

**APPENDICES AS  
FOLLOWS:**

(Appx A) 1

IN THE UNITED STATES COURT OF APPEALS  
FOR THE ELEVENTH COURT

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No 18-12788

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District Court Docket No.  
1:17-cv-00115-JRH-BKE

CHRISTOPHER LAWRENCE  
Plaintiff-Petitioners,  
PETRICE RISKS, et al.,  
Plaintiffs  
versus

UNIVERSITY HOSPITAL,  
UNIVERSITY HOSPITAL BOARD OF  
COMMISSIONERS,  
CEO JIM DAVIS,  
DR. FARR,  
CNO REYNEE GALLUP, ET AL.,  
Defendants- Appellees,

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Appeal from the United States District Court  
For the Southern District of Georgia

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JUDGMENT

It is hereby ordered, adjudged, and decreed that the opinion  
issued on this date in this appeal is entered as the judgment  
of this Court.

Entered: July 10, 2019  
For the Court: DAVID J.SMITH, Clerk of Court  
By: Djuanna Clar

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**DO NOT PUBLISH**  
**UNITED STATES COURT OF APPEALS**  
**FOR THE ELEVENTH COURT**

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Appeal from the United States District Court  
For the Southern District of Georgia

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(July 10, 2019)

Before: TJOFLAT, MARCUS and ROSENBAUM, Circuit  
Judges.

PER CURIAM:

Plaintiffs appeal the District Court's order dismissing their *pro se* complaint for lack of subject matter jurisdiction. The complaint alleged state law claims of medical

negligence, gross negligence, and wrongful death of Daphne Lawrence Ricks. On appeal, Plaintiffs argue that the District Court erred in finding that it lacked subject matter jurisdiction because the parties were only minimally diverse.

We reviewed de novo dismissals for lack of subject-matter jurisdiction, *Barbour v. Haley*, 471 F. 3d 1222, 1225 (11th Cir. 2006) and reviewed for clear error a District Court's factual findings concerning jurisdiction, *Bryant v. Rich*, 530 F. 3d 1368, 1377 (11th Cir. 2008).

District Courts have subject matter jurisdiction over civil actions between citizens of different states, or between citizens of a state of a state and citizen of a foreign country, where the amount in controversy exceeds \$75,000, 28 U.S.C. §1332(a). Diversity jurisdiction requires complete diversity of citizenship between all plaintiffs and defendants. *Strawbridge v. Curtiss*, U.S. (3 Cranch) 267, 267 (1808). The party invoking jurisdiction must allege the citizenship of the parties as of the time suit is filed in federal Court. See *Travaglio v. A.M. Express Co.*, 735 F.3d 1266 (11th Cir. 2013) A natural person is a citizen of the state in which they are domiciled, *id.* at 1269, and a corporation is citizen of its state of incorporation and the state in which it has its principal place of business, 28 U.S.C. § 1332(c)(1).

Plaintiffs appear to concede that the parties in this case are not completely diverse.<sup>1</sup> They argue, however, that complete diversity isn't required for several reasons. First Plaintiffs argue that their action should be allowed to proceed under the federal interpleader statute, 28 U.S.C. § 1335. If this were correct, minimal diversity among the parties would be sufficient to confer jurisdiction. See *State Farm & Cas. Co. v. Tashire*, 386 U.S. 523, 530 -31, 87 S. Ct. 1199, 1203-04 (1967). But the interpleader statute is inapplicable: there are

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not two or more adverse claimants in this case who “are claiming or may claim to be entitled to money or property” or other benefits of a financial instrument. *See* 28 U.S.C. § 1335(a)(1). So this argument is unavailing.

Plaintiffs’ second argument for minimal diversity appears to be premised on the Class Action Fairness Act (“CAFA”), which requires only minimal diversity for class actions that meet specified criteria. 28 U.S.C. § 1332(d)(2)<sup>2</sup> We agree with the District Court that CAFA is inapplicable as this case involves fewer than 100 plaintiffs and the aggregated claims do not exceed \$5,000,000. So this argument is also unavailing.

Because there is no basis for federal subject matter jurisdiction in this case, we affirm the District Court’s order dismissing plaintiff’s claims.

**AFFIRMED**

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<sup>1</sup> On this and many other issues, plaintiffs’ position is far from clear. What is clear, however, is that the parties are not completely diverse- several of the plaintiffs, and all defendants, are domiciled in Georgia.

<sup>2</sup> Again, this argument doesn’t exactly leap off the page of Plaintiffs’ brief. But the District Court addressed this possible jurisdictional ground, and plaintiffs refer to that portion of the District Court’s order in their briefing.

(Appx C) 5

IN THE UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF GEORGIA  
AUGUSTA DIVISION

)  
CHRISTOPHER LAWRENCE ( )  
Plaintiff, )  
PETRICE RISKS, et al., ( CASE NO.  
Plaintiffs ) 1:17-cv-115 JRH  
versus ( JUDGMENT IN  
 ) CIVIL CASE  
UNIVERSITY HOSPITAL, ( )  
UNIVERSITY HOSPITAL BOARD OF )  
COMMISSIONERS, ( )  
CEO JIM DAVIS, ( )  
DR. FARR, ( )  
CNO REYNEE GALLUP, ET AL., ( )

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Decision by Court. This action having come before the Court.

The issues have been considered and a decision has been rendered.

**IT IS ORDERED AND ADJUDGED**

Pursuant to the Order dated June 4, 2018, that Defendants' Motion to dismiss is granted. Plaintiffs' claims are hereby dismissed for lack of subject matter jurisdiction. This case stands closed.

06/04/2018  
Date

/s/: Scott L. Poff  
Clerk

/s/: Jamie Hodge  
(By) Deputy Clerk

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**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF GEORGIA  
AUGUSTA DIVISION**

Plaintiffs are kin to Daphne Lawrence Ricks (“Decedent”). On September 22, 2017, Plaintiffs, proceeding pro se, initiated the present action against Defendants alleging that medical malpractice and/or other negligent acts or omissions of Defendants resulted in Decedent’s death in late September 2015. (See Doc. 1.) On December 4, 2017, Plaintiffs’ amended complaint pursuant to Federal Rule of Civil Procedure 12(b)(1), (4), & (5). (Doc.)

“Federal courts are courts of limited jurisdiction and are required to inquire into their [subject matter] jurisdiction at the earliest possible point in the proceeding.” Kirkland v.

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Midland Mortgage Co., 243 F.3d 1277, 1279-80 (11th Cir. 2001) (citations omitted). Indeed,

A court lacking jurisdiction cannot render judgment but must dismiss the cause at any stage of the proceedings in which it becomes apparent that jurisdiction is lacking. The party invoking the jurisdiction of the court has the duty to establish that federal jurisdiction does exist but, since the courts of the United States are courts of limited jurisdiction, there is a presumption against its existence. Thus, the party invoking the federal court's jurisdiction bears the burden of proof.

If the parties do not raise the question of lack of jurisdiction, it is the duty of the federal court to determine the matter *sua sponte*. Therefore, lack of jurisdiction cannot be waived and jurisdiction cannot be conferred upon a federal court by consent, inaction or stipulation

Fitzgerald v. Seaboard Sys. R.R., Inc., 760 F.2d 1249, 1251 (11th Cir. 1985) (per curiam) (internal quotations, citations, and alterations omitted).

In their amended complaint, Plaintiffs assert that the Court has subject matter jurisdiction over this action pursuant to the federal diversity jurisdiction statute, 28 U.S.C. § 1332. (Doc. 8, ¶1.) “Diversity jurisdiction, as a general rule, requires complete diversity – every plaintiff must be diverse from every defendant.”<sup>1</sup> Palmer v. Hosp. Auth. of Randolph Cty., 22 F.3d 1559, 1564 (11th Cir. 1994) (citations omitted).

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<sup>1</sup> Notably, Plaintiffs have not alleged that the Class Action Fairness Act (“CAFA”), 28 U.S.C. §1332(d), is applicable to the present action. CAFA may provide jurisdiction where “any member of the plaintiff class is diverse from any defendant” (i.e., where there exists, *inter alia*, “minimal diversity”). Lowery v. Alabama Power

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Co., 483 F. 3d 1184, 1193-94 (11th Cir. 2007) (citing 28 U.S.C. § 1332(d)(2)). Nevertheless, because there are not 100 or more plaintiffs and Plaintiffs have not alleged that their aggregated claims exceed \$5,000,000, the Court concludes that CAFA is inapplicable to the instant action. See id. at 1194 (“CAFA provides federal courts with jurisdiction over class actions provided that: the number of plaintiffs in all proposed plaintiff classes exceeds one hundred, § 1332 (d)(5)(b).... and the aggregate of the claims of individual class members exceeds \$5,000,000, exclusive of interests and cost, § 1332 (d) (2), (6).” (citations omitted)).

“Citizenship, not residence, is key fact that must be alleged in the complaint to establish diversity for a natural person.” Taylor v. Appleton, 30 F.3d 1365, 1367 (11th Cir. 1994) (citing 28 U.S.C. § 1332); see also McCormick v. Aderholt, 293 F.3d 1254, 1257-58 (11th Cir. 2002) (Citizenship is equivalent to ‘domicile’ for purposes of diversity jurisdiction. A person’s domicile is the place of his true, fixed, and permeant home and principal establishment, and to which he has the intention of returning whenever he is absent therefrom. Furthermore, a change of domicile requires a concurrent showing of (1) physical presence at the new location with (2) an intention to remain there indefinitely.” (internal quotations, citations, alterations, and footnotes omitted)). “For a corporate defendant the complaint must allege either the corporation’s state of incorporation or principal place of business.” Taylor , 30 F.3d at 1367 (citing 28 U.S.C. § 1332). “[D]iversity jurisdiction is measured at the time the action is filed.” PTA-FLA, Inc. v. ZTE USA, Inc., 844 F.3d 1299 (11th Cir. 2016) (citations omitted)).

In their amended complaint, plaintiffs failed to plead: (i) plaintiffs’ citizenship; (ii) the natural Defendants’ citizenships; and (iii) the corporate Defendants’ states of

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incorporation or principal place of business. (See Doc. 8) Rather, Plaintiffs only alleged in their amended complaint the residence of a handful of the Plaintiffs and the address where the Defendants allegedly “operated from.” (Id. ¶ 5; but see id. ¶ 2 (“Subject matter jurisdiction to federal court is impacted by Plaintiffs’ domiciles while Chaslie’s and Petrice are primarily in Augusta Georgia and Decedent’s siblings are located in other states such as; Dr. Gwendolyn Harrison currently resides in California, Gregory Lawrence in Arizona, Charlie Junior in North Carolina creating a jurisdictional diversity at minimal standing.”).) Accordingly, because Plaintiffs have the burden to “affirmatively allege facts demonstrating the existence of jurisdiction,” yet failed to allege the relevant facts necessary for the Court to determine whether there exists complete diversity, the Court lacks subject matter jurisdiction on the face of the amended complaint. See Taylor, 30 F.3d at 1367 (citing FED. R. Civ. P. 8 (a)).

Nevertheless, even if the Court were to look beyond the face of the amended complaint, complete diversity still would not exist because at least one of or both the Plaintiffs and the Defendants are Georgia citizens. Indeed, Defendants Jim Davis, Reyne Gallup, William Far, and Edward Burr all assert they are Georgia citizens and Defendant University Hospital assert that it is incorporated – and has its principal place of business – in Georgia. (See Doc. 9, at 3.) Further, Decedent’s daughter, Plaintiff Chaslie Lawrence Ricks, does not deny that she was a Georgia citizen at the time she initiated this lawsuit.<sup>2</sup>

(See Doc 8, ¶¶2, 5.) Accordingly because each and every plaintiff is not diverse from each and every defendant in this action, complete diversity is lacking. See Palmer, 22 F.3d at 1564.

(Appx D) 10

Seeking to avoid dismissal, Plaintiffs argue that this action may proceed under the federal interpleader statute, 28 U.S.C. § 1335, because at least one of the Plaintiffs is diverse from at least one of the Defendants. (See Doc. 14, at 5 (citing State Farm Fire & Cas. Co. v. Tashire, 386 U.S. 523, 530 (1967) (federal interpleader statute “has been uniformly construed to require only minimal diversity, that is, diversity of citizenship between two or more claimants, without regard to the circumstance that other rival claimants may be co-citizens.” (footnote omitted))).)

Yet Plaintiffs have failed to demonstrate the applicability of the federal interpleader statute to the instant litigation, which requires that there be “two or more adverse claimants.” See 28 U.S.C. § 1335(a)(1) (emphasis added); Fulton v. Kaiser Steel Corp., 397 F. 2d 580, 582 (5th Cir. 1968) (“There must be two or more adverse claimants for statutory interpleader purposes.”).

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<sup>2</sup> Similarly, Plaintiffs Christopher Lawrence, Cynthia Lawrence Tolbert, Reginald Lawrence, Cheryl Lawrence, Charlette Lawrence, Janie R.W. Lawrence, and Charlie Sr. Lawrence do not deny that they were Georgia citizens at the time they initiated this action. (See Doc. 8, ¶ 5.) Notably, Defendants argued that the aforementioned Plaintiffs are not real parties in interest under Georgia’s wrongful death statute because - unlike Plaintiffs Chaslie Lewis and Petrice Ricks – they are not Decedent’s surviving spouse or children. See O.C.G.A. § 51-4-2(a) (“The surviving spouse or, if there is no surviving spouse, a child or children, either minor or sui juris, may recover for the homicide of the spouse or parent the full value of life of the decedent , as shown by the evidence.”); Mann v. Taser Int’l, Inc., 588 F.3d 1291, 1311 (11th Cir. 2009) (“Under [O.C.G.A.] § 51-4-2(a) , “Wrongful death claims may be brought by only two categories of Plaintiffs- the decedent’s surviving spouse

and, if there is no surviving spouse, the decedent's children." (quoting Tolbert v. Maner, 518 S.E.2d 423, 425 (Ga. 1999)); see also Navarro Sav. Ass'n v. Lee, 446 U.S. 458, 461 (1980) ("[A] federal court must disregard nominal or formal parties and rest jurisdiction only upon the citizenship of real parties to the controversy."). Because complete diversity is lacking- and therefore the Court is without subject matter jurisdiction – even if the Court were to disregard these Plaintiffs' citizenship, however, the Court does not reach the issue of whether these Plaintiffs would otherwise have standing to pursue their present claims. See Bochese v. Town of Ponce Inlet, 405 F. 3d 964, 974-75 (11th Cir. 2005) ("Simply put, once a federal court determines that it is without subject matter jurisdiction, the Court is powerless to continue." (citations omitted)).

Indeed, even if the Court were to again ignore Plaintiffs' failure to plead the parties' citizenship, and thereby their failure to carry their burden to demonstrate even minimal diversity, Plaintiffs' claims against Defendants – all of which seek to recover from Defendants without prejudice to or competition with the other Plaintiffs –simply cannot be considered adverse to one another as presently pleaded. Further, this action itself – which seeks to hold Defendants directly and/or vicariously liable for their negligent actions or omissions – can hardly be considered to be in the nature of interpleader. See State of Texas v. State of Florida, 306 U.S. 398, 412 (1939)

("In the case of bills of peace, bills of interpleader and bills in nature of interpleader, the gist of the relief sought is the avoidance of the burden of unnecessary litigation or risk of loss by the establishment of multiple liability when only a single obligation is owing."); McBride v. McMillian, 679 F. App'x 869, 871 (11th Cir. 2017) ("Interpleader allows a party who holds money claimed by multiple adverse

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claimants to avoid multiple liability by asking the court to determine the asset's rightful owner. The party holding the funds typically claims no interest in the asset and does not know the asset's rightful owner." (internal quotations and alterations omitted) (citing In re Mandalay Shores Co-op. Hous. Ass'n Inc., 497 F.3d 380, 383 (11th Cir. 1994)); United States v. High Tech. Products, Inc., 497 F. 3d 637, 641 (6th Cir. 2007) ("Interpleader is an equitable proceeding that affords a party who fears being exposed to the vexation of defending multiple claims to a limited fund or property that is under his control a procedure to settle the controversy and satisfy his obligation in a single proceeding." (internal quotations and citations omitted) ) Moreover, the Court can locate no alternatives jurisdictional basis upon which Plaintiffs may rely in bringing their instant lawsuit. Accordingly, the Court must dismiss this action for lack of subject matter jurisdiction.<sup>3</sup> See Fitzgerald, 760 F.2d at 1251.

Therefore, upon the forgoing and due consideration, **IT IS HEREBY ORDERED** that the Defendants' motion to dismiss (doc. 9) is **GRANTED** and Plaintiffs' claims are hereby **DISMISSED** for lack of subject matter jurisdiction. The Clerk is directed to **TERMINATE** all motions and deadlines and Close this case.

**ORDER ENTERED** at Augusta, Georgia, this 4th day of June, 2018.

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<sup>3</sup> Because the Court lacks subject matter jurisdiction over Plaintiffs' claims, the Court does not reach Defendants' arguments that dismissal is also appropriate under Rule 12(b)(4) &(5). See Bochese, 405 F. 3d at 974-75.

/s/: Randal Hall  
J. RANDAL HALL; CHIEF JUDGE  
UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF GEORGIA

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**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF GEORGIA  
AUGUSTA DIVISION**

)  
CHRISTOPHER LAWRENCE ( )  
Plaintiff, )  
PETRICE RISKS, et al., ( CASE NO.  
Plaintiffs ) 1:17-cv-115 JRH  
versus ( ORDER  
 ) GRANTING  
UNIVERSITY HOSPITAL, ( DEFENDANT'S  
UNIVERSITY HOSPITAL BOARD OF ) MOTION TO  
COMMISSIONERS, ( STAY  
CEO JIM DAVIS, )  
DR. FARR, ( )  
CNO REYNEE GALLUP, ET AL., )  
Defendants, ( )  
)

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This matter is before the Court on Defendants' Motion for Extension of Time to Conduct Rule 26(f) Conference pending the Court's ruling on the Motion to Dismiss (doc. No. 9). For the reasons set forth below, the Court GRANTS the Motion for Extension. (Doc. no. 12.)

The "[C]ourt has broad inherent power to stay discovery until preliminary issues can be settled which may be dispositive of some important aspect of the case." Feldman v. Flood, 176 F.R.D. 651, 652 (M.D. Fla. 1997). Before deciding to stay discovery, the Court should:

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balance the harm produced by a delay in discovery against the possibility that the motion will be granted and entirely eliminate the need for such discovery. This involves weighing the likely costs and burdens of proceeding with discovery. It may be helpful to take a preliminary peek at the merits of the allegedly dispositive motion to see if on its face there appears to be an immediate and clear possibility that it will be granted

*Id.* (internal citation and quotation omitted).

Based on a preliminary peek at the defense motion, the Court finds an immediate and clear possibility of a ruling "which may be dispositive of some important aspect of the case." Indeed, Defendants have moved for complete dismissal, (see doc. no.9), and Plaintiffs have not opposed the motion to stay. When balancing the cost and burdens to the parties, the Court concludes discovery should be stayed pending resolution of the motion to dismiss. See Chudasama v. Mazda Motor Corp., 123 F.3d 1353, 1367 (11th Cir. 1997); Moore v. Potter, 141 F. App 'x 803, 807-08 (11th Cir. 2005).

Thus, the Court **STAYS** all discovery in this action pending resolution of Defendants' Motion to Dismiss. Should any portion of the case against these Defendants remain after resolution of the motion, the parties shall confer and submit a Rule 26(f) Report, with proposed case deadlines, within seven days of the presiding District Judge's ruling.

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SO ORDERED this day of February, 2018, at  
Augusta, Georgia

/s/: Brian K. Epps  
BRIAN K. EPPS  
UNITED STATES MAGISTRATE JUDGE  
SOUTHERN DISTRICT OF GEORGIA

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**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF GEORGIA  
AUGUSTA DIVISION**

CHRISTOPHER LAWRENCE )  
                            Plaintiff, )  
PETRICE RISKS, et al., ) ( CASE NO.  
                            Plaintiffs ) 1:17-cv-115 JRH  
versus                    ( )  
UNIVERSITY HOSPITAL,     ( )  
UNIVERSITY HOSPITAL BOARD OF )  
COMMISSIONERS,            ( )  
CEO JIM DAVIS,           ( )  
DR. FARR,                ( )  
CNO REYNEE GALLUP, ET AL., )  
                            Defendants, ( )

**AMENDED COMPLAINT OF NEGLIGENCE  
AND DAMAGES**

**COMES NOW** Plaintiffs, Chaslie Lawrence Lewis and Petrice Ricks (Daughters of Decedent) Daphne Lawrence Ricks requesting equity and remedy against the Defendants, with foregoing cause of action to this Court et.al., for their blatant lack of medical responsibility, professionalism and failing to perform equitable services which thus contributed to the death of Daphne L. Ricks. Pursuant to O.C.G.A. § 51-4-2 and O.C.G.A. § 51-4-5, Plaintiffs' Chaslie Lewis and Petrice Ricks enjoin the above listed parties of interest in this cause of action who were adversely affected by the untimely and unnecessary loss of their

family member. By way of the signed foregoing complaint, above Plaintiffs and enjoined family members hold University Hospital at 1350 Walton Way, Augusta, Georgia 30901 liable for Daphne's transition, (death) hereafter, the Decedent under the forgoing actions of Medical Professional Negligence, Gross Negligence and Wrongful death.

1.

**JURISDICTION**

Plaintiffs show minimal jurisdiction and jurisdiction pursuant to 28 U.S.C. § 1332 may be challenged due to; provision of officials, family members, and treatment within Augusta University Hospital which may have propensity and bias that the officials presiding over the case have used University Hospital services creating conflict and prejudicial opinion. Plaintiffs reserve the right to request transfer of this case to a different venue to preserve equity, remedy and objectivity of fairness. Plaintiffs need not actually prove the amount in controversy, but show the amount in controversy exceeds \$75,000 threshold limit for the State Court to hear and preside over subject-matter jurisdiction

2.

Subject matter Jurisdiction to the federal court is impacted by Plaintiffs' domiciles while Chaslie's and Petrice are primarily in Augusta Georgia and Decedent's siblings are located in other states such as; Dr. Gwendolyn Harrison currently resides in California, Gregory Lawrence in Arizona, Charlie Juniors in North Carolina creating a jurisdictional diversity at minimal standing.

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3.

**VENUE**

Venue in the case may or may not be favorable by way of the relationship of the political leaders of Augusta to University Hospital and the entrenched personal connections impacting the objectivity of the Court to be fair and impartial against Pro se litigants pursuant to 28 U.S.C. § 1391.

4.

Venue is impacted by the Federal, Circuit and Supreme Court judges using reactive markers from a class of litigants, non-attorneys representing themselves and interested parties within the judicial arena even though they have not completed the Bar and juris status. Therefore, an unbiased venue may be better suited within the United States Court of Federal Claims from the federal lobbyists protecting Defendants as University from the claims documented in this cause of action

5.

**PARTIES**

Plaintiffs Chaslie Lewis and Petrice Ricks currently and temporally reside at 2740 Highpoint Road, Snellville, Georgia, 30078 and reserved the right to modify their residences at time of changes.

Enjoined Plaintiff Christopher Lawrence also resides at 2740 Highpoint Road Snellville, Georgia 30078

Enjoined Plaintiff Cynthia Lawrence Tolbert resides at 4972 South Atlanta, Road Southeast, Atlanta, Georgia 30339

Enjoined Plaintiff Greg M. Lawrence, P.O. Box 156, Chandler, AZ 85244

Enjoined Plaintiff Charlie Jr. Lawrence, North Carolina

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Enjoined Plaintiff Samuel M. Lawrence. Augusta, Georgia  
Enjoined Plaintiff Reginald Lawrence 2570 Dover Street, Augusta, Georgia 30906  
Enjoined Plaintiff Fredrick Lawrence Augusta, Georgia  
Enjoined Plaintiff Cheryl A. Lawrence Hughes 3366 Wedgewood Drive, Augusta, Georgia 3090  
Enjoined Plaintiff Carolyn Lawrence 201 East Chapman Street Augusta, Georgia 30901  
Enjoined Plaintiff Gwendolyn D. Lawrence Harrison California  
Enjoined Plaintiff Charlette Lawrence Jones P.O Box 93042 Atlanta, Georgia 30377  
Enjoined Plaintiff Janie R. W. Lawrence 201 East Chapman Street Augusta, Georgia 30901  
Enjoined Plaintiff Charlie Sr. Lawrence 201 East Chapman Street Augusta, Georgia 30901

Defendants as named in the case Caption operated from University Hospital at 1350 Walton Way, Augusta, Georgia 30901 under which noted as place of service upon the Registered Agent or as otherwise directed by O.C.G.A. § 9-11-4 for service upon CEO, Corporations, Registered Agents shall be effected by service of process under a corporation

6.

**STATEMENT OF FACT**

Plaintiffs are entitled to standards established as conditions precedent in showing Medical Professional Negligence as follows:

7.

**FACT A:** University Hospital had a circumstantial duty to provide emergency medical care including; all available treatments, tests, labs, proper medications from competent licensed trained professionals under which evidence shown below contradicts the Defendants RN's, PA's and MD's.

8.

**FACT B:** The Defendants named breached their legal, ethical and medical duties of providing all possible health care in a patient to RN, PA, and MD relationship under which the Decedent's emergency condition was diverted to University Hospital.

9.

**FACT C:** Defendants named or the subordinates under the control of University Hospital executive directives breached their duties by ignoring critical values of the life of Decedent even after receiving turnover/reported from the incident scene. EMS gave specific recording of vital signs which showed high blood glucose levels and other critical abnormalities thus warranted emergency treatment for a compromised system.

10.

**FACT D:** On 9/23/15 negligence shows no medical treatment or diagnosis information was entered into the turnover record log by initial Defendant RN, Brandi Nicole Pleming from EMS critical values and vital signs that required University Hospital's defendant RN to address properly or consult with a physician on duty. Proper jurisdictional Court under 28 U.S.C. § 636(b)(1)(A) must determine; proper adequate health care was not provided, misdiagnosis and medications administered increases and facili

tates kidney failure, and suppression of the central nervous system. By not informing a compromised emergency patient that she had a UTI infection for several days allowing infection to continue into the blood stream under which internal organs of Decedent that filters waste and bi-product by way of oxygen wasn't properly functioning.

**12.**

Causation is formed by the following; Defendants misdiagnosis, wrong course of treatment, four (4) day delayed treatment of antibiotics for UTI, giving Decedent a steroid with a host of drugs without monitoring and charting. Decedent was prematurely discharged, having a pain scale vital of 10 showing blatant medical incompetency and recklessness among other failures as listed below will conclusively show Defendants caused Decedent's death. This is expressly shown in the Pathology and Toxicology report showing improper and delayed amount of medicines to a compromised system.

**13.**

Defendants in direct contact with Decedent or through authoritative managerial control are responsible for Decedent. Medical licensed staff should have been properly aware that Decedent was in dire need of specific diabetic medical treatment in addition to a UTI, but failed to do a duty which executed the unnecessary suffering and untimely death of Daphne L. Ricks who had a chance at life by way of receiving reasonable Medical services.

**14.**

The actions and harm of Plaintiffs' mother and siblings by way of loss of life were preventable but for

not the actions taken or inaction not taken that resulted in the Decedent's death. As a result, Plaintiffs, parents and siblings enjoined are entitled to present valid claims of restitution and relief to a jury and trial as specified herein under "Claims for Special Damages, Claims for General Damages, Claims for Future Damages, Claims for loss and deprive enjoyment of a family member.

15.

**COUNT - I, MEDICAL PROFESSIONAL NEGLIGENCE**

Liability, punitive, and actual damages arising from contributory negligence among Defendants' actions jointly, individually, supervisory and administratively where the parties listed above in the case caption failed either directly or indirect through personnel, policy, practice and procedure to provide proper care to Decedent that lead to her untimely death on September 28, 2015.

16.

Defendants were either directly responsible for obvious oversight related to staff, supervisory and administrative failure where competent PR's, PA's, MD's failed to control the medial process where critical value notations were not properly followed or deficient. Further actions by staff created gross negligence related to care performance, contributing to and creating unnecessary loss of life. Thus as a result of deficiencies, a death occurred. Since the Decedent's untimely death, daughters, parents and siblings have been inflicted with severe emotional loss and distress by way of treatment and services withheld by Defendants.

17.

Had University Hospital performed proper diagnosis testing, analysis and treatment related to a medical condition noted as Urinary Tract Infection, (UTI), common among females, Decedent would have survived. Due to the lack of proper medical care an acute infection transformed into Sepsis. The forgoing findings are included in the Re-Amended Pathology Necropsy Report # FA15-777 on December 7, 2015 Exhibit 1 attached hereto.

18.

University Hospital failed in this case to provide equipped and/or medically trained ED MD, PA, and RN staff required to provide proper care for patients who enter into the hospital facility that have diabetes related conditions which should be a functional role of Administration and Executive staffing. Daphne L. Ricks did in fact have a diabetes related condition that was not recorded as treated for high blood glucose which is a critical value to the case.

19.

The need to treat Decedent was obvious from a 911 call, EMS dispatched, and upon arrival to University Hospital, vital information was passed onto Defendant Pleming. There are no notations in the logs re-laying Decedent's critical values from EMS such as blood sugar levels which were at that time 404, vitals listed below at ¶24, but no immediate need for treatment or care. Fact remains clear that, Pleming failed to address medical care for a critical value is clear cursory in the manner given creates a deliberate indifference due to the following; financial status

(Appx F) 24

of Decedent, including lack of insurance, also Daphne L. Ricks was recognized as a minority being Afric American. The vital factors which unveil the hidden agenda of University Hospital relating to deferring cost over properly providing proper medical care by further necessary testing of a patient such as Daphne L. Ricks have been given.

**20.**

At all times within the scope of expected reasonable emergency care, gross deficiencies and negligence by University's Hospital ED staff cost Decedent her life.

**21.**

On September 23, 2015, Daphne Lawrence Ricks was experiencing lower back pain creating much difficulty in mobility. Emergency services were summoned to 3366 Wedgewood Drive, Augusta, Georgia 30909

**22.**

Dispatch log indicates Gold Cross EMS Response # 15-09-134-0224, on September 23, 2015, at 2:39 PM. Notes from the dispatch log indicated arrival and initial contact and states Daphne Lawrence Ricks was experiencing pain and was at the home of her sister Cheryl Hughes.

**23.**

EMS record reflects Decedent stating employment as a Home Health Aide and lifting of a patient may have contributed to her back pain.

**24.**

Importantly captured by EMS and turned over to University Hospital Emergency Room Nurse Brandi Nicole Pleming, (ED PRN) the following as Exhibit 2:

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- A. Daphne's Chief Complaint as noted in the dispatch narratives as "C/C" as pain
- B. None Insulin Dependent Diabetes Mellitus, (NIDDM)
- C. None Known Drug Allergies, (NKDA)  
Warm and Dry, (W/D)
- D. 188/102 Blood Pressure
- E. 110R, Radial Pulse
- F. 20NL
- G. Room Air Saturated,(RA SAT 100PSG)
- H. 404, Blood Sugar
- I. Daphne Okayed diversion to University Hospital according EMS request due to other facility was at capacity.

25.

According to Exhibit 2 logs, Daphne's admission into University Hospital was clocked in at 14:24, on 9/23/15. Defendant Pleming failed to act on the above medical data in at (id above ¶24) reasonably and professionally as the first line assessment

26.

Defendant Pleming failed to show any RN staff documentation of her actions under blood sugar, Protein, Glucose, for a diabetic patient and blood pressure values or indicators as reported by ESM. Dece-  
dent's baseline and critical values should have been evaluated by Pleming for potential of compromising internal organs specifically kidneys, pancreas, liver, and other internal organs.

27.

Defendant Pleming failed to show any initial assessments where she should have acted from the abnormality of critical values given by EMS. She also

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failed to investigate further or prompt the PA of adverse possibilities from her initial contact with Decedent, training, or hospital procedure for high blood sugar levels.

28.

Pleming and Administrative Executives Jim Davis, Dr. Farr, Reynee Gallup, Board of Commissioners, and Edward Burr failed to have proper policies of control and ministerial procedures in place which would address any patient such as Decedent having any immediate or underlying conditions related to diabetes, proper treatment of such and not to be released from University Hospital with indicating factors of high levels of blood glucose, being diabetic, and positive testing of a UTI with a vital sign still showing 10 as a pain scale.

29.

Defendant Pleming failed to show appropriate follow-up to Daphne's vitals and pain scale from the time period of 14:25 through 17:39. No additional vitals were recorded from the arrival time.

30.

Defendant Pleming failure to act after receiving EMS' profile of Decedent's vitals is attributable to deprivation of proper action and service of Daphne L. Ricks. The same is also applicable for inadequate and proper health care not provided through the PA Defendants, MD Defendants, and Executive staff.

31.

Liability under causation by Defendant Pleming occurred when she failed to provide proper medical care for several abnormalities noted by EMS and from Decedent's medical profile of being diabetic, age

specific, and abnormalities noted is the proximate cause to decedent's death for failing to act in a manner that by a procedure on critical value actions would have been reasonable.

**32.**

Liability under causation further is present in the manner Defendants deprived Decedent for further observations, perform intravenous, (I.V.) and dialysis to filter impurities, withheld proper medicines for 4days, but thereafter, did not attempt to give proper medication to lower blood sugar levels, did not perform proper assessments to include the functionality of Decedent's tests of the following; kidneys, liver function, and urinary urethra functions. Pleming was aware that critical values from Decedent's blood sugar levels required an immediate response and possible administering of regular insulin if directed or by policy. Yet, nothing in the record indicate or refers to record, policy and procedure was activated under the emergency condition related to improper blood sugar level.

**33.**

Nothing in the medical records indicates what standards, policies, practices and procedures were used for University Hospital's ED patients that have critical values as reported from EMS as in the above at (*id* at ¶ 24) for patients as the Decedent.

**34.**

From 14:25 through 14:29 RN Pleming's notations were "Vitals Recorded in This Encounter" listed:

- A) BP (!) 198/103 mmHg. Pleming or any other staff made no comparison to EMS findings as listed in ¶11 that at EMS recording of the same value was

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- B) 188/102 and was elevated that should have required further tests and investigation. Yet, Pleming failed to account for  $\Delta$  change.
- C) RN Pleming failed to establish proper temperature which noted as oral but used a rectum base standard of 37.3° C (99.1 °F.) The base was supposed to be 37°
- D) Since Decedent Blood Pressure increased and she was noted as having a slight increase in temperature versus normal temperature is around 98.6, and her Blood Sugar was never recorded by Pleming as 404, is a failure to attention to detail and failure to alert her line staff of further testing is needed

35.

According Exhibit 3, Emergency Room (ED) Events, approximately between 14:24 through 14:46 Valerie Gorra started her examination but also failed to address the Decedent's vitals recorded by EMS in comparison to Pleming's initial encounter and charting.

36.

At all times prior to Decedent's not being properly diagnosed and not given proper medications to being withheld medicine for a known UTI, PA Gorra failed to account for Decedent's compromised system due to diabetes and other indicators of critical values.

37.

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At all times prior to Decedent's not being properly diagnosed and not given proper medications to being withheld medicine for a known UTI, PA Gorra at 14:49, gave a lab order for UA Microscopic Reflex Culture, Urinalysis with culture screen, but failed to order tests reflective of the oxygen content of  $\text{NH}_3$  and  $\text{NH}_4$  exchanges to TKN or reactions from Oxygen that would have been indicators of the functionality of Oxygen in the blood for proper Lungs, Kidneys, Adrenal glands, Pancreas, Liver, and Urethra function. PA Gorra also ordered X-ray of the Lumbar Spine AP and lateral indicates in part misdiagnosis

**38.**

At 15:48 on 9/23/15, X-ray results were final, but no treatment addressed Decedent's critical values that were left intentionally out of PA Gorra's, Pleming's, Powell's, and Harre's analysis and tests; despite having medical understanding to explore more than the results but what causes were contributing to Decedent's lower back pain

**39.**

At 15:52 through 16:25, PA Jeffery Harre interfaced with lab in Sunquest concerning urine culture, final results from urinalysis with culture screen, and UA microscopic reflex culture. Also attending as assigning/conspiring for not providing proper treatment was DO Blake Illston. Both parties contributed to Decedent's UTI becoming deadly and oxidizing her system that when medications for the misdiagnosis of her lower back pain were inappropriately ordered, administered at therapeutic dosages, the functionali

(Appx F) 30

ty of her Kidneys, Urethra, Adrenal glands, Pancreas had stopped functioning from the lack of proper medicines.

40.

At all times in the course of Decedent's expected proper treatment, Defendant MD prescribing medications that lowered Decedent's immune system are liable for attributing to her death. The misdiagnosis did inexcusable harm due to the administering and concentrations of drugs in addition to not properly filtering Decedent's blood stream. The results are proximate of the apparent findings supporting an overdose related to misdiagnosis of the central nervous system.

41.

Despite results showing testing positive for Urine Culture screening on 9/23/15, Exhibit 3, at 16:25, Defendants still withheld this information from Decedent and offered her no medications. Defendants completely failed to give Decedent proper medications to help resist the bacteria found from the culture and had no concerns of contacting Decedent informing her that she needed medications. PA Jeffery Harre, DO Blake Illston, Pleming, and PA Gorra are liable due to they had this information at some of time when they came in contact with Decedent's or her profile, they either gave advice, or assisted in treatment, indirectly or had direct contact with the lab results that had positive UTI results.

42.

As a complete disregard for proper care and medical neglect, Dr. Doreen R. Lius ordered the Urinalysis,

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urine culture, and UA Microscopic Reflex Culture was provided with knowledge that the Decedent test was positive and abnormal and that following lists this critical data:

- A) Urine culture Abnormal,
- B) Appearance Cloudy, (which is indicative of infection)
- E) Protein UA greater than 300 Abnormal
- F) Glucose UA greater than 1000, Abnormal
- G) Blood UA, moderate, Abnormal
- H) Bacteria, Urine, 2+ Abnormal
- I) Epithelial Cell 2+ Squamous Abnormal

43.

Valerie Gorra, PA was privy to the preliminary lab results at 15:15, 9/23/15 and didn't act or should have acted by a policy, practice, or procedure in the interest of life and offering the best possible treatment. Despite her oath required her to zealously act from the results as a reasonable professional under oath and duty to provide proper treatment from the general results; even without knowing the specific bacteria growing in the culture, Exhibit 4 Valerie Gorra, PA should have acted to treat or kept the Decedent for further evaluations and tests.

44.

Decedent was still in ED according to Exhibit 5 Departing time was 17:59 under which University Hospital medical staff that had encountered Daphne through some direct or indirect involvement, Exhibit 6, JB-Juanita M. Boyd, Patient Care, BP-Brani Nicole Pleming, RN, HT-Hannah Elizabeth Timmerman, RN, SF- Sarah Michelle Freer, RN, VG-

(Appx F) 32

Valerie Gorra, PA, JH- Jeffery Harre, PA, Blake Illston, DO and Doreen R. Luis, MD allowed discharge of Decedent though all factors show that discharge was not appropriate and should have treated for a Urinary Tract Infection, urine culture abnormality, blood sugar abnormality, urine culture showing cloudy urine, (which is indicative of infection or abnormality), Protein UA greater than 300 abnormality present in her urine, Glucose UA greater than 1000, Blood UA, moderate, Abnormality, Bacteria, Urine, 2+ Abnormality Epithelial Cell 2+ Squamous Abnormality, and information from the vitals included both EMS and from RN Pleming vitals of increased Blood pressure with a low grade fever. Yet, the initial vitals transferred from EMS with the known lab results was delayed treatment further is one of the main factors contributing to the moving force that caused Daphne's death.

45.

Defendant RN, PA., and DO all misdiagnosed the conditions after receiving vital tests and lab results from a urine sample. The misdiagnosis is the result of University Hospital failure to have policy and procedure, practice, for a Patient entering into ED as a new Patient with critical values is noted in the above at ¶¶¶¶ 24, 34, 42, and 44.

46.

Defendants' group actions were deliberate arising from devaluing and compromising life while considering University's Hospital cost over patient Daphne's immediate need for appropriate medical care. University Hospital failed to have experienced and trained RN's and PA's handling the Decedent's ini

tial vitals reported from ESM and after conducting University Hospital's own vitals recorded in error, (i.e., using a rectum baseline temperature versus an oral temperature baseline), not ever giving consideration or notation that Decedent's Blood sugar level was critical for a diabetic and never gave insulin, never rechecked her Blood sugar level after the initial turnover from ESM had a level of 404 had no regards for Decedent well being

47.

University Hospital and those named in para 44 are liable for prescribing bogus medicines and not treating the actual source of Decedent's medical condition. Instead of investigating further after the medicines were ineffective as diazepam (valium) injection 10 mg intramuscular at 16:29 by RN Sarah Michelle Freer, into the left Deltoid. (Benzodiazepines), Decedent still had a vital sign of 10 for back pain which should have prompted medical staff of other conditions needing proper attention and investigation.

48.

University Hospital and those named in para 44 are liable for prescribing adverse medicines for treatment of skeletal muscle when the issues of dominance at critical value was her diabetes with a urinary infection impacting Decedent's immune system compromising her kidneys, UTI,  $\text{NH}_3$  and  $\text{NH}_4$  exchanges to TKN, no verifications were initiated to ensure proper DKA was present especially since contravening vitals. That is, a Glucose was recorded abnormally greater than 1000, but a Negative mg/dL was noted.

49.

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Staff demonstrated blatant incompetency by way of receiving specific indicators given from EMS but failed to act in the presence of critical values of blood glucose level of 404 and the abnormal value of blood present in the Hospital's vitals. University Hospital personnel involved in Daphne's care failed to check Hyperglycemic Hyperosmolar Syndrome, HHS where the vitals indicated a negative value for Ketones, **Exhibit 3**

50.

Certainly in the Medical profession as common practice, University Hospital ED Physician, Doreen R. Luis, responsible for PA Jeffery Harre, should have had been concerned regarding critical values and vitals recorded to not order or approve medication that were steroid base increasing the infection and proteinaceous deposits on her blood capillaries, known as Glomerulosclerosis. See documented para # 5 in the "Re-Amended Pathology Report as **Exhibit 7** under which the process of the forgoing diffused lesions disables the oxygen rich blood capillaries disrupted Decedent's kidney functions that went untreated, undocumented until 9/26/2015.

51.

The failure to act under the above conditions didn't allow filtration of the wrong medicines given in misdiagnosis further causing concentration of medicine still present once they were metabolized and accounted for without the Glomerulus bringing blood and waste to the nephron.

52.

However she and Sarah Michelle Freer, RN administered steroid based medicines

University Hospital and those named in para 47 are liable for prescribing wrong medicines and not treating the actual source of Decedent's Pain vital of 10 for back pain. Instead of investigating from critical values, and elevated vitals Defendants named in para 44 administered Ketorolac (Toradol) injection 60 mg intramuscular at noted 16:29 by Sarah Michelle Freer, RN into the left Deltoid. This particular injection interfered with the fatty build-up disrupting liver function for a diabetic under which already has a compromised system once the injection is metabolized. (tronmethamine)

**53.**

However she and Sarah Michelle Freer, RN administered steroid based medicines

University Hospital and those named in para 44 are liable for prescribing bogus medicines and not treating the actual source of Decedent's Pain vital of 10 for back pain. Instead of investigating from critical values, and elevated vitals Defendants named in para 44 administered HYDROmorphine (Dilaudid) injection .5 mg intramuscular at noted 17:20 by Hannah Elizabeth Timmerman, RN into the right Gluteal. This particular injection interfered with function for a diabetic under which already had a compromised system once the injection is metabolized effecting Pulmonary Edema as identified as one of the initial causes of death by suppression/ depressant (Morphine)

**54.**

ED staff that provided deficient care to the decedent on 9/23/2015 was not trained properly for emergency Patient that had a compromised system from Diabe

(Appx F) 36

tes, never used a policy or procure, gave a powerful drug, (Morphine) among other drugs (tronmethamine) and valium but failed to recheck Decedent vitals. Standards are general 1 hr. from the time the Nurse administer medication. Yet, University didn't care about Decedent in the manner that she was allowed to be placed under a deficient medical staff as named in para 44

55.

Specific related University Hospital RN's PA's, and DO blatantly failed to document their initial assessments, any follow up vitals, re-assessments even after administering the inappropriate medications that didn't ease or diminish Decedent's pain. No follow-up vitals and pain scale documentation were recorded or noted on the flow sheets.

56.

University Hospital RN's PA's, and DO failed to account or perform discharge assessments and documented previous information from initial vitals logged at 14:92, Pg. 19. Also, Pgs. 19-23 never indicate after morphine was administered, Decedent's BP, Temp., Temp. src, Pulse, Respiration, Sp oxygen content to ensure that any changes would cause an admission for further observations.

57.

At the time of discharge, University Hospital RN's PA's, and DO failed ensure a reduction of pain before allowing Decedent's discharge. Noted in the record, Decedent's vital pain scale was 10 going in and 10 going out even after administering morphine and other medicines should have been reasonable to the prudent mind that further tests were needed due to

non-response to the medicines given . Yet, Decedent reported her pain scale, University Hospital staff had lab report of UTI and the abnormalities noted herein above at ¶24, gave medicines for pain without addressing Blood Glucose, Blood pressure and kidneys function, discharged Decedent without giving her any antibiotics to offer resistance to the infection that was noted in the record.

**58.**

At all times University Hospital RN's PA's, and DO failed to document on flow sheets Pgs. 19-23 that Decedent had a UTI before she left. ED, Pgs. 12-13 confirmed discharging Decedent in a defenseless state as a Diabetic and compromised system with a damaged glomerulus and abnormal blood indication.

**59.**

At all times all liable parties which caused Daphne L. Ricks death never documented any rechecks onto the Hospital's flow sheet from 14:25 to 17:39 concerning Decedent. No new vitals recorded for 3hrs therefore Defendants had no idea of Decedent's condition from the initial assessment, after administering wrong medications, discharging her in a defenseless state, never warned or called to have her return and to get the appropriate medicines, failed to filter her blood, failed to admit her for other tests and treated Decedent's life as immaterial to cost expenditure of business arrangements over saving a life that reached out to a healthcare system for assistance.

**60.**

At all times University Hospital RN's PA's, and DO failed to prevent or take reasonable measures to cau

tion against error in Decedent's care by not testing further when their profession required and called for warning Decedent on the date, 9/23/17 that she was in grave danger from the EMS vitals to University Hospital lab analysis. Yet, the Defendant failed to perform from the reasonableness at moment to 4 days later in contacting Decedent to instructing her of a High UTI.

**60.**

It is mind boggling that no excuse could ever be used in not informing Decedent of her condition and to intercede by notification even if they failed to communicate the lab results prior to Daphne's discharged from ED.

**61.**

As a result, University Hospital RN's PA's, and DO denied Decedent and her family proper care to a delayed care of 4 days without medicines to fight against a Urinary Tract Infection that the result from the Pathology findings can be conclusively related to Kidneys Pancreas, liver, respiratory and other internal organs malfunction due to not having a proper functioning glomerulus that brought oxygen rich blood and waste product to Decedent's nephron.

**62.**

Clearly University Hospital staff involved in negligence care of Decedent was deliberate indifference of medical assistant when Valereie Gorra, (PA) and Jeffery Harre, (PA) didn't properly diagnose Daphne's condition, and a jury can review the Pathology, EMS data, University Hospital original logs and not the logs augmented to the acts of the PA's, RN's and Doctor constitute deliberate indifference due to Dece-

dent's lack of insurance, classified African American descent, most likely considered a financial liability so proper treatment was denied even after University Hospital had medical data of Decedent's grave health condition

**63.**

Clearly University Hospital staff involved in negligence care of Decedent showed deliberate indifference of medical assisting when Valereie Gorra, (PA) and Jeffery Harre, (PA) didn't properly diagnose Daphne's condition ignored Decedent's serious and gravely medical condition that lead to her death is a deliberate indifference to provide proper treatment

**64**

Clearly University Hospital staff involved in negligence care of Decedent was deliberate indifference of medical assistant when Valereie Gorra, (PA) and Jeffery Harre, (PA) didn't properly diagnose, screen, test, or administer proper medicines, not documenting changes after administering morphine under Daphne's condition is deliberate indifference

**65.**

Toxicology Reports support levels of therapeutic drugs administered by the staff RN's in question and under the approval of PA's and ED doctor indicate the amount of drugs active when the values would have been less to none if a proper functioning glomerulus would have been operating properly under the substances given and prescribed. See attached positive findings of Toxicology as **Exhibit 9**

**66.**

At all times University Hospital RN's in question and under the approval of PA's and ED Doctor are

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liable for negligence in the manner they gave therapeutic medications to decedent while under their care that impacted Decedent liver and spleen even when the medicines given was not an antibiotic within the first 4 days to reverse the effects of the toxic infection from a UTI. The moving force and causation is a component showing the proximate cause of death in the initial, amended, and re-amended pathology analysis as Exhibit 10.

67.

At all times Defendants' inaction and failing to act from lab results of kidneys liver function are substantially related to the injury-causing conduct result leading to Decedent death. Piney Grove Baptist Church v. Goss, 255 Ga. App. 380, 565 S.E.2d 569 (2002).

68.

At all times University held a legal duty to act from the vitals passed from EMS, and the only one time vitals logged by Pleming assessed at 14:29, and the lab results but willfully wanton and reckless disregarded to Decedents' life that ultimately caused her to have Hepatosplenomegaly, Mild Pulmonary Edema and Congestion, High level of Orphenadrine along with therapeutic levels of Codeine, Morphine and Hydrocodone that University Hospital did nothing in its crucial initial misdiagnosis and left Decedent to at some point die to an infection attacking her internal organs, thus causing a shutdown thereof. See Exhibit 10

69.

At all times University Hospital RN administered wrong medication by injections into the Decedent

when her critical values were not considered and indeed out of normal range. The foregoing reactions from oxygen deficient Blood that would have been an indicator of proper Lung functionality, Adrenal glands function, Pancreas, Liver function, and Urethra function, erroneously prescribed diazepam which had no proper effect on Decedent's condition.

70.

On 9/23/15 University Hospital PA Jeffery Harre reviewed by DO Blake Illston prescribed diclofenac Potassium 50mg tablets 3 times daily and Orphendadrine 100 mg tablets 2 times daily. Exhibit 11 which was also noted in Exhibit 10 as a cause for Decedent's death

71.

**CLAIMS FOR SPECIAL DAMAGES**

Plaintiffs hereby realleges and incorporates by reference paragraphs 1-70 as to fully set forth herein state with particularity the following entitlements for compensation:

72.

As a direct and proximate result of the conscious indifference to the action of Defendants, amount to willful and wanton misconduct of the Professional Defendants held to a medical standard to act and use all its power in healthcare, Decedent's Daughters Chaslie Lewis and Petrice Ricks are entitled to recover their special damages from Defendants in excess of \$50,000,000.00 including pre-judgment and post-judgment interest for the loss of their Parent for the inappropriate actions and inactions taken

73.

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**Wherefore**, Plaintiffs seek relief from the Defendants in the amount of \$50,000.000.00 for failing to act or taking the wrongful acts in misdiagnosing the Emergency condition leading to the findings in Exhibit 11 all caused by Defendant not acting as professionals prudently under grave conditions.

Plaintiffs and enjoined family are entitled to recovery for economic value of the deceased and the intangible value of Decedent loss of enjoyment of life and loss under the Georgia Wrongful Death Act.

74.

**CLAIMS FOR GENERAL DAMAGES**

Plaintiffs hereby reallege and incorporate by reference paragraphs 1-73 as to fully set forth herein state with particularity the following entitlements for compensation:

75.

As a direct and proximate result of the conscious indifference to the action of Defendants, amount to willful and wanton misconduct of the Defendants Chaslie and Petrice suffered the loss and death of their Parent under which constitute a suffering of Pain to both mind and spirit transferred to physical stress and is entitled to recover general damages from the Defendants in the amount to be determined by the enlightened conscience of a jury in an amount to equal to the full value of suffering a death of irreplaceable effect

76.

**CLAIMS FOR PUNITIVE DAMAGES**

Plaintiffs hereby reallege and incorporate by reference paragraphs 1-75 as to fully set forth herein

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state with particularity the following entitlements for compensation:

77.

Actions of Defendants' herein display complete disregard for the medical profession and Decedent's life, way of willful misconduct, malice, medical fraud, wantonness, oppression, deficiency, failing to do all within testing, medical admission, to administering proper medical diagnosis and medications during two separate visits to University Hospital attached to an entire want of care under which raises the presumption of conscience of deliberate indifference for treatment to Decedent on the basis of her ethnicity, financial status, and not having insurance in the manner that Defendants position of care was withheld and Decedent was told to "follow- up with Richmond County Health Department-Laney Walker Clinic. Call in 1 day," Exhibit 12 As needed if symptom worsen. Defendant didn't want to use their time, tests, or medical care over Decedent's conditions. Plaintiffs are entitled to an award of punitive damages to penalize, punish and deter the Defendants from only providing misdiagnosis to indigent patient as Decedent was viewed in the manner of medical care provided

78.

The Defendants' actions and inactions herein show that the Defendants acted, or failed to act, with the specific intent to cause harm such that there should be no limit as to the amount of punitive damages awarded by the jury herein

79.

As a direct and proximate result of Plaintiffs' mother's death of the willful and wanton misconduct and misdiagnosis of the Defendants, Plaintiffs are entitled to an award of punitive damages against all of the Defendants herein jointly and severally

**80.**

**WHEREFORE**, Plaintiffs prays and demands the following:

- (a)** That Summons and process issues and service be made upon Defendants in this action with their Registered Agent or a person designated to accept service of Process for the CEO Jim Davis, / President thereby is considered to have served all parties under his control and subordinated to his command
- (b)** That judgment be rendered against Defendants as a private Corporation of medical services, University Hospital, University Hospital Board of Commissioners, CEO Jim Davis, / President, Dr. Farr, (Chief Medical Officer), Reynee Gallup, (CNO), and Edward Burr, (CNA)(Registered Agent) or any combination of any three or more of said Defendants, jointly and severally, and in favor of Plaintiffs and enjoined family members in an amount in excess of \$80,000,000.00 to be proven at trial;
- (c)** That Judgment be rendered against Defendants a private Corporation of medical services, University Hospital, University Hospital Board of Commissioners, CEO Jim Davis, / President, Dr. Farr, (Chief Medical Officer), Reynee Gallup, (CNO), and Edward Burr, (CNA)(Registered Agent) or any combination of any three or more of said Defendants, jointly and severally, and in favor of Plaintiffs and enjoined family members in an amount in excess of \$80,000,000.00 to be proven at trial;

fendants, jointly and severally, and in favor of Plaintiffs and enjoined family members in an amount in

- (d) favor of Plaintiffs and enjoined family members for general damages an amount to be awarded by the province of the jury under proper instructions;
- (e) That judgment be rendered against Defendants as a private Corporation of medical services, University Hospital, University Hospital Board of Commissioners, CEO Jim Davis, / President, Dr. Farr, (Chief Medical Officer), Reynee Gallup, (CNO), and Edward Burr, (CNA)(Registered Agent) or any combination of any three or more of said Defendants, jointly and severally, and in favor of Plaintiffs and enjoined family members for punitive damages;
- (f) For a jury trial on all issues;
- (g) For all related costs of this action in entirety;
- (h) For such other and further relief as this Court or a different Court deems just and Proper.
- (i) For the Trier of Fact and presiding judge to submit a filed financial disclosure statement under the ethics disclosure act

81.

COUNT -II

COUNT-II GROSS NEGLIGENCE  
DEFENDENTS' CONDUCT AS MANAGEMENT  
AND SUPERVISORY CAPACITY ARE LIABLE  
UNDER RESPONDEAT SUPERIORIT

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Plaintiff reaffirms here in the complaint individual paragraphs and all allegations that was documented in the introduction through Count I above, paragraphs 1- 80 as to fully set forth herein below as known the references herein at Count II and states:

**82.**

University Hospital Board of Commissioners, CEO Jim Davis, / President, Dr. Farr, (Chief Medical Officer), Reynee Gallup, (CNO), and Edward Burr, (CNA)(Registered Agent) are liable for their subordinates conduct both actions and inactions as [policy makers and goals setters for their respective Departments to ensure that University RN's as named and PA's named, and MD's all provide optimal the standard of care for the conditions Decedent's critical values presented

**83.**

At all times the Parties named are liable for actions and inactions of Brandi Nicole Pleming, (ED PRN), Dorren R. Luis, (MD), Valereie Gorra, (PA), Bonnie B. Powell, Jeffery Harre, (PA), Blake Illston, Tamera Jones, Sarah Freer, Taylor Tiberi, and Hanna Elizabeth Timmerman, (RN) as responsible for deprived medical treatment and services and the issuance of medications that the named RN failed to monitor, failed to ensure the appropriate vital signs of Pain had subsided before discharging, and failed to notify Decedent of her labs result of a UTI infection until 3 days later from her initial ED deficient services.

**84.**

University Hospital Board of Commissioners, CEO Jim Davis, / President, Dr. Farr, (Chief Medical Of

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ficer), Reynee Gallup, (CNO), and Edward Burr, (CNA)(Registered Agent) are liable for their subordinates conduct both actions and inactions as [policy makers and goals setters for their respective Departments failed to have trained personnel and staff that was involved in ED care for the Decedent. Management listed herein above is responsible for the administration of the hospital, the perpetuation of medical compliance, standards, federal regulations, polices, practices, procedures are adhered to under which, No standards was used in Decedent's case or logged from EMS turn-over of Decedent's vitals with regards to the above ¶24.

**85.**

At all times the Parties named are liable for actions and inactions of Brandi Nicole Pleming, (ED PRN), Dorren R. Luis, (MD), Valereie Gorra, (PA), Bonnie B. Powell, Jeffery Harre, (PA), Blake Illston, Tamera Jones, Sarah Freer, Taylor Tiberi, and Hanna Elizabeth Timmerman, (RN) is liable under supervisory causation in that the numbers of deaths noted is attributed to inappropriate medical services but logged with Corner from pathology as accidental when in actuality was the fault of University Hospital RN's as in Decedent case and PA's and MD not providing proper medical services and treatment

**86.**

At all times the Parties named are liable for actions and inactions of Brandi Nicole Pleming, (ED PRN), Dorren R. Luis, (MD), Valereie Gorra, (PA), Bonnie B. Powell, Jeffery Harre, (PA), Blake Illston, Tamera Jones, Sarah Freer, Taylor Tiberi, and Hanna Elizabeth Timmerman, (RN) is liable under as Re

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spondeat Superiority for Decedent's death in the manner that the actions the above indirect and indirect parties involved failed to provide Decedent with high Blood Glucose level over 400.

87.

Plaintiffs the responsible management staff giving oversight to Brandi Nicole Pleming, (ED PRN), Dorren R. Luis, (MD), Valereie Gorra, (PA), Bonnie B. Powell, Jeffery Harre, (PA), Blake Illston, Tamera Jones, Sarah Freer, Taylor Tiberi, and Hanna Elizabeth Timmerman, (RN) should have known University Hospital was deficient inn policy practice and procedure in the ED department for Patients as Decedent with High Blood sugar level and the manner of services that are required. However, the record is clear that no mentioning or charting ever disclosed EMS findings or follow-up at the initial inception phrase of the emergency services.

88.

University Hospital Board of Commissioners, CEO Jim Davis, / President, Dr. Farr, (Chief Medical Officer), Reynee Gallup, (CNO), and Edward Burr, (CNA)(Registered Agent) are liable for their subordinates conduct both actions and inactions as established under the above paragraphs 61-70 as to set forth fully and applied herein as liable parties despite not having any direct involvement into the misdiagnosis or the inappropriate treatment and services.

89.

COUNT-III GROSS NEGLIGENCE

Plaintiff reaffirms here in the complaint individual paragraphs and all allegations that was documented in the introduction through Count and I-Count II above, paragraphs 1- 88 as to fully set forth herein below as known the references herein at and states:

**90.**

On 9/26/15, Daphne Ricks returned back to ED for the same medical condition that had been treated for prior on 9/23/15 at 19:05

**91.**

At all times prior, Decedent was never told or made known she had a UTI with any specific bacterial cultures despite University Hospital staff listed in paragraph 44 above had full knowledge of the infection that was allow to continue without any treatment prior to the 9/26/15 appearance in ED again.

**92.**

Although specific flow sheet doesn't show ED Nurse that charted Decedent's vitals, it is reasonable to believed that Michael Steven Rich was the imitator up to 19:06 and transferred Decedent other healthcare to Elise Catherine Patrizio for triage at 19:28 until 19:33 under which again, no record exists showing the Nurses ever recorded Decedent's Blood Glucose levels after knowing patient had diabetes Exhibit 13, Pgs. 30-33

**93.**

Vitals charted at 19:30 and given to Monica Edenfield, PA at 19:33 until discharge shows a complete disregard for patient and reckless consideration for life when she was given a BP of 91/64 mmHg reading should have been information below normal for a di

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abetic was at Ricks of hypoemia and possibly pulmonary disease or issues.

94.

Vitals charted and given to Monica Edenfield indicated the inability of the Decedent's lungs to exchange oxygen and carbon dioxide and the ability of proper

Kidneys function to eliminate waste and to bring oxygen rich blood. This was never noted as critical indicators prompting further evaluation from a three interval of having high BP to now low BP was noted. Still no Blood sugar noted or charted.

95.

After not treating Decedent properly with medications and an incomplete diagnosis, Monica Edenfield, PA, with reviews from Rudy Mathew, MD notes on Exhibit 13, Pg. 32 admitted to the record that "Urinalysis was done, but Patient was not treated for a UTI which cultures came back + for > 100,000 colonies of E. Coli."

96.

After not treating Decedent properly with medications and an incomplete diagnosis, Monica Edenfield, PA, with reviews from Rudy Mathew, MD notes on Exhibit 13, Pg. 32 admitted to the record that "Urinalysis was done, but Patient was not treated for a UTI which cultures came back + for > 100,000 colonies of E. Coli," PA then compounded the infection by prescribing medications as steroids such as Prednisone. The other medications prescribed all attacked Decedent's liver and other organs as kidneys under which

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was Actaminophen-Codeine, Cyclobenzaprine (Flexeril) and Phenazopyrine, (Pyridum), Exhibit 13, Pg. 36

**97.**

Defendants as an ED staff from 9/23/15 and again on 9/26/15 knew or should have known not addressing blood sugar or the functionality of Decedent's kidneys, liver, pancreas and toxicity levels will result in harm to a diabetic patient when critical values were clear cause for concern as a first line or prevention. The foregoing conduct was "wanton" and "reckless" misconduct for a professional operating in a RN; ED capacity and is directly liable for Decedent's death

**98.**

**WHEREFORE, Plaintiffs reaffirms here in the complaint individual paragraphs for damages at 61 through 98 and all allegations that entitled compensation for a medical wrongful death from the above noted.**

Respectfully Submitted,

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