sure what had initially occurred with his prescription for insulin, I could identify where the medication had been ordered since August 15, 2019. I further advised that I would further look into the situation. (*Ex. A*, p. 382).

10. On or about September 22, 2019, Plaintiff submitted a healthcare request form regarding his concerns that his Eighth Amendment rights were being violated as he reported that some nurses were calling him for his insulin medication and others were not. Mr. Robinson also reported that his A1C was high due to his lack of insulin received. I reviewed the medical records and advised that the nursing staff was responsible to alert custody staff when they are ready each day for insulin to be distributed to each particular offender. I further advised that it is then up to the custody staff to ensure the Plaintiff is brought over to the medical center to receive the needed insulin, but acknowledge that sometimes it does not happen. I continued to speak to the nursing staff regarding his concerns. (*Ex. A*, p. 378).

11. On or about October 12, 2019, Plaintiff submitted a healthcare request form regarding a concern he had about his medical records, specifically regarding a payment issue, that did not concern a specific medical issue. I responded that he will be charged for all medical visits

other than the chronic care visits that are scheduled in advance every ninety (90) to one-hundred eighty (180) days, pursuant to IDOC Healthcare Services Directive policies. (*Ex. A*, p. 375).

12. As my employment as the acting Health Services Administrator at the Pendleton Correctional Facility ended in October 2019, I had no authority to control any issues with medication or medical care for any offender thereafter. Thus, when Plaintiff alleges that I was responsible for medication issues that occurred in December 2019 and January 2020, this is not accurate as I no longer had any authority to discuss or ensure medical care or treatment was provided to any specific offender at the Pendleton Correctional Facility at that time.

13. To my knowledge, my only involvement in the care and treatment of Plaintiff's medical issues relating to his medication concerns during his incarceration at the Pendleton Correctional Facility was responding to his healthcare request forms regarding his concerns.

14. As the Health Services Administrator, I determined that Plaintiff was able to voice his complaints to the medical department and ultimately received the needed medical services and medication as clinically required. I did not have the authority to dictate any offender's medical care, formulate treatment plans for offenders, or override the medical judgment of the onsite practitioners at the facility, including Mr. Robinson.

15. I did not believe any further action was required based on the treatment Mr. Robinson was receiving from the onsite providers at Pendleton during that timeframe, including Dr. Paul Talbot, Elaine Purdue, F.N.P., and the members of the nursing staff. Shortly after his arrival at the facility, NP Purdue contacted the pharmacy regarding the necessary blood pressure medications and further notified me of the plan for Mr. Robinson's medications. (*Ex. A*, p. 55-58). Based on my review of the medical records, Plaintiff was seen regularly in the medical clinic at the facility and had many opportunities to meet with onsite practitioners to discuss his concerns

regarding the management of his diabetes. (*Ex. A*, p. 43-58, 63-68, 91-94, 111-115, 120-124). As healthcare request forms were received from the Plaintiff, I reviewed the medical records and followed-up with members of the nursing staff when it was brought to my attention that he believed he was not receiving his medication in order to ensure that Plaintiff ultimately received the necessary medical treatment.

16. I was not deliberately indifferent to any of Mr. Robinson's medical needs or medical care during his incarceration at the Pendleton Correctional Facility. Based upon my review of the Plaintiff's records, and my conversations with staff onsite at Pendleton, Plaintiff received his medication as ordered by the practitioners at the facility. I had no authority to make any changes to Plaintiff's medications without the express order of a physician.

17. All of my actions were based upon my professional judgment and medical training.

18. I make this affidavit in support of my Motion for Summary Judgment.

19. I am competent to testify regarding all facts as set forth in.

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT.

Date: 3-22-21

Linda Frye

Linda Frye, R.N.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

| | | |
|---|---|---|
| JUAN ROBINSON, | ) | |
| | ) | |
| Plaintiff, | ) | |
| | ) | |
| v. | ) | No. 1:20-cv-00650-SEB-TAB |
| | ) | |
| KASIE HEDDEN, | ) | |
| LINDA FRYE, | ) | |
| WEXFORD OF INDIANA, LLC, | ) | |
| | ) | |
| Defendants. | ) | |

**AFFIDAVIT OF KASIE MUMFORD, R.N.**

I, Kasie Mumford (previously Hedden), RN, being duly sworn and aware of the penalties for perjury, hereby state that the following information is true and accurate:

1. I am a registered nurse licensed to practice nursing services in the State of Indiana.

2. I was previously employed by Wexford of Indiana, LLC as a registered nurse at the Pendleton Correctional Facility from April 17, 2018 until September 18, 2019. From May 2018 through May 2019, I was employed on a PRN status at the Pendleton Correctional Facility, also known as an as-needed basis. From May 2019 through the end of my employment, I was the acting Director of Nursing at the Pendleton Correctional Facility. My last day of employment at the Pendleton facility was September 17, 2019. [D/N 24-2].

3. As the Director of Nursing, my responsibilities and duties were primarily administrative in nature. I did not often provide direct patient care. Instead, I was tasked with oversight of nursing services that were provided at the facility. I would also, at times, respond to healthcare requests or informal grievances submitted by offenders at the Pendleton Correctional Facility that were medical in nature.

EXHIBIT
C

4. As the Director of Nursing, I did not have the legal authority to diagnose patients or order specific medical care. However, I did have the authority to take steps to ensure that a patient was receiving appropriate nursing services, or to notify medical staff if they were unaware of offender complaints so that offenders could receive the medical care that was required.

5. During my time treating patients at the Pendleton Correctional Facility, I did not have an opportunity to interact with the Plaintiff, Juan Robinson. I do not recall having any direct face-to-face contact with the Plaintiff during the timeframe listed within his complaint nor do I recall ever receiving any correspondence or communication from Mr. Robinson during his incarceration at the Pendleton Correctional Facility.

6. I have reviewed the Plaintiff's relevant medical records during his incarceration with the Indiana Department of Correction. A true and accurate copy of the Plaintiff's medical records are attached hereto and marked as **Exhibit A**.

7. To my knowledge, Plaintiff filed this lawsuit against me with the belief that I failed to provide him with life-sustaining medication during his incarceration at the Pendleton facility. Specifically, Plaintiff alleges that I failed to provide insulin shots throughout the month of August 2019 and December 2019. [D/N 2].

8. Based on my review of the medical records, Plaintiff arrived at the Pendleton Correctional Facility as a transfer offender from the Wabash Valley Correctional Facility on August 9, 2019. (*Ex. A,* p. 43-48).

9. Shortly after his arrival, Plaintiff had an opportunity to meet with onsite nurse practitioner, Elaine Purdue. Based on Ms. Purdue's assessment during the visit, it was decided that the Plaintiff would receive his regular insulin three (3) times per day and would receive his NPH insulin two (2) times per day. NP Purdue contacted the pharmacy to supply the necessary blood

pressure medications and further notified the health services administrator of the plan for Mr. Robinson's medications. (*Ex. A*, p. 55-58).

10. During my time as the Director of Nursing, I was not responsible for the physical distribution of any medication to the offenders at the Pendleton Correctional Facility but instead relied upon the nursing staff to provide the medication as ordered by offenders' treating physicians. Additionally, I was not onsite at the Pendleton facility for the majority of the dates listed within the Plaintiff's complaint. Between August 7, 2019 and August 23, 2019, I was offsite, and as Plaintiff arrived at Pendleton during a timeframe in which I was not onsite at the facility, I had no knowledge of any potential issues that the Plaintiff may or may not have been having with obtaining his insulin during this time frame. [D/N 2, p. 3-4] [D/N 24-1, p. 6-7].

11. On August 23, 2019, while I was onsite at the Pendleton Facility that day, I worked the overnight shift from 7:00PM until nearly 7:00AM the following morning. [D/N 24-1, p. 7]. I do not recall being provided with any information regarding Plaintiff's concerns with his insulin medication. Within his complaint, Plaintiff alleges that on August 23, 2019, I failed to administer the AM or Noon insulin medication to the Plaintiff. [D/N 2, p. 3]. As noted by the time record that reflects exactly when I was onsite at the Pendleton Correctional Facility, Plaintiff's allegations cannot be correct as I was not at the facility during either the AM or Noon medication distribution on August 23, 2019. [D/N 24-1, p. 7]. During the early morning hours of August 24, 2019 while I was onsite, Plaintiff received his AM dose of insulin as prescribed. (*Ex. A*, p. 311).

12. As my employment with Wexford of Indiana ended in September 2019, I had no authority to control any issues with medication or medical care and treatment for any offender thereafter. Thus, when Plaintiff states that I was responsible for medication issues that occurred after my departure from the Pendleton facility in December 2019 and January 2020, this is not

accurate as I no longer had any authority to provide medical care or treatment at the Pendleton Correctional Facility at that time. [D/N 2, p. 3-4] [D/N 24-2].

13. I was not deliberately indifferent to Mr. Robinson's medical care during his incarceration at the Pendleton Correctional Facility. I did not continuously deny him access to his prescribed medication nor did I have any information regarding the Plaintiff's concerns about not receiving his medication during the alleged timeframe as reported within his complaint. Additionally, I did not intentionally deprive Mr. Robinson of his medication pursuant to any policy or practice of Wexford of Indiana to minimize expenses.

14. Based on my review of the medical records, Plaintiff was seen regularly in the medical clinic at the facility and had many opportunities to meet with onsite practitioners to discuss his concerns regarding the management of his diabetes. Shortly after his arrival to the facility, NP Purdue contacted the others within the health department regarding the orders for the Plaintiff's insulin medication management.

15. While I was the acting Director of Nursing at the Pendleton Correctional Facility, I took all appropriate steps needed in order to ensure that all offenders received timely medical care, including access to medication, and ensured that offenders had access to their onsite practitioners as needed.

16. I make this affidavit in support of my Motion for Summary Judgment.

17. I am competent to testify regarding all facts as set forth in.

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT.

K. Mungal 04/02/21

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF INDIANA

INDIANAPOLIS DIVISION

| | | |
|---|---|---|
| JUAN ROBINSON, | ) | |
| Plaintiff, | ) | |
| vs. | ) | No. |
| KASIE HEDDEN, LINDA FRYE, | ) | 1:20-cv-00650-SEB-TAB |
| WEXFORD OF INDIANA, | ) | |
| Defendants. | ) | |

The videoconference deposition of JUAN ROBINSON, called for examination pursuant to the Rules of Civil Procedure for the United States District Courts pertaining to the taking of depositions, taken in the above-entitled cause, on March 2, 2021, appearing remotely from Pendleton Correctional Facility, Indiana, at 8:12 a.m. CST.

Reporter: Kimberly D. Bures, CSR, RDR, CRR, CRC.
Illinois CSR License No.: 084-003292.
Appearing remotely from Lake County, Indiana.

EXHIBIT
D

REMOTE APPEARANCES:

KATZ KORIN CUNNINGHAM PC, by:
MS. RACHEL D. JOHNSON,
The Emelie Building,
334 North Senate Avenue,
Indianapolis, Indiana 46204,
(317) 464-1100,
rjohnson@kkclegal.com,
representing the defendants.

* * * * *



I N D E X

WITNESS EXAMINATION
JUAN ROBINSON
By Ms. Johnson..... 4

E X H I B I T S

NUMBER INTRODUCED

THERE WERE NO EXHIBITS MARKED.



(Witness sworn.)
JUAN ROBINSON,
called as a witness herein, having been first duly sworn, was examined and testified as follows:
EXAMINATION
BY MS. JOHNSON:
Q. Again, Mr. Robinson, I'm Rachel Johnson. I represent defendants Kasie Hedden, Linda Frye and Wexford in the lawsuit that you filed in federal court.
A. Yes, ma'am.
Q. You're here for a deposition this morning. We're doing it remote to ensure everyone's safety with the COVID-19 protocols, so like I told you before we went on the record, if at any point you can't hear me or you don't understand my question, just make sure you let me know, okay?
A. Yes, ma'am.
Q. Have you had a deposition before?
A. Yes. Not for this, but yes.
Q. But in general you've had one before?
A. Yes.
Q. Do you have any questions about the deposition? Do you understand the purpose of the deposition?



A. Yes. I understand.
Q. Can you state and spell your name for the record this morning?
A. Juan, J-u-a-n, Robinson, R-o-b-i-n-s-o-n.
Q. And is your date of birth October 9, 1986?
A. Yes, ma'am.
Q. Are you currently incarcerated through the IDOC?
A. Yes, ma'am.
Q. And when I say IDOC do you know that I'm referring to the Indiana Department of Correction?
A. Yes.
Q. Are you currently at Pendleton?
A. Yes.
Q. How long have you been there?
A. Since August 9, 2019.
Q. Prior to that date, that August 2019 date, were you anywhere else through the IDOC?
A. I was at Wabash Valley Correctional Facility.
Q. How long were you there? Do you remember?
A. Since June 2015.
Q. Anywhere before Wabash Valley?
A. Marion County Jail.
Q. Did you spend some time at RDC after

Page 6

1 leaving the Marion County Jail?
2 A. Yes.
3 Q. And then you went to Wabash?
4 A. Yes.
5 Q. To your knowledge, is your earliest
6 release date still November of 2035?
7 A. Yes.
8 Q. What is the highest level of education
9 you've attained?
10 A. 11. But now I've got my GED, so my GED.
11 Q. When did you get that?
12 A. 2000 and, I believe, 16 at Wabash Valley.
13 Q. At Pendleton are you able to take any
14 educational programs or opportunities?
15 A. No, ma'am.
16 Q. Are they not offered?
17 A. No, ma'am.
18 Q. Are you able to read and write the English
19 language with proficiency?
20 A. Yes.
21 Q. So I have a copy of the amended complaint
22 that you filed in February of 2020, so about a year
23 ago. Do you have a copy of that lawsuit with you
24 today?
25 A. No. I got stuff off the lawsuit with me.

Page 7

1 Q. Do you remember writing that lawsuit or
2 drafting it?
3 A. Yes. I remember writing it.
4 Q. Did you personally write it, or did
5 someone help you write it?
6 A. Somebody -- it's a simple form from the
7 district court. Like they helped me write what I
8 needed to fill in --
9 Q. Were --
10 A. -- a complaint --
11 Q. I'm sorry. Go ahead.
12 A. It was a complaint form, a simple form, so
13 I did the rest of it myself.
14 Q. Were all of the facts based on your
15 recollection of the events?
16 A. Yes, ma'am.
17 Q. I want to talk a little bit about
18 Pendleton and kind of a day-to-day for you. Can
19 you tell me, what does a typical day look for you
20 at Pendleton right now?
21 A. Well, I wake up at 2:30, go to diabetic.
22 Usually we'll go to chow, but lately we'll wait a
23 couple hours to go now. I go to work. Then I go
24 to 9:00 o'clock diabetic, go to chow, go back to
25 work. Then I go to 3:00 o'clock diabetic and go

Page 8

1 back to the dorm. That's a normal day.
2 Q. What unit are you currently housed in?
3 A. I'm in K Dorm right now.
4 Q. But is that more of a dorm than an
5 individual single cell?
6 A. Single cell, yes, ma'am.
7 Q. How many other people are in the dorm with
8 you?
9 A. 35.
10 Q. Are there any special requirements to be
11 in K Dorm?
12 A. Just got to have a job.
13 Q. What is your job?
14 A. I'm a detail worker. I work in seg.
15 Q. You work in segregation?
16 A. Yes, ma'am.
17 Q. What do you do there? What do you do as a
18 detail worker?
19 A. I clean up.
20 Q. How many days a week do you do that?
21 A. Seven days a week.
22 Q. So you have that same schedule, seven days
23 a week?
24 A. Yes, ma'am.
25 Q. When you say at 2:30 a.m. -- and then I

Page 9

1 know you told me some other times too -- you go to
2 diabetic, what does that mean? Where do you go?
3 A. I go to the infirmary.
4 Q. Is that where you receive your insulin, is
5 in the infirmary?
6 A. Yes, ma'am.
7 Q. And am I correct in saying that's what
8 you're receiving for your diabetic checks, is
9 insulin?
10 A. Yes, ma'am.
11 Q. What specific insulin are you taking? Do
12 you know?
13 A. I take 17 of R three times a day, and I
14 take 45 of N twice a day.
15 Q. And how long has that been your schedule?
16 A. For a while, a few months, because I don't
17 know who report -- either was the medical stopped
18 me for a while. Then they see that my feet started
19 bothering me like, so I had to go through some
20 loopholes. They had to contact some people to put
21 me back on there.
22 Like my body -- at first they wasn't
23 giving me nothing. I never wear glasses in my
24 life. Then my feet be tingling, cold, and I don't
25 know why, because the doctor said they got

Page 10

1 something to do with my diabetic.
2 But for a while there I was taking my
3 shots four times a day, and it stayed right, but
4 here at Pendleton it be off and on because some
5 staff be wanting not to give me my insulin and some
6 do, and some will want me to come, and some won't,
7 so it's always a loophole for me, so it just been
8 really complicated for me right now with my
9 diabetic.
10 Q. So when you're going at 2:30 a.m. or 9:00
11 a.m. or 3:00 p.m., do you have to go with some sort
12 of escort, or do you just go on your own?
13 A. They got to call to see if I can come, and
14 now it was just me and another inmate here.
15 There's three of us total, but me and one person,
16 we're here together. We both got the wall pass, so
17 me and him, we try our best to go, but it's always
18 something. It's always something say that why we
19 can't go and things like that.
20 Q. So when you said they have to call over,
21 who's they?
22 A. The officers.
23 Q. Is it your understanding that officers
24 have to contact medical before you can go over?
25 A. Sometimes, yes, ma'am.

Page 11

1 Q. And so what happens on the times when the
2 officers say -- or is there ever a time when you
3 can't go over?
4 A. Yes. A lot of times.
5 Q. What is your understanding of the
6 reasoning for that?
7 A. Medical don't want nobody right now.
8 Q. Is that what they told you, or is that
9 just your assumption?
10 A. That's what they tell us.
11 Q. What do they tell you?
12 A. We hear on the radio medical say don't
13 send nobody over.
14 Q. And is it just for the insulin checks or
15 for other things?
16 A. It's everything. Like they got the
17 emergency to come over, so the nurse would come to
18 us, but some nurses don't come till they feel like
19 it.
20 Q. Has it ever been the insulin has come to
21 you versus you have to go to the infirmary?
22 A. It go both ways.
23 Q. Are you seen for chronic care during your
24 incarceration?
25 A. Yes.

Page 12

1 Q. What are you seen for?
2 A. My feet, my eyes and my A1c.
3 Q. What are you seen for with regard to your
4 feet?
5 A. I got neuropathy in my feet.
6 Q. How long have you had that diagnosis?
7 A. For a while, since I became a severe
8 diabetic back in -- it's been a while.
9 Q. Since before you came to Pendleton?
10 A. Yes. They got worse up in Pendleton.
11 Q. What about your eyes? What was the issue
12 with your eyes?
13 A. I wear glasses now.
14 Q. So are you seen in chronic care for any
15 sort of condition with your eyes?
16 A. I just see the doctor. They put eye drops
17 in there to see something. I don't really know too
18 much about it.
19 Q. How often do you do those eye drops?
20 A. Probably once a year, I believe.
21 Q. And then you said you're seen for your
22 A1c, your diabetes?
23 A. Yes, ma'am.
24 Q. Are you under the influence of any
25 substance this morning that would impair or inhibit

Page 13

1 your testimony today?
2 A. No, ma'am.
3 Q. So let's talk about why we're here today.
4 As I told you, we're here for the deposition in
5 this lawsuit that you filed, so I want to give you
6 the floor to tell me why you're filing this lawsuit
7 against each of the defendants, okay? So let's
8 start with Linda Frye. Why did you file a lawsuit
9 against Linda Frye?
10 A. When I first got here, I kept writing
11 Ms. Frye asking Ms. Frye why I'm not getting my
12 diabetic shots, why nobody coming to see me for my
13 diabetic. She always said a nurse will be there, a
14 nurse will come. Nobody never came.
15 So she was over the nurses, so she was
16 they boss to make them come to give me my shot, and
17 I wasn't -- it almost took -- the first time it
18 almost took two, three weeks just to get one
19 diabetic shot when I arrive here at Pendleton.
20 So it shouldn't have been an excuse for
21 her not to give me a shot because I came from
22 another prison, so all my paperwork tells me that
23 I'm a diabetic and I need this shot, and she was
24 not giving me shots.
25 Q. So when did this occur with Ms. Frye?

Page 14

A. The next day I got here, August the 10th, 2019.
Q. So it started 8/10/2019. Was that the only date, or are there other dates?
A. It's a lot of dates. It's August the 10th through August the 23rd. You've got August, September, October, November, December. December CO, we was on lockdown. All these dates because we was on lockdown, nobody come to give me a shot at all. January we were on lockdown, no shots coming at all.
Q. What was your understanding of when you were on lockdown how it was supposed to work in order for you to get your insulin? Did you believe somebody was supposed to come to you?
A. Yes. When we're on lockdown, the nurse is supposed to come to the building. They're all diabetic shots and medication, so when we was on lockdown, no one would come, and if they do come, they would say that I'm not a diabetic, so they would not give me a shot at all.
Q. Who would say that?
A. The nurses. You had -- well, recently, one nurse recently just said it, but another nurse had it confirmed that I was a diabetic. Like I was

Page 15

new to the facility, but I was on A and O range, and they don't want to come upstairs. Ms. Frye, whoever she had in charge, decided to come pass out meds and give diabetic shots, wouldn't come to give me a shot at all.
So I had to have my family call. I had Officer Thompson. I had the Lieutenant Thompson. I had Officer Allen. I had all them call medical, let them know that I need my diabetic shot.
Q. And you said this was in that August 10 through August 23, 2019, time frame?
A. Yes, ma'am.
Q. And then you said there were a couple days in December 2019 as well?
A. Yeah. And some in January 2020.
Q. What is it that you thought Ms. Frye should do that she didn't do?
A. Have her staff come deliver the medicine that I needed.
Q. Did you ever meet with her directly? When I say her, I'm referring to Ms. Frye.
A. Have I ever talked to her directly before?
Q. Did you ever meet with her?
A. Before or after this?
Q. Let's go with before. Let's go at this

Page 16

time frame, in the August 2019 time frame.
A. No, ma'am.
Q. You said you wrote her letters?
A. Yes, ma'am. Request forms and medical slips.
Q. So you sent in healthcare request forms, and did you specifically identify like to Ms. Frye?
A. HSA. Yes, ma'am.
Q. During that August of 2019 time frame, did you ever receive any responses from Ms. Frye?
A. Yes. She said, I don't know what happened, but you was getting your shots. I don't know what happened. She see where I was getting my shots. She don't know what happened.
Q. Do you dispute that?
A. I don't know.
Q. Well, I mean, were you getting your shots, or you're saying, no, I wasn't?
A. I did get some. Then I wasn't getting some. It was off and on. Like when she gave me the paper, the paper was from Wabash, my medical paper. They keep track of your sugar, your blood sugar.
So from August the 1st to August the 9th, it was on my paper from medical. From August the

Page 17

9th to -- nowhere August, no blood shots, no nothing. Like I disappeared from medical.
Q. And during this time are you on lockdown, or were you able to go to the infirmary?
A. We was on lockdown.
Q. So when you arrived at Pendleton on August the 10th, you were immediately placed on lockdown?
A. Later on that day.
Q. For how long?
A. For almost two weeks.
Q. So is it my understanding that Ms. Frye was not the person who was administering the insulin but you believe she was kind of overarching of the medical department?
A. Yes, ma'am.
Q. And you said that you believe she was the HSA?
A. She was. That's how she signed her paper back to me, my health slip and my request slips.
Q. Is it your understanding of -- what is an HSA?
A. The health service administrator.
Q. Did you ever receive any medical treatment directly from Ms. Frye?
A. Afterwards she gave me shots before.

Page 18

Q. So after this August 2019 time frame?
A. Yes, ma'am.
Q. Do you remember when it would have been or about when it would have been?
A. About -- no. I don't know.
Q. And during this August 2019 time frame, did you mention you were in a different dorm, you were not in K Dorm?
A. No. I was in A and O Dorm.
Q. And what is that? How is that different than the K Dorm?
A. Because it's a one-man cell.
Q. How long were you there for?
A. A month, a month, a couple months.
Q. And then what happened with Ms. Frye in December? Was it different than what happened in August, or is it kind of similar allegations from --
A. December, same thing. We was on lockdown. Nobody come, and if somebody come -- like my diabetic is at 3:00. They'll come around about 10:00. They'll say they was busy.
Q. Were you taking other medication at that time? Let's start with August 2019. Were you taking other medication in August 2019?

Page 19

A. Yes.
Q. Do you recall what, if any, of those medications were?
A. Blood pressure and cholesterol, meds for my neuropathy.
Q. And so were the issues only with the insulin?
A. Yes, ma'am.
Q. Does a different nurse who is giving you the other medication that you were getting, is that different than the nurse who was giving you the insulin?
A. Yes, ma'am.
Q. Same for December?
A. Yes, ma'am.
Q. Let's talk about Ms. Hedden. Why did you file this lawsuit against Kasie Hedden?
A. Ms. Hedden, the nurse, RN?
Q. Well, you tell me. I'm asking you why you filed this lawsuit against her.
A. Ms. Hedden supposed to came through a day to give me insulin also, but now that I've been looking at medical records, I think that's what you all sent to me. I don't think she was working.
Q. You don't think that she was working at

Page 20

the facility at that time?
A. Yes, ma'am.
Q. Is there any outstanding issue that you have with Ms. Hedden?
A. No, ma'am. I have no issues with her.
Q. Do you intend to dismiss Ms. Hedden from the lawsuit, or do you intend to keep her on?
A. I'm going to try to dismiss her.
Q. What about Wexford? Why did you file the lawsuit against Wexford?
A. Wexford hold accountable for Ms. Frye and the director, Dr. Pierce, also, so -- but I know he's not in my lawsuit, but he was there talking to me as well.
So they say Wexford is not giving you this insulin, Wexford's not -- they use Wexford as their backup, so they say Wexford do everything, Wexford is in charge of the nurses' schedule, Wexford is the ones that -- it's an excuse. It's a runaround. So I just want to hold the right folks accountable for my health because now that my body is tearing down, and it's just complicated for me right now.
Q. What is it that you thought Wexford should do that maybe it did not do in August of 2019?
A. Does it just got to be 2019? Can't it

Page 21

just be period?
Q. Well, I'm just asking about the time frame in your complaint. It sounds like you're saying that there was a chunk in August 2019 and then a chunk in December 2019, January 2020. So in that time frame, what is it you thought Wexford should do that you're saying it didn't do?
A. Have their staff do their job.
Q. So are you suing Wexford because they are the employer?
A. Yes, ma'am.
Q. Let's talk about the time line according to your complaint. You state that you were diagnosed with diabetes in 2010. Can you tell me about that time frame? What happened, and what happened after you were diagnosed in 2010?
A. I went in DKA.
Q. And what is DKA?
A. I really don't know. Only thing the doctor told me, my body was like a car running with no oil. Like I almost went into a diabetic coma.
Q. Were you doing something beforehand, or did you end up in the emergency room?
A. They hooked me up to an IV at Marion County Jail.

Page 22

Q. Then what happened after you were diagnosed? What was your treatment like? What sort of recommendations were they making?
A. First I was taking metformin, and metformin didn't help, so I started taking insulin.
Q. How long have you been taking the insulin?
A. Since 2010.
Q. Have you been taking the same kinds that you're taking now?
A. No, ma'am. At Wabash I was taking Lantus. At Wabash I was taking Lantus. Here I take N.
Q. And so around 2010 when you were diagnosed and you had to start using the insulin, what was the schedule of your insulin injections or your medication schedule?
A. Four times a day.
Q. Of one kind or two kinds or more?
A. Two kinds, Lantus and R.
Q. And did that continue when you went to Wabash Valley?
A. Yes, ma'am.
Q. And then you said that that changed when you got to Pendleton?
A. Yes. First they tried to put me on two shots a day, and that wouldn't work.

Page 23

Q. Who is they?
A. The doctor.
Q. At Pendleton?
A. Yes, ma'am.
Q. When you first arrived you think they tried to have you just do it twice a day?
A. Yes, ma'am.
Q. Both kinds or of just one or the other?
A. Both kinds.
Q. And now you said you're taking one kind three times a day and you're taking the N twice a day. Is that right?
A. Yes, ma'am.
Q. When you were diagnosed in 2010, were you told you needed to change certain lifestyle modifications or make any sort of changes?
A. Exercise.
Q. Do you exercise now?
A. Yes, ma'am.
Q. How often are you able to do that?
A. Monday, Wednesday, Friday.
Q. What about before being at Pendleton? Were you able to engage in exercise before that?
A. Every day.
Q. Did you have to change your dietary habits

Page 24

at all?
A. Yes. I don't really -- I don't eat, like, bread. I don't eat sugar, anything that's processed, so I guess I changed my diet.
Q. Are you on a special diet at Pendleton?
A. Yes. I'm on an 1800 or a sack diet.
Q. Has that been that way since you got there?
A. No. First I was on a 2200. They put me on an 1800.
Q. When did that change? Do you remember?
A. Last year sometimes.
Q. Then your complaint talks about when you arrived at Pendleton you were on the lockdown. During a lockdown is there any movement for offenders at all?
A. Showers. When the nurse come for diabetic, they'll take you out of your cell, take you downstairs to get the shot.
Q. So for the insulin you were physically removed and went somewhere else to get the insulin administration?
A. Yes. You'll go downstairs. Like if you're upstairs, you'll go downstairs to get your shot. You'll go by the officer desk and get your

Page 25

shot no matter where you're at.
Q. When you are -- moving back to when you were in the A and O unit, were you moving with a custody escort, or did custody have to approve any movement?
A. No. Just custody will escort you down.
Q. To wherever you were going?
A. Yes, ma'am.
Q. Was custody responsible for physically letting you out of your cell at that time?
A. Yes, ma'am.
Q. So whenever the nurse came, there always had to be a custody officer too?
A. Yes, ma'am.
Q. For the other medications that you were getting when you arrived, did you have to be removed from your cell for those too?
A. No, ma'am.
Q. So those ones you can just take through the cuff port?
A. Yes, ma'am.
Q. So you said the lockdown lasted about maybe two weeks or so after you arrived at Pendleton. What happened after the lockdown ended?
A. It go back to normal.

Page 26

Q. What happened, I guess -- let me be more specific.

In terms of your insulin medication receipt, what happened after the lockdown ended?

A. I still had a couple problems because staff, not custody staff, medical staff saying they don't know if I'm a diabetic. So I go over, try to talk to medical, let them know I'm a diabetic.

Some officers found me sometimes not responding, and medical got to check my sugar to see what's wrong with me. You just go, walk over. When they call diabetic, you just go over to the infirmary, get your diabetic shot.

Q. Did Ms. Frye tell you that you didn't have diabetes or that you didn't need insulin, or was it someone else?

A. Ms. Frye just kept saying that she seen where I was getting my diabetic shots and she don't know what happened. Like she say she don't know why it stopped. She don't know why I'm not getting diabetic shots. That's her response. She don't know why.

She said -- only thing she say, they could contact the officers to let them know that it's time for diabetic, but it's up to the officers to

Page 27

get us to the infirmary. That's her response.

Q. Again, we're talking about the time frame back in August 2019?

A. Yes, ma'am; yes, ma'am.

Q. And do you believe that was accurate? Did you need an officer to go with you to the infirmary at that time from the A and O Dorm?

A. No, ma'am; no, ma'am. That time frame is August and December time frame and, I believe, November, but it's not up to custody to make sure I have my shot. It's up to her. If her staff can't do it, she can come over and give us our diabetic shot because she did it before, so it's not up to the custody staff to make sure that I have my diabetic shot.

Q. So once the lockdown was ended and you were then going to the infirmary to get your insulin, did an officer have to let you out in order to go over to the infirmary?

A. Yes. Officer got to let us out. Officer got to let us in the infirmary. Officer is right there when we take our shots.

Q. But you're saying they don't necessarily escort you over there, but they have to kind of let you do these things.

Page 28

A. Yes, ma'am.

Q. Did a nurse have to be with an officer at that time on your way to the infirmary or not when the lockdown was over?

A. No. The nurses got to be right there when we're checking our blood sugar.

Q. So the nurse is there once you get to the infirmary.

A. The nurse is at the infirmary.

Q. Right. Okay. But they're not walking over with you. There's no nurse walking over with you from your cell to the infirmary.

A. No, ma'am.

Q. And then you said in December this was the same situation once the lockdown happened again?

A. Yes, ma'am.

Q. And did the same thing happen after the lockdown ended in December or January 2020?

A. Yes. In January also just nurses just would -- like when it's time to go to diabetic, no lockdowns, no lockdown, but no diabetic neither. They said they short-staffed or they busy, so we wait seven, eight hours till nurse come to the building to give you your shot.

Q. You have to wait for a nurse to be in the

Page 29

infirmary in order to be able to go to the infirmary? Is that what you're saying?

A. No. Like when they call diabetic, the nurse when we want to go, they say there ain't no nurse available, there's no nurse available to give us our insulin, so they say a nurse will come to the dorm or the house to give you your insulin, so you wait eight, seven hours for a nurse to come, and you just wait on a nurse to come to give you your insulin.

Q. And, again, you're hearing these things from the custody officers, are telling you there's no nurse available?

A. Yes, ma'am.

Q. You mentioned two officers earlier, Officer Thompson and Officer Allen. Are these the two officers that you saw primarily when you were in the A and O Dorm?

A. Yes. The officers and Lieutenant Thompson. He'll escort -- when the nurse don't want to come, they'll escort me because they know how bad my sugar was, so they'll escort me to the infirmary.

Q. When did that happen? Do you remember?

A. August, December, January.

Page 30

Q. So was this the time when you were on the lockdown or a time when you were off the lockdown?
A. On lockdown.
Q. How many times did that happen with Lieutenant Thompson?
A. One week he'll do it five times. The next week he'll do it twice, because he worked five days a week, so it went off and on or Allen or -- Officer Allen or Officer Thompson, they'll escort me. They'll escort me over, or Sergeant Opie, he'll escort me over.
Q. Opie?
A. Yes, ma'am. O-p-i-e.
Q. And no escorts occurred, again, only when you were on the lockdown.
A. Yes, ma'am. That time like right now, it's mandatory movement, but I could go myself. It's still a lockdown, but they'll let me walk over by myself.
Q. From your current dorm in K Dorm?
A. Yes, ma'am.
Q. So let's talk about August of 2019. What was -- was anything happening to you when you're saying you were not getting your medication?
A. My sugar was dropping. I was lightheaded.

Page 31

I was having seizures because my sugar was below the level.
Q. When did that happen?
A. August 12.
Q. On August 12 you had a seizure?
A. Yes.
Q. What happened when you had your seizure? Did you contact anybody to get medical attention?
A. When I woke up I tried.
Q. How did you try?
A. I yelled. That's all I could do, is yell.
Q. Did the seizure occur on the A and O unit?
A. No. Downstairs. They moved me from the A and O to the first cell by the officers desk.
Q. So only three days after you arrived you were placed in a different cell on August the 12th?
A. No. I went to 1A Cell on August the 22nd. I went to the first cell in 2019, August 22.
Q. So are you changing your testimony? When did the seizure occur?
A. August 22.
Q. So not August 12. August 22.
A. Yes, ma'am.
Q. And so when you were down there, you said you yelled for somebody to come help you. What

Page 32

happened after that?
A. What did she say?
Q. Just what happened after you yelled for someone to come over?
A. She said wait till she get done with her showers.
Q. Who's she?
A. Custody.
Q. Did you see anybody from medical on 8/22?
A. No, ma'am.
Q. Did you submit any healthcare request forms to be seen for the seizure?
A. I wrote the warden about what happened.
Q. But did you submit any direct healthcare request forms?
A. No, ma'am.
Q. Other than the seizure you're saying happened on 8/22, were there any other symptoms or side effects that you were experiencing during this August 2019 time frame?
A. Just my sugar was low. I get nausea. My mouth get dry like cottonmouth.
Q. Did you submit any healthcare request forms about those symptoms?
A. Yes. I told them what I was going

Page 33

through.
Q. Through a healthcare request form or through some different capacity?
A. Through a healthcare slip I wrote them telling about my diabetic.
Q. So let's talk about December 2019, January 2020. When you're saying this issue happened again where you weren't getting your insulin, were you experiencing any symptoms at that time?
A. Just I feel cottonmouth, same thing, dizzy. Like I could tell like that time I needed insulin because I felt my sugar was high instead of low. So it was like watching TV, my vision get blurry, so I just wanted insulin because I felt like it was high, and when he come over, it was running around about threes and fours, so I know it was high just sitting in the cell.
Q. Other than those symptoms you just described, were there any others in that December, January time frame?
A. Foot pain.
Q. And you said you had previously been diagnosed with a neuropathy in your foot?
A. Yes.
Q. Is it in just one foot or both feet?

Page 34

A. Both.
Q. Do you take medication for your neuropathy?
A. Now I do, yes.
Q. At that time, in that December time frame, were you taking any medication for your neuropathy?
A. Yes. But it wasn't working.
Q. And you said now you're -- are you taking something different?
A. Yes, ma'am.
Q. That's helping you more?
A. Yes, ma'am.
Q. About those concerns that you had in December and January, did you submit any healthcare request forms about those specific concerns you had?
A. Yes, ma'am.
Q. Have you received the medical records that I sent you earlier in the case?
A. Yes, ma'am.
Q. Have you had a chance to review them?
A. Some of them.
Q. Based on the ones that you've reviewed, do you dispute any of the things that you've seen in the medical records?

Page 35

A. Yes, ma'am.
Q. Do you have anything -- do you recall specifically what you dispute?
A. About the definition of the medical HSA and what's the responsibility for Wexford, what's their responsibility with their employees.
Q. I guess when I'm talking about your medical records, I mean your actual -- like the charted notes that were from medical providers that we have obtained from the IDOC that we sent to you earlier in this case, so notes from doctors, notes from nurses, things like that. Is there any particular note -- if you don't remember, that's fine.
A. Just my chart. I don't understand what happened to my chart. I want to know what happened from August the 10th to September. Like where is my -- where's the document to say the nurses was doing their job? Where's the document saying my blood sugar. So that right there. Anything else, really no, nothing else really that I can remember right now.
Q. And you said at that time now going back to August of 2019 when you arrived you were on the 1800 diabetic order or you were on the 2200?

Page 36

A. I was 2200.
Q. What does that diet entail, the 2200 diet?
A. 22 calories.
Q. 2200 calories?
A. Yes, ma'am.
Q. And then what does the sack include?
A. Just -- what it got in it or what it's for?
Q. Let's do what's in it, and then let's go with what it's for.
A. Peanut butter, bread, apples for when you take your shot in the afternoon. Around about between 10:00, 11:00, 12:00 when your sugar -- they take the N. It takes eight hours to start working in your body, so when your sugar dropping you'll have something to eat so you won't bottom down.
Q. And when you switched to the 1800 diet, it's the same except for now you're doing 1800 calories instead of 2200?
A. Yes, ma'am.
Q. But you still had the sack included?
A. Yes, ma'am.
Q. When you arrived at Pendleton in 2019, did you have access to the commissary?
A. Yes, ma'am.

Page 37

Q. Did you ever purchase anything from commissary?
A. No. You've got to wait till -- you've got to wait till your money got on your account. The money came with me, but I've got to wait till the money get on the account. Then you've got to order it.
Q. So you had access to it, but it takes some time to get caught up to speed after you transfer facilities?
A. Yes.
Q. By December of 2019, then, did you have that access? Were you able to purchase things if needed?
A. Yes. I was able to purchase.
Q. What sorts of things -- well, let me ask you this: Were you purchasing sugary things or things that could raise your blood sugar, or were you often not doing that?
A. I ordered stuff that managed my blood sugar as far as the cheese, wheat crackers, things like that, that managed my diet and my sugar.
Q. Do you think you were ordering things that had sugar in them?
A. Not really, no, because stuff they feed us

Page 38

have sugar in it, beans. The potatoes that they give you on your diet tray have beans and rice. That processed stuff have sugar in it, so I try my best not to eat that and just eat the patty, the meat part, because the sugar part, the potatoes and the beans, it's really sugary and that, so I've really been trying to watch my diet.

Q. Since you got to Pendleton?

A. Period. When I first found out I was a diabetic.

Q. What is the extent of your interactions with Ms. Frye? Other than the few times you said she's administered the insulin directly and the times that you've told me you've contacted her via the healthcare request forms, was there any other communication that you've had with her?

A. No, ma'am.

Q. And then with Ms. Hedden, you said you really don't think you had any interaction with her now.

A. Yes.

Q. With the information you've received now, you don't think you had any interaction with her.

A. No, ma'am.

Q. How are you alleging that Ms. Frye was

Page 39

deliberately indifferent to your medical care?

A. Ma'am?

Q. Can you hear me?

A. What did you just say?

Q. Can you hear me okay?

A. Yes.

Q. I said, how are you alleging that Ms. Frye was deliberately indifferent to your medical care?

A. Her excuse is she don't know why. Why didn't I get my insulin? I don't know why. That's her answer. She don't know why. She don't know what's going, like she lost it.

Q. How is that deliberate indifference?

A. She knows something.

Q. Knows something in terms of your insulin?

A. Yes, ma'am.

Q. During that time frame, is that what you're referring to?

A. Yes.

Q. And then with Ms. Hedden do you still believe that she was deliberately indifferent to your medical care?

A. No, no.

Q. Are you still experiencing any of the side effects that we've talked about from that August

Page 40

2019 and December, January period of when you're saying you did not receive the correct dose of insulin?

A. Like my healthwise?

Q. You said you had some symptoms that occurred around that time. Are any of those things still happening?

A. Just my feet bothering me from time to time.

Q. You said you're on medication for your feet?

A. Yes, ma'am.

Q. Did you ever tell anybody on the medical staff that you believe you had a seizure on August the 22nd of 2019?

A. A few days later I said something to one of the nurses, and she asked why nobody called. I told her what the -- what the sergeant said, wait till she get done with her showers.

Q. Did you believe at that time that custody was going to contact medical?

A. Yes. My family called. I had my family call, so -- I had my family call, and I wrote the warden. They said they is not medical, there's nothing they could do.

Page 41

Q. So where did you talk to the nurse a couple days later? Was it during med pass? Was it during the sick call visit?

A. No. It was just going to get my diabetic shot, and I just told her what happened.

Q. Have you had any others since then?

A. No.

Q. Had you ever had a seizure before?

A. Yes. At Wabash.

Q. So you only had the one seizure, you're saying, at Pendleton?

A. Yes.

Q. What is the relief that you're seeking from this lawsuit against the defendants?

A. For Wexford or for Ms. Frye?

Q. From all of them. But, I mean, if it's different for both, then you can tell me, but my question is just for all of them.

A. Do I got to answer that question right now?

Q. I would ask that you do, yes. Let me ask you this question: Are you seeking a monetary judgment against the defendants?

A. No.

Q. Is there specific medical care that you're

Page 42

1 asking for from the defendants?
2 A. No, ma'am.
3 Q. So today you're saying you're not asking
4 for a monetary judgment, and there's no specific
5 medical care that you wanted.
6 A. Not right now, not right now.
7 Q. What harm have you suffered because of the
8 defendants' actions?
9 A. Wearing glasses, going through pain with
10 my feet. Some days I felt like I was going to die
11 because it wasn't nobody coming to my rescue for my
12 health, so...
13 Q. I received your initial disclosures in
14 this matter that you sent me last year back in the
15 fall. Other than those witnesses that you listed
16 and your proposed exhibits, is there any other
17 evidence that you have to support your claims
18 against the defendants?
19 A. Yes. You should be getting that sometimes
20 this week or next week. I'm working on that right
21 now.
22 Q. When you say that, are you referring to in
23 response to the letter that I sent you?
24 A. Yes, ma'am.
25 Q. Let me just look. I don't think I have

Page 43

1 any other questions. Let me just look through my
2 notes real fast.
3 How are you alleging that Wexford was
4 deliberately indifferent to your medical care?
5 A. That's the same question you asked me
6 about -- I feel like Wexford responsible for
7 Ms. Frye. She is their employee.
8 Q. And as of today at the time of your
9 deposition, you're still taking your insulin as
10 ordered?
11 A. Yes, ma'am.
12 Q. You go on that schedule that you told me
13 about earlier?
14 A. Yes, ma'am.
15 Q. Are any of your current medications KOP?
16 A. My blood pressure, now blood pressure.
17 Q. And all the others you have to either go
18 to the infirmary or go to med line?
19 A. Yes, ma'am.
20 Q. How long have you had the job, the detail
21 job?
22 A. Since November.
23 Q. Of last year?
24 A. Yes.
25 Q. Was that your first job at Pendleton?

Page 44

1 A. No. I've been in the kitchen. I've been
2 a wheelchair pusher.
3 Q. Were you working during August of 2019
4 when you first arrived?
5 A. No, ma'am.
6 Q. What about in the December, January time
7 frame?
8 A. No.
9 MS. JOHNSON: Okay. Mr. Robinson, I don't have
10 any other questions for you this morning, so that
11 will conclude the deposition. Thank you for
12 answering all of my questions.
13 At the end of a deposition, the deponent,
14 which is you, you have the right to either waive or
15 reserve your signature. Do you know what those
16 are?
17 THE WITNESS: No, ma'am.
18 MS. JOHNSON: To waive your signature means
19 that you trust that the transcript -- as you know,
20 we're being recorded. The court reporter's here
21 with us this morning. She's going to prepare a
22 transcript of everything I said, everything that
23 you said.
24 So if you waive your signature, you're
25 saying I trust that the court reporter's going to

Page 45

1 get it all right, I don't need to review it before
2 it's finalized, which, in all honesty, is what I'd
3 do. I trust that she's going to get it right and I
4 don't need to review it first.
5 But you also have the option to reserve
6 your signature, which means you would like to
7 review the transcript before it's finalized. If
8 you did that, the court reporting service would
9 send you a copy of the transcript to review along
10 with a sheet called an errata sheet where you make
11 any proposed changes that you think might be
12 needed, and then you would send everything back to
13 the court reporting agency so they could take a
14 second look and then finalize the transcript. So
15 you don't have to review it, but you have the
16 option, and I just wanted to make sure you knew
17 that.
18 THE WITNESS: Okay.
19 MS. JOHNSON: So do you want to waive your
20 signature or reserve your signature?
21 THE WITNESS: I want to reserve it.
22 MS. JOHNSON: Reserve it. Okay. So we'll note
23 for the record that you reserve your signature.
24 Kim, is it accurate that the agency will
25 send it directly to Mr. Robinson?

THE COURT REPORTER: I believe so.
MS. JOHNSON: Who is your caseworker, Mr. Robinson?
THE WITNESS: Nancy Sprugin.
MS. JOHNSON: So I'll make sure that -- I think the court reporting agency would send it directly to you, but maybe they would send it to your case manager, but, again, when you receive everything in the mail, review it as quickly as you can and then send it all back to the agency, okay?
THE WITNESS: Okay.
MS. JOHNSON: And they'll give you instructions too, but if you have any questions or issues for some reason, just make sure you reach out to me and let me know.
THE WITNESS: Okay. Thank you both.
MS. JOHNSON: We'll figure it out. Okay. Thanks, Mr. Robinson. That will conclude the deposition, and we can go off record.
Kim, do you have any questions on spelling or anything?
THE COURT REPORTER: I do have a couple. Are you ordering the transcript, first of all?
MS. JOHNSON: Oh, yes, I am. I'll take a condensed pdf please.



(Proceedings concluded at 9:12 a.m. CST.)



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

JUAN ROBINSON, )
Plaintiff, )
vs. ) No.
KASIE HEDDEN, LINDA FRYE, ) 1:20-cv-00650-SEB-TAB
WEXFORD OF INDIANA, )
Defendants. )

This is to certify that I have read the transcript of my deposition taken in the above-entitled cause by Kimberly D. Bures, Certified Shorthand Reporter, on March 2, 2021, and that the foregoing transcript accurately states the questions asked and the answers given by me as they now appear.

_____
JUAN ROBINSON

SUBSCRIBED AND SWORN TO
before me this _____ day
of _____ 2021.

_____
Notary Public



STATE OF INDIANA )
) SS:
COUNTY OF L A K E )

I, KIMBERLY D. BURES, a Notary Public within and for the County of Lake, State of Indiana, and a Certified Shorthand Reporter of the State of Illinois, do hereby certify that on the 2nd day of March 2021, remotely appeared before me JUAN ROBINSON.

I further certify that the said witness was first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by said witness was reported stenographically by me and afterwards reduced to typewriting by computer-aided transcription, and the foregoing is a true and correct transcript of the testimony so given by said witness as aforesaid.

I further certify that there were present remotely at the deposition the attorneys hereinbefore mentioned.

I further certify that I am neither counsel for nor in any way related to any party to said action, nor am I in any way interested in the result or outcome thereof.

1 IN WITNESS WHEREOF, I do hereunto set my
2 hand and affix my seal of office this 13th day of
3 March 2021.
4
5
6
7 Certified Shorthand Reporter
8 CSR Certificate No. 084-003292.
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15
16
17
18
19
20
21
22
23
24
25

1

**10**
15:10
**10:00**
18:22 36:13
**10th**
14:1,5 17:7
35:17
**11**
6:10
**11:00**
36:13
**12**
31:4,5,22
**12:00**
36:13
**12th**
31:16
**16**
6:12
**17**
9:13
**1800**
24:6,10
35:25 36:17,
18
**1986**
5:5
**1A**
31:17
**1st**
16:24

2

**2000**
6:12
**2010**
21:14,16
22:7,12
23:14
**2015**
5:22
**2019**
5:16,17 14:2
15:11,14
16:1,9 18:1,
6,24,25
20:24,25
21:4,5 27:3
30:22 31:18
32:20 33:6
35:24 36:23
37:12 40:1,
15 44:3
**2020**
6:22 15:15
21:5 28:18
33:7
**2035**
6:6
**22**
31:18,21,22
36:3
**2200**
24:9 35:25
36:1,2,4,19
**22nd**
31:17 40:15
**23**
15:11
**23rd**
14:6
**2:30**
7:21 8:25
10:10

3

**35**
8:9
**3:00**
7:25 10:11
18:21

4

**45**
9:14

8

**8/10/2019**
14:3
**8/22**
32:9,18

9

**9**
5:5,16
**9:00**
7:24 10:10
**9th**
16:24 17:1

A

**a.m.**
8:25 10:10,
11
**A1c**
12:2,22
**able**
6:13,18 17:4
23:20,23
29:1 37:13,
15
**access**
36:24 37:8,
13
**account**
37:4,6
**accountable**
20:11,20
**accurate**
27:5 45:24
**actions**
42:8
**actual**
35:8
**administered**
38:13
**administering**
17:12
**administratio**
**n**
24:22
**administrator**
17:22
**afternoon**
36:12
**Afterwards**
17:25
**agency**
45:13,24
46:6,10
**ago**
6:23
**ahead**
7:11
**ain't**
29:4
**allegations**
18:17
**alleging**
38:25 39:7
43:3
**Allen**
15:8 29:16
30:8,9
**amended**
6:21
**answer**
39:11 41:19
**answering**
44:12
**anybody**
31:8 32:9
40:13
**apples**
36:11
**approve**
25:4
**around**
18:21 22:12
33:16 36:12
40:6
**arrive**
13:19
**arrived**
17:6 23:5

24:14 25:16, 23 31:15 35:24 36:23 44:4
**asked** 40:17 43:5
**asking** 13:11 19:19 21:2 42:1,3
**assumption** 11:9
**attained** 6:9
**attention** 31:8
**August** 5:16,17 14:1,5,6 15:10,11 16:1,9,24,25 17:1,6 18:1, 6,17,24,25 20:24 21:4 27:3,9 29:25 30:22 31:4, 5,16,17,18, 21,22 32:20 35:17,24 39:25 40:14 44:3
**available** 29:5,13

B

**back** 7:24 8:1 9:21 12:8 17:19 25:2, 25 27:3 35:23 42:14 45:12 46:10
**backup** 20:17
**bad** 29:22
**based** 7:14 34:23
**beans** 38:1,2,6
**believe** 6:12 12:20 14:14 17:13, 16 27:5,9 39:21 40:14, 20 46:1
**below** 31:1
**best** 10:17 38:4
**birth** 5:5
**bit** 7:17
**blood** 16:22 17:1 19:4 28:6 35:20 37:18, 20 43:16
**blurry** 33:14
**body** 9:22 20:21 21:20 36:15
**boss** 13:16
**bothering** 9:19 40:8
**bottom** 36:16
**bread** 24:3 36:11
**building** 14:17 28:24
**busy** 18:22 28:22
**butter** 36:11

C

**call** 10:13,20 15:6,8 26:12 29:3 40:23 41:3
**called** 4:3 40:17,22 45:10
**calories** 36:3,4,19
**capacity** 33:3
**car** 21:20
**care** 11:23 12:14 39:1,8,22 41:25 42:5 43:4
**case** 34:19 35:11 46:7
**caseworker** 46:2
**caught** 37:9
**cell** 8:5,6 18:12 24:18 25:10, 17 28:12 31:14,16,17, 18 33:17
**certain** 23:15
**chance** 34:21
**change** 23:15,25 24:11
**changed** 22:22 24:4
**changes** 23:16 45:11
**changing** 31:19
**charge** 15:3 20:18
**chart** 35:15,16
**charted** 35:9
**check** 26:10
**checking** 28:6
**checks** 9:8 11:14
**cheese** 37:21
**cholesterol** 19:4
**chow** 7:22,24
**chronic** 11:23 12:14
**chunk** 21:4,5
**claims** 42:17
**clean** 8:19
**cold** 9:24
**coma** 21:21
**come** 10:6,13 11:17,18,20 13:14,16 14:9,15,17, 19 15:2,3,4, 18 18:20,21 24:17 27:12 28:23 29:6, 8,9,21 31:25 32:4 33:15
**commissary** 36:24 37:2
**communication** 38:16
**complaint** 6:21 7:10,12 21:3,13 24:13
**complicated** 10:8 20:22

**concerns** 34:13,15
**conclude** 44:11 46:18
**condensed** 46:25
**condition** 12:15
**confirmed** 14:25
**contact** 9:20 10:24 26:24 31:8 40:21
**contacted** 38:14
**continue** 22:19
**copy** 6:21,23 45:9
**correct** 9:7 40:2
**Correction** 5:11
**Correctional** 5:19
**cottonmouth** 32:22 33:10
**County** 5:24 6:1 21:25
**couple** 7:23 15:13 18:14 26:5 41:2 46:22
**court** 4:10 7:7 44:20,25 45:8,13 46:1,6,22
**COVID-19** 4:14
**crackers** 37:21
**cuff** 25:20
**current** 30:20 43:15
**custody** 25:4,6,9,13 26:6 27:10, 14 29:12 32:8 40:20

**D**

**date** 5:5,17 6:6 14:4
**dates** 14:4,5,8
**day** 7:19 8:1 9:13,14 10:3 14:1 17:8 19:21 22:16, 25 23:6,11, 12,24
**day-to-day** 7:18
**days** 8:20,21,22 15:13 30:7 31:15 40:16 41:2 42:10
**December** 14:7 15:14 18:16,19 19:14 21:5 27:9 28:14, 18 29:25 33:6,19 34:5,14 37:12 40:1 44:6
**decided** 15:3
**defendants** 4:8 13:7 41:14,23 42:1,18
**defendants'** 42:8
**definition** 35:4
**deliberate** 39:13
**deliberately** 39:1,8,21 43:4
**deliver** 15:18
**department** 5:11 17:14
**deponent** 44:13
**deposition** 4:12,19,24, 25 13:4 43:9 44:11,13 46:19
**described** 33:19
**desk** 24:25 31:14
**detail** 8:14,18 43:20
**diabetes** 12:22 21:14 26:15
**diabetic** 7:21,24,25 9:2,8 10:1,9 12:8 13:12, 13,19,23 14:18,20,25 15:4,9 18:21 21:21 24:18 26:7,8,12, 13,18,21,25 27:12,15 28:20,21 29:3 33:5 35:25 38:10 41:4
**diagnosed** 21:14,16 22:2,12 23:14 33:23
**diagnosis** 12:6
**die** 42:10
**diet** 24:4,5,6 36:2,17 37:22 38:2,7
**dietary** 23:25
**different** 18:7,10,16 19:9,11 31:16 33:3 34:9 41:17
**direct** 32:14
**directly** 15:20,22 17:24 38:13 45:25 46:6
**director** 20:12
**disappeared** 17:2
**disclosures** 42:13
**dismiss** 20:6,8
**dispute** 16:15 34:24 35:3
**district** 7:7
**dizzy** 33:11
**DKA** 21:17,18
**doctor** 9:25 12:16 21:20 23:2
**doctors** 35:11
**document** 35:18,19
**doing** 4:13 21:22

35:19 36:18 37:19
**dorm** 8:1,3,4,7,11 18:7,8,9,11 27:7 29:7,18 30:20
**dose** 40:2
**downstairs** 24:19,23,24 31:13
**drafting** 7:2
**dropping** 30:25 36:15
**drops** 12:16,19
**dry** 32:22
**duly** 4:3

E

**earlier** 29:15 34:19 35:11 43:13
**earliest** 6:5
**eat** 24:2,3 36:16 38:4
**education** 6:8
**educational** 6:14
**effects** 32:19 39:25
**eight** 28:23 29:8 36:14
**either** 9:17 43:17 44:14
**emergency** 11:17 21:23
**employee** 43:7
**employees** 35:6
**employer** 21:10
**end** 21:23 44:13
**ended** 25:24 26:4 27:16 28:18
**engage** 23:23
**English** 6:18
**ensure** 4:13
**entail** 36:2
**errata** 45:10
**escort** 10:12 25:4,6 27:24 29:20, 21,22 30:9, 10,11
**escorts** 30:14
**events** 7:15
**everyone's** 4:13
**evidence** 42:17
**EXAMINATION** 4:5
**examined** 4:4
**excuse** 13:20 20:19 39:9
**exercise** 23:17,18,23
**exhibits** 42:16
**experiencing** 32:19 33:9 39:24
**extent** 38:11
**eye** 12:16,19
**eyes** 12:2,11,12, 15

F

**facilities** 37:10
**facility** 5:20 15:1 20:1
**facts** 7:14
**fall** 42:15
**family** 15:6 40:22, 23
**far** 37:21
**fast** 43:2
**February** 6:22
**federal** 4:9
**feed** 37:25
**feel** 11:18 33:10 43:6
**feet** 9:18,24 12:2,4,5 33:25 40:8, 11 42:10
**felt** 33:12,14 42:10
**figure** 46:17
**file** 13:8 19:17 20:9
**filed** 4:9 6:22 13:5 19:20
**filing** 13:6
**fill** 7:8
**finalize** 45:14
**finalized** 45:2,7
**fine** 35:14
**first** 4:3 9:22 13:10,17 22:4,24 23:5 24:9 31:14, 18 38:9 43:25 44:4 45:4 46:23
**five** 30:6,7
**floor** 13:6
**folks** 20:20
**follows** 4:4
**foot** 33:21,23,25
**form** 7:6,12 33:2
**forms** 16:4,6 32:12,15,24 34:15 38:15
**found** 26:9 38:9
**four** 10:3 22:16
**fours** 33:16

**frame**
15:11 16:1,9 18:1,6 21:2, 6,15 27:2,8, 9 32:20 33:20 34:5 39:17 44:7
**Friday**
23:21
**Frye**
4:8 13:8,9, 11,25 15:2, 16,21 16:7, 10 17:11,24 18:15 20:11 26:14,17 38:12,25 39:7 41:15 43:7

G

**gave**
16:20 17:25
**GED**
6:10
**general**
4:21
**getting**
13:11 16:12, 13,17,19 19:10 25:16 26:18,20 30:24 33:8 42:19
**give**
10:5 13:5, 16,21 14:9, 21 15:4 19:22 27:12 28:24 29:5, 7,9 38:2 46:12
**giving**
9:23 13:24 19:9,11 20:15
**glasses**
9:23 12:13 42:9
**going**
10:10 20:8 25:7 27:17 32:25 35:23 39:12 40:21 41:4 42:9,10 44:21,25 45:3
**guess**
24:4 26:1 35:7

H

**habits**
23:25
**happen**
28:17 29:24 30:4 31:3
**happened**
16:12,13,14 18:15,16 21:15,16 22:1 25:24 26:1,4,19 28:15 31:7 32:1,3,13,18 33:7 35:16 41:5
**happening**
30:23 40:7
**harm**
42:7
**he'll**
29:20 30:6, 7,11
**health**
17:19,22 20:21 42:12
**healthcare**
16:6 32:11, 14,23 33:2,4 34:14 38:15
**healthwise**
40:4
**hear**
4:16 11:12 39:3,5
**hearing**
29:11
**Hedden**
4:8 19:16, 17,18,21 20:4,6 38:18 39:20
**help**
7:5 22:5 31:25
**helped**
7:7
**helping**
34:11
**high**
33:12,15,17
**highest**
6:8
**hold**
20:11,20
**honesty**
45:2
**hooked**
21:24
**hours**
7:23 28:23 29:8 36:14
**house**
29:7
**housed**
8:2
**HSA**
16:8 17:17, 21 35:4

I

**identify**
16:7
**IDOC**
5:8,10,18 35:10
**immediately**
17:7
**impair**
12:25
**incarcerated**
5:7
**incarceration**
11:24
**include**
36:6
**included**
36:21
**Indiana**
5:11
**indifference**
39:13
**indifferent**
39:1,8,21 43:4
**individual**
8:5
**infirmary**
9:3,5 11:21 17:4 26:13 27:1,6,17, 19,21 28:3, 8,9,12 29:1, 2,23 43:18
**influence**
12:24
**information**
38:22
**inhibit**
12:25
**initial**
42:13
**injections**
22:14
**inmate**
10:14
**instructions**
46:12
**insulin**
9:4,9,11 10:5 11:14, 20 14:14 17:13 19:7,

12,22 20:16 22:5,6,13,14 24:20,21 26:3,15 27:18 29:6, 7,10 33:8, 12,14 38:13 39:10,15 40:3 43:9
**intend** 20:6,7
**interaction** 38:19,23
**interactions** 38:11
**issue** 12:11 20:3 33:7
**issues** 19:6 20:5 46:13
**IV** 21:24

J

**J-U-A-N** 5:4
**Jail** 5:24 6:1 21:25
**January** 14:10 15:15 21:5 28:18, 19 29:25 33:6,20 34:14 40:1 44:6
**job** 8:12,13 21:8 35:19 43:20, 21,25
**Johnson** 4:6,7 44:9, 18 45:19,22 46:2,5,12, 17,24
**Juan** 4:2 5:4
**judgment** 41:23 42:4
**June** 5:22

K

**Kasie** 4:8 19:17
**keep** 16:22 20:7
**kept** 13:10 26:17
**Kim** 45:24 46:20
**kind** 7:18 17:13 18:17 22:17 23:10 27:24
**kinds** 22:8,17,18 23:8,9
**kitchen** 44:1
**knew** 45:16
**know** 4:17 5:10 9:1,12,17,25 12:17 15:9 16:11,13,14, 16 18:5 20:12 21:19 26:7,8,19, 20,22,24 29:21 33:16 35:16 39:9, 10,11 44:15, 19 46:15
**knowledge** 6:5
**KOP** 43:15

L

**language** 6:19
**Lantus** 22:10,11,18
**lasted** 25:22
**lawsuit** 4:9 6:23,25 7:1 13:5,6,8 19:17,20 20:7,10,13 41:14
**leaving** 6:1
**letter** 42:23
**letters** 16:3
**letting** 25:10
**level** 6:8 31:2
**Lieutenant** 15:7 29:19 30:5
**life** 9:24
**lifestyle** 23:15
**lightheaded** 30:25
**Linda** 4:8 13:8,9
**line** 21:12 43:18
**listed** 42:15
**little** 7:17
**lockdown** 14:8,9,10, 13,16,19 17:3,5,7 18:19 24:14, 15 25:22,24 26:4 27:16 28:4,15,18, 21 30:2,3, 15,18
**lockdowns** 28:21
**long** 5:15,21 9:15 12:6 17:9 18:13 22:6 43:20
**look** 7:19 42:25 43:1 45:14
**looking** 19:23
**loophole** 10:7
**loopholes** 9:20
**lost** 39:12
**lot** 11:4 14:5
**low** 32:21 33:13

M

**mail** 46:9
**make** 4:17 13:16 23:16 27:10, 14 45:10,16 46:5,14
**making** 22:3
**managed** 37:20,22
**manager** 46:8
**mandatory** 30:17
**Marion** 5:24 6:1

21:24
**matter**
25:1 42:14
**mean**
9:2 16:17
35:8 41:16
**means**
44:18 45:6
**meat**
38:5
**med**
41:2 43:18
**medical**
9:17 10:24
11:7,12 15:8
16:4,21,25
17:2,14,23
19:23 26:6,
8,10 31:8
32:9 34:18,
25 35:4,8,9
39:1,8,22
40:13,21,24
41:25 42:5
43:4
**medication**
14:18 18:23,
25 19:10
22:15 26:3
30:24 34:2,6
40:10
**medications**
19:3 25:15
43:15
**medicine**
15:18
**meds**
15:4 19:4
**meet**
15:20,23
**mention**
18:7
**mentioned**
29:15
**metformin**
22:4,5
**modifications**
23:16
**Monday**
23:21
**monetary**
41:22 42:4
**money**
37:4,5,6
**month**
18:14
**months**
9:16 18:14
**morning**
4:12 5:3
12:25 44:10,
21
**mouth**
32:22
**moved**
31:13
**movement**
24:15 25:5
30:17
**moving**
25:2,3

N

**name**
5:2
**Nancy**
46:4
**nausea**
32:21
**necessarily**
27:23
**need**
13:23 15:9
26:15 27:6
45:1,4
**needed**
7:8 15:19
23:15 33:11
37:14 45:12
**neuropathy**
12:5 19:5
33:23 34:3,6
**never**
9:23 13:14
**normal**
8:1 25:25
**note**
35:13 45:22
**notes**
35:9,11 43:2
**November**
6:6 14:7
27:10 43:22
**nurse**
11:17 13:13,
14 14:16,24
19:9,11,18
24:17 25:12
28:2,7,9,11,
23,25 29:4,
5,6,8,9,13,
20 41:1
**nurses**
11:18 13:15
14:23 28:5,
19 35:12,18
40:17
**nurses'**
20:18

O

**O-P-I-E**
30:13
**obtained**
35:10
**occur**
13:25 31:12,
20
**occurred**
30:14 40:6
**October**
5:5 14:7
**offenders**
24:16
**offered**
6:16
**officer**
15:7,8 24:25
25:13 27:6,
18,20,21
28:2 29:16
30:9
**officers**
10:22,23
11:2 26:9,
24,25 29:12,
15,17,19
31:14
**oil**
21:21
**okay**
4:17 13:7
28:10 39:5
44:9 45:18,
22 46:10,11,
16,17
**once**
12:20 27:16
28:7,15
**one**
4:21 10:15
13:18 14:19,
24 22:17
23:8,10 30:6
33:25 40:16
41:10
**one-man**
18:12
**ones**
20:19 25:19
34:23
**Opie**
30:10,12
**opportunities**
6:14
**option**
45:5,16
**order**
14:14 27:19
29:1 35:25
37:6
**ordered**
37:20 43:10
**ordering**
37:23 46:23

**outstanding** 20:3
**overarching** 17:13

P

**p.m.** 10:11
**pain** 33:21 42:9
**paper** 16:21,22,25 17:18
**paperwork** 13:22
**part** 38:5
**particular** 35:13
**pass** 10:16 15:3 41:2
**patty** 38:4
**pdf** 46:25
**Peanut** 36:11
**Pendleton** 5:13 6:13 7:18,20 10:4 12:9,10 13:19 17:6 22:23 23:3, 22 24:5,14 25:24 36:23 38:8 41:11 43:25
**people** 8:7 9:20
**period** 21:1 38:9 40:1
**person** 10:15 17:12
**personally** 7:4
**physically** 24:20 25:9
**Pierce** 20:12
**please** 46:25
**point** 4:15
**port** 25:20
**potatoes** 38:1,5
**prepare** 44:21
**pressure** 19:4 43:16
**previously** 33:22
**primarily** 29:17
**Prior** 5:17
**prison** 13:22
**Probably** 12:20
**problems** 26:5
**processed** 24:4 38:3
**proficiency** 6:19
**programs** 6:14
**proposed** 42:16 45:11
**protocols** 4:14
**providers** 35:9
**purchase** 37:1,13,15
**purchasing** 37:17
**purpose** 4:24
**pusher** 44:2
**put** 9:20 12:16 22:24 24:9

Q

**question** 4:16 41:18, 19,22 43:5
**questions** 4:23 43:1 44:10,12 46:13,20
**quickly** 46:9

R

**R-O-B-I-N-S-O-N** 5:4
**Rachel** 4:7
**radio** 11:12
**raise** 37:18
**range** 15:1
**RDC** 5:25
**reach** 46:14
**read** 6:18
**real** 43:2
**reason** 46:14
**reasoning** 11:6
**recall** 19:2 35:2
**receipt** 26:4
**receive** 9:4 16:10 17:23 40:2 46:8
**received** 34:18 38:22 42:13
**receiving** 9:8
**recently** 14:23,24
**recollection** 7:15
**recommendations** 22:3
**record** 4:15 5:3 45:23 46:19
**recorded** 44:20
**records** 19:23 34:18, 25 35:8
**referring** 5:11 15:21 39:18 42:22
**regard** 12:3
**release** 6:6
**relief** 41:13
**remember** 5:21 7:1,3 18:3 24:11 29:24 35:13, 21
**remote** 4:13
**removed** 24:21 25:17

**report** 9:17
**REPORTER** 46:1,22
**reporter's** 44:20,25
**reporting** 45:8,13 46:6
**represent** 4:8
**request** 16:4,6 17:19 32:11,15,23 33:2 34:15 38:15
**requirements** 8:10
**rescue** 42:11
**reserve** 44:15 45:5, 20,21,22,23
**responding** 26:10
**response** 26:21 27:1 42:23
**responses** 16:10
**responsibility** 35:5,6
**responsible** 25:9 43:6
**rest** 7:13
**review** 34:21 45:1, 4,7,9,15 46:9
**reviewed** 34:23
**rice** 38:2
**right** 7:20 8:3 10:3,8 11:7 20:20,22 23:12 27:21 28:5,10 30:16 35:20, 22 41:19 42:6,20 44:14 45:1,3
**RN** 19:18
**Robinson** 4:2,7 5:4 44:9 45:25 46:3,18
**room** 21:23
**runaround** 20:19
**running** 21:20 33:16

S

**sack** 24:6 36:6,21
**safety** 4:13
**saying** 9:7 16:18 21:3,7 26:6, 17 27:23 29:2 30:24 32:17 33:7 35:19 40:2 41:11 42:3 44:25
**schedule** 8:22 9:15 20:18 22:14, 15 43:12
**second** 45:14
**see** 9:18 10:13 12:16,17 13:12 16:13 26:11 32:9
**seeking** 41:13,22
**seg** 8:14
**segregation** 8:15
**seizure** 31:5,7,12,20 32:12,17 40:14 41:8, 10
**seizures** 31:1
**send** 11:13 45:9, 12,25 46:6, 7,10
**September** 14:7 35:17
**sergeant** 30:10 40:18
**service** 17:22 45:8
**seven** 8:21,22 28:23 29:8
**severe** 12:7
**sheet** 45:10
**short-staffed** 28:22
**shot** 13:16,19,21, 23 14:9,21 15:5,9 24:19,25 25:1 26:13 27:11,13,15 28:24 36:12 41:5
**shots** 10:3 13:12, 24 14:10,18 15:4 16:12, 14,17 17:1, 25 22:25 26:18,21 27:22
**showers** 24:17 32:6 40:19
**sick** 41:3
**side** 32:19 39:24
**signature** 44:15,18,24 45:6,20,23
**signed** 17:18
**similar** 18:17
**simple** 7:6,12
**single** 8:5,6
**sitting** 33:17
**situation** 28:15
**slip** 17:19 33:4
**slips** 16:5 17:19
**sort** 10:11 12:15 22:3 23:16
**sorts** 37:16
**sounds** 21:3
**special** 8:10 24:5
**specific** 9:11 26:2 34:15 41:25 42:4
**specifically** 16:7 35:3
**speed** 37:9
**spell** 5:2

**spelling** 46:20
**spend** 5:25
**Sprugin** 46:4
**staff** 10:5 15:18 21:8 26:6 27:11,14 40:14
**start** 13:8 18:24 22:13 36:14
**started** 9:18 14:3 22:5
**state** 5:2 21:13
**stayed** 10:3
**stopped** 9:17 26:20
**stuff** 6:25 37:20, 25 38:3
**submit** 32:11,14,23 34:14
**substance** 12:25
**suffered** 42:7
**sugar** 16:22,23 24:3 26:10 28:6 29:22 30:25 31:1 32:21 33:12 35:20 36:13, 15 37:18,21, 22,24 38:1, 3,5
**sugary** 37:17 38:6
**suing** 21:9
**support** 42:17
**supposed** 14:13,15,17 19:21
**sure** 4:17 27:10, 14 45:16 46:5,14
**switched** 36:17
**sworn** 4:1,4
**symptoms** 32:18,24 33:9,18 40:5

T

**take** 6:13 9:13,14 22:11 24:18 25:19 27:22 34:2 36:12, 14 45:13 46:24
**takes** 36:14 37:8
**taking** 9:11 10:2 18:23,25 22:4,5,6,8, 9,10,11 23:10,11 34:6,8 43:9
**talk** 7:17 13:3 19:16 21:12 26:8 30:22 33:6 41:1
**talked** 15:22 39:25
**talking** 20:13 27:2 35:7
**talks** 24:13
**tearing** 20:21
**tell** 7:19 11:10, 11 13:6 19:19 21:14 26:14 33:11 40:13 41:17
**telling** 29:12 33:5
**tells** 13:22
**terms** 26:3 39:15
**testified** 4:4
**testimony** 13:1 31:19
**Thank** 44:11 46:16
**Thanks** 46:18
**thing** 18:19 21:19 26:23 28:17 33:10
**things** 10:19 11:15 27:25 29:11 34:24 35:12 37:13,16,17, 18,21,23 40:6
**think** 19:23,24,25 23:5 37:23 38:19,23 42:25 45:11 46:5
**Thompson** 15:7 29:16, 20 30:5,9
**thought** 15:16 20:23 21:6
**three** 9:13 10:15 13:18 23:11 31:15
**threes** 33:16
**till** 11:18 28:23 32:5 37:3,4, 5 40:19
**time** 5:25 11:2 13:17 15:11 16:1,9 17:3 18:1,6,24 20:1 21:2,6, 12,15 25:10 26:25 27:2, 7,8,9 28:3, 20 30:1,2,16 32:20 33:9, 11,20 34:5 35:23 37:9 39:17 40:6, 8,9,20 43:8 44:6
**times** 9:1,13 10:3 11:1,4 22:16 23:11 30:4,6 38:12,14
**tingling** 9:24
**today** 6:24 13:1,3 42:3 43:8
**told** 4:14 9:1 11:8 13:4 21:20 23:15 32:25 38:14 40:18 41:5 43:12
**total** 10:15
**track** 16:22
**transcript** 44:19,22 45:7,9,14

46:23
**transfer**
37:9
**tray**
38:2
**treatment**
17:23 22:2
**trust**
44:19,25
45:3
**try**
10:17 20:8
26:7 31:10
38:3
**trying**
38:7
**TV**
33:13
**twice**
9:14 23:6,11
30:7
**two**
13:18 17:10
22:17,18,24
25:23 29:15,
17
**typical**
7:19

U

**understand**
4:16,24 5:1
35:15
**understanding**
10:23 11:5
14:12 17:11,
20
**unit**
8:2 25:3
31:12
**upstairs**
15:2 24:24

V

**Valley**
5:19,23 6:12
22:20
**versus**
11:21
**vision**
33:13
**visit**
41:3

W

**Wabash**
5:19,23 6:3,
12 16:21
22:10,11,20
41:9
**wait**
7:22 28:23,
25 29:8,9
32:5 37:3,4,
5 40:18
**waive**
44:14,18,24
45:19
**wake**
7:21
**walk**
26:11 30:18
**walking**
28:10,11
**wall**
10:16
**want**
7:17 10:6
11:7 13:5
15:2 20:20
29:4,21
35:16 45:19,
21
**wanted**
33:14 42:5
45:16
**wanting**
10:5
**warden**
32:13 40:24
**watch**
38:7
**watching**
33:13
**way**
24:7 28:3
**ways**
11:22
**wear**
9:23 12:13
**Wearing**
42:9
**Wednesday**
23:21
**week**
8:20,21,23
30:6,7,8
42:20
**weeks**
13:18 17:10
25:23
**went**
4:15 6:3
21:17,21
22:19 24:21
30:8 31:17,
18
**Wexford**
4:9 20:9,10,
11,15,16,17,
18,23 21:6,9
35:5 41:15
43:3,6
**Wexford's**
20:16
**wheat**
37:21
**wheelchair**
44:2
**witness**
4:1,3 44:17
45:18,21
46:4,11,16
**witnesses**
42:15
**woke**
31:9
**work**
7:23,25
8:14,15
14:13 22:25
**worked**
30:7
**worker**
8:14,18
**working**
19:24,25
34:7 36:14
42:20 44:3
**worse**
12:10
**write**
6:18 7:4,5,7
**writing**
7:1,3 13:10
**wrong**
26:11
**wrote**
16:3 32:13
33:4 40:23

Y

**Yeah**
15:15
**year**
6:22 12:20
24:12 42:14
43:23
**yell**
31:11
**yelled**
31:11,25
32:3

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

| | | |
|---|---|---|
| JUAN ROBINSON, | ) | |
| | ) | |
| Plaintiff, | ) | |
| | ) | |
| v. | ) | No. 1:20-cv-00650-SEB-TAB |
| | ) | |
| KASIE HEDDEN, | ) | |
| LINDA FRYE, | ) | |
| WEXFORD OF INDIANA, LLC, | ) | |
| | ) | |
| Defendants. | ) | |

**NOTICE REGARDING RIGHT TO RESPOND TO AND SUBMIT EVIDENCE IN OPPOSITION TO MOTION FOR SUMMARY JUDGMENT**

Defendants, LINDA FRYE, HSA, KASIE HEDDEN, RN, AND WEXFORD OF INDIANA, LLC, by counsel has filed a motion seeking summary judgment. This means that the Defendant seek to have some part, or all of this lawsuit decided against you without a trial. This motion is based on the evidence presented in the affidavits and documents attached to or referenced in the motion for summary judgment or based on the argument that you are unable to offer admissible evidence in support of your claim.

You have the right to file a response to the motion. Each of the facts stated in the "Statement of Material Facts Not in Dispute" which accompanies the motion for summary judgment will be accepted by the court as being true unless you submit your own affidavits or other admissible evidence disputing those facts. Your response may also dispute the admissibility of the evidence relied on in support of the motion for summary judgment. *However, a failure to properly respond will be the same as failing to present any evidence in your favor at a trial.*

You must file and serve a copy of your response to the motion for summary judgment by **May 3, 2021** or by other such date ordered by the court. If you need more time to respond, you must file a motion with the court asking for more time before the deadline expires. The court may, but is not required to, give you more time.

Your response must also comply with all other portions of Federal Rule of Civil Procedure 56, and with Local Rule 56-1, copies of which are attached. Please note that for these rules you are considered a party, the non-moving party and/or the non-movant.

**Fed. Rule Civ. Proc. 56. Summary Judgment**

(a) **Motion for Summary Judgment or Partial Summary Judgment.** A party may move for summary judgment, identifying each claim or defense--or the part of each claim or defense--on which summary judgment is sought. The court shall grant summary judgment if the movant shows that there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law. The court should state on the record the reasons for granting or denying the motion.

(b) **Time to File a Motion.** Unless a different time is set by local rule or the court orders otherwise, a party may file a motion for summary judgment at any time until 30 days after the close of all discovery.

(c) **Procedures.**

(1) **Supporting Factual Positions.** A party asserting that a fact cannot be or is genuinely disputed must support the assertion by:

(A) citing to particular parts of materials in the record, including depositions, documents, electronically stored information, affidavits or declarations, stipulations (including those made for purposes of the motion only), admissions, interrogatory answers, or other materials; or

(B) showing that the materials cited do not establish the absence or presence of a genuine dispute, or that an adverse party cannot produce admissible evidence to support the fact.

(2) **Objection That a Fact Is Not Supported by Admissible Evidence.** A party may object that the material cited to support or dispute a fact cannot be presented in a form that would be admissible in evidence.

(3) **Materials Not Cited.** The court need consider only the cited materials, but it may consider other materials in the record.

(4) **Affidavits or Declarations.** An affidavit or declaration used to support or oppose a motion must be made on personal knowledge, set out facts that would be admissible in evidence, and show that the affiant or declarant is competent to testify on the matters stated.

(d) **When Facts Are Unavailable to the Nonmovant.** If a nonmovant shows by affidavit or declaration that, for specified reasons, it cannot present facts essential to justify its opposition, the court may:

(1) defer considering the motion or deny it;

(2) allow time to obtain affidavits or declarations or to take discovery; or

(3) issue any other appropriate order.

(e) **Failing to Properly Support or Address a Fact.** If a party fails to properly support an assertion of fact or fails to properly address another party's assertion of fact as required by Rule 56(c), the court may:

(1) give an opportunity to properly support or address the fact;

(2) consider the fact undisputed for purposes of the motion;

(3) grant summary judgment if the motion and supporting materials--including the facts considered undisputed--show that the movant is entitled to it; or

(4) issue any other appropriate order.

(f) **Judgment Independent of the Motion.** After giving notice and a reasonable time to respond, the court may:

(1) grant summary judgment for a nonmovant;

(2) grant the motion on grounds not raised by a party; or

(3) consider summary judgment on its own after identifying for the parties material facts that may not be genuinely in dispute.

(g) **Failing to Grant All the Requested Relief.** If the court does not grant all the relief requested by the motion, it may enter an order stating any material fact--including an item of damages or other relief--that is not genuinely in dispute and treating the fact as established in the case.

(h) **Affidavit or Declaration Submitted in Bad Faith.** If satisfied that an affidavit or declaration under this rule is submitted in bad faith or solely for delay, the court--after notice and a reasonable time to respond--may order the submitting party to pay the other party the reasonable expenses, including attorney's fees, it incurred as a result. An offending party or attorney may also be held in contempt or subjected to other appropriate sanctions.

**Local Rule 56-1 – Summary Judgment Procedure**

(a) **Movant's Obligations.** A party seeking summary judgment must file and serve a supporting brief and any evidence (that is not already in the record) that the party relies on to support the motion. The brief must include a section labeled "Statement of Material Facts Not in Dispute" containing the facts:

(1) that are potentially determinative of the motion; and

(2) as to which the movant contends there is no genuine issue.

(b) **Non-Movant's Obligations**. A party opposing a summary judgment motion must, within 28 days after the movant serves the motion, file and serve a response brief and any evidence (that is not already in the record) that the party relies on to oppose the motion. The response must include a section labeled "Statement of Material Facts in Dispute" that identifies the

potentially determinative facts and factual disputes that the party contends demonstrate a dispute of fact precluding summary judgment.

(c) **Reply.** The movant may file a reply brief within 14 days after a response is served.

(d) **Surreply.** A party opposing a summary judgment motion may file a Surreply brief only if the movant cites new evidence in the reply or objects to the admissibility of the evidence cited in the response. The Surreply must be filed within 7 days after the movant serves the reply and must be limited to the new evidence and objections.

(e) **Citations to Supporting Facts.** A party must support each fact the party asserts in a brief with a citation to a discovery response, a deposition, an affidavit, or other admissible evidence. The evidence must be in the record or in an appendix to the brief. The citation must refer to a page or paragraph number or otherwise similarly specify where the relevant information can be found in the supporting evidence.

(f) **Court's Assumptions About Facts.** In deciding a summary judgment motion, the court will assume that:

(1) the facts as claimed and supported by admissible evidence by the movant are admitted without controversy except to the extent that:

(A) the non-movant specifically controverts the facts in that party's "Statement of Material Facts in Dispute" with admissible evidence; or

(B) it is shown that the movant's facts are not supported by admissible evidence; or

(C) the facts, alone or in conjunction with other admissible evidence, allow the court to draw reasonable inferences in the non-movant's favor sufficient to preclude summary judgment.

(2) facts that a non-movant asserts are true to the extent admissible evidence supports them.

(g) **Stipulation to Facts.** The parties may stipulate to facts in the summary judgment process and may state that their stipulations are entered only for the purpose of the motion for summary judgment and are not intended to be otherwise binding.

(h) **No Duty to Search Record.** The court has no duty to search or consider any part of the record not specifically cited in the manner described in subdivision (e).

(i) **Collateral Motions**. The court disfavors collateral motions—such as motions to strike—in the summary judgment process. Parties should address disputes over the admissibility or effect of evidence in their briefs.

(j) **Oral Argument or Hearing**. The court will decide summary judgment motions without oral argument or hearing unless the court otherwise directs or grants a request under S.D. Ind. L.R. 7-5.

(k) **Notice Requirement for *Pro Se* Cases**. A party seeking summary judgment against an unrepresented party must serve that party with the notice contained in Appendix A.

(l) **Compliance**. The court may, in the interest of justice or for good cause, excuse failure to comply strictly with this rule.

Like other documents filed with the court, your response must comply with Southern District of Indiana Local Rule 5-1, which provides:

(a) **Filing.** A document or item submitted in relation to a matter within the court's jurisdiction is deemed filed upon delivery to the office of the clerk in a manner prescribed by these rules or the Federal Rules of Civil Procedure or authorized by the court. Any submission directed to the office of the clerk or any employee thereof in a manner that is not contemplated by this rule and without prior court authorization is prohibited.

(b) **General.** Any pleading, motion, brief, affidavit, notice, or proposed order filed with the court, whether electronically or with the clerk, must:

- be plainly typewritten, printed, or prepared by a clearly legible copying process;
- have at least 1-inch margins;
- use at least 12-point type in the body of the paper and at least 10-point type in footnotes;
- be double spaced (except for headings, footnotes, and quoted material);
- have consecutively numbered pages;
- include a title on the first page;
- if it has four or more exhibits, include a separate index that identifies and briefly describes each exhibit;

• if it is a form of order, include a statement of service, in the format required by S.D. Ind. L.R. 5-5(d) in the lower left corner of the document; and

• in the case of pleadings, motions, legal briefs, and notices, include the name, complete address, telephone number, facsimile number (where available), and e-mail address (where available) of the pro se litigant or attorney who files it.

(c) **Electronic Filings.** Any paper submitted via the court's electronic case filing (ECF) system must be:

• in .pdf format;

• converted to a .pdf file directly from a word processing program, unless it exists only in paper format (in which case it may be scanned to create a .pdf document);

• submitted as one or more .pdf files that do not exceed 10 megabytes each (consistent with the CM/ECF Policies and Procedures Manual); and

• otherwise prepared and filed in a manner consistent with the CM/ECF Policies and Procedures Manual.

(d) **Non-Electronic Filings.**

(1) ***Form, Style, and Size of Documents.*** Any document that is not filed electronically must:

• be flat, unfolded, and on good-quality, 8.5" x 11" white paper;

• be single-sided;

• not have a cover or a back;

• be (if consisting of more than one page) fastened by paperclip or binder clip and may not be stapled;

• be two-hole punched at the top with the holes 2 ¾" apart and appropriately centered; and

• include the original signature of the pro se litigant or attorney who files it.

(2) ***Request for Nonconforming Fastening.*** If a paper cannot be fastened or bound as required by this rule, a party may ask the court for permission to fasten it in another manner. The party must make such a request before attempting to file the paper with nonconforming fastening.

(e) **Nonconforming Documents.** The clerk will accept a paper that violates this rule, but the court may exclude the document from the official record.

Respectfully submitted,

KATZ KORIN CUNNINGHAM PC

*/s/ Rachel D. Johnson*
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## CERTIFICATE OF SERVICE

I certify that on **April 5, 2021**, a copy of the foregoing ***Notice*** was filed electronically using the Court's electronic filing system (CM/ECF). A copy of the foregoing was sent via U.S. First Class Mail to the following person(s):

Juan Robinson (IDOC # 119967)
**PENDLETON CORRECTIONAL FACILITY**
Inmate Mail/Parcels
4490 West Reformatory Road
Pendleton, IN 46064
***PRO SE***

*/s/ Rachel D. Johnson*
Rachel D. Johnson