A[illegible]N S. GLENN DETENTION CENT[illegible]
RICHLAND COUNTY
INCIDENT REPORT

Incident Category: _____

Incident Time: 1716 **Incident Date:** 16 MAY 21 **Incident Location:** ALPHA

Staff Member Reporting Incident: SGT VALARIE SMITH

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: POPE, DANIEL **Inmate #:** 648223 **Charge:** _____

2nd Inmate Involved: _____ **Inmate #:** _____ **Charge:** _____

ON THE ABOVE DATE AND APPROXIMATE TIME I, SGT VALARIE SMITH RESPONDED TO A CODE BLUE IN UNIT ALPHA. UPON ARRIVING TO ALPHA, I WENT TO BUNK #49 WHERE I SAW DETAINEE POPE, DANIEL #648223 LYING ON HIS BACK WHERE IT APPEARED HE WAS NOT BREATHING. I CALLED THE DETAINEES NAME, BUT HE DID NOT RESPOND. DETAINEE WAS BLUE IN THE FACE AND I DID A STERNUM RUB WHERE HE WAS NOT RESPONSIVE AND HIS EYES WHERE FIXED. I AGAIN CALLED FOR MEDICAL STAFF AND RN BROOKS, KELVIN RESPONDED TO THE UNIT AND BEGAN CHEST COMPRESSIONS. LPN MELISSA WASCHEK AND LPN GENISIS DASH RESPONDED TO THE UNIT AND ~~BEGAN USING IT~~ VS RELIEVED RN BROOKS WHO WAS PERFORMING CHEST COMPRESSIONS AND BEGAN USING THE AUTOMATED EMERGENCY DEFIBRILATOR UNTIL EMS ARRIVED AT THE FACILITY AT 1727 HRS AND TOOK OVER THE SCENE.

Reporting Staff Member's Signature: Sgt Valarie Smith Sgt Valarie Smith **Report Completion Date:** 16 MAY 21

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Assessed by Medical Personnel: Yes _____ No _____ **Use of Force Necessary:** Yes _____ No ✓

Supervisor's Narrative

INFORMATION PURPOSES

AGENCIES ON SCENE:

RICHLAND COUNTY CORONER - GEORGE POULIN (DEPUTY CORONER)

RICHLAND COUNTY CORONER - ZEMULU DOZIER (DEPUTY CORONER)

SLED - TRICIA STONER (SPECIAL AGENT)

SLED - JACLYNN McKAY (SLED CRIME SCENE)

SLED - MELINDA WORLEY (SLED CRIME SCENE)

Supervisor's Signature: Sgt Valarie Smith Sgt Valarie Smith **Date:** 16 MAY 21

Inmate Movement and Status Information

1st Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

2nd Inmate: _____ **Inmate Number:** _____ **Moved to Unit:** _____

Pre-Hearing: _____ **Cool Down:** _____ **Suicide Watch:** _____ **Medical Watch:** _____ **Protective Custody:** _____

Administrative: _____ **Classification:** _____ **Other Movement Reason:** _____

Property Inventoried By: _____ **Inmate Moved By:** _____

Watch Commander's Review and Narrative

Watch Commander's Signature: Sgt Valarie Smith Sgt Valarie Smith **Date:** 16 MAY 21

Incident Report Distribution

Medical: _____ **Maintenance:** _____ **Operations:** _____ **Classification:** _____ **Professional Standards:** _____ **RCSO:** _____

Administration: _____ **Hearing Officer:** _____ **Other Distribution:** _____

Division Manager's Review and Narrative

Division Manager's Signature: _____ **Date:** _____

DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

REPORT -- DEATH OF ANY INMATE IN JAIL OR PRISON
(Sections 24-9-35 and 17-7-10, South Carolina Code of Laws)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)
(SCDC Policies HS-18.04 and PS-10.05)

1. FACILITY: ALVIN S. GLENN DETENTION CENTER
   ADDRESS: 201 JOHN MARK DIAL DRIVE
2. NAME OF DECEASED: POPE, DANIEL SCDC #: 640223
3. HOME ADDRESS: [redacted] LEXINGTON, SC
4. DESCRIPTION: DOB 4-20-86 HEIGHT ____ WEIGHT ____ HAIR ____
   EYES ____ SEX MALE RACE WHITE SOC SEC# [redacted]
5. ARRESTING OFFENSE(S): ____
6. DATE AND TIME OF COMMITMENT: 10-20-2020 TRIED ____ UNTRIED ✓
7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: ____
8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: ____
9. CAUSE OF DEATH: ____
10. TIME AND DATE OF DEATH: ____ a.m. 1758 p.m. MAY 16, 20 21
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: GEORGE POULIN - DEPUTY CORONER, RICHLAND COUNTY
12. NAME OF CORONER WHO ORDERED AUTOPSY: ____
13. AUTOPSY PERFORMED BY: ____
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: OFC VERVERLYN SIMON — 1723HRS — UNIT ALPHA BUNK #49
15. AT THE TIME OF DEATH: 680 (Actual Count) 42 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: 1620 HRS

NOTIFY BY TELEPHONE: (803) 896-8506
MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF INSPECTIONS AND OPERATIONAL REVIEW
Post Office Box 21787
Columbia, South Carolina 29221

[redacted]
SIGNATURE OF OFFICIAL MAKING REPORT

ASSISTANT Watch Commander
TYPED OR PRINTED TITLE OF OFFICIAL

16 MAY 2021
DATE OF REPORT

SCDC 8-2 (Revised January 4, 2000)

AL[illegible]N S. GLENN DETENTION CE[illegible]ER

Unit: Alpha

ASSIGNED: _____

8PM

PRESENT: _____

OFFICER: COLBERT 2021/05/15

OUT: _____

BED #	NAME	SIZE	INMATE NUMBER
1	Sales, Llewellyn Antonio		833681
2	Bradwell, Mark Dewayne		42785
3	Youngs, Deshawn Jamal		910284
4			
5			
6	Holmes, John Gleason		500392
7	Porter, Gregory Eugene		681005
8			
9	Williams, Perry Lee		647486
10	Bannister, Michael		577987
11	Arroyo-Palacios, Alejandro		605194
12	Dierdorf-Myers, Christopher		605315
13	Howell, Topic Timothy		605493
14	Caldwell, Daniel		647626
15	Ballard, George Leon		75347
16	Lesene, Charles Edward		595283
17	Milton, John Christopher		620057
18	Franklin, Dexter Von		94487
19	Smalls, Jordan		605577
20			
21			
22	Colon, Xavier Miguel		605435
23	Mozingo, David		605132
24	Aldridge, William		629922
25			
26			
27	Sweat, Leary		608161
28			
29	Brown, Tyler		605594
30			
31	Bree, Alvin Slaten		34073
32			

BED #	NAME	SIZE	INMATE NUMBER
33	Dalmida, Raphael Godfrey		0541071
34			
35	Wilson, Joshua Baycent		0522855
36			
37			
38	Jasmin, Eric Louis		37584
39	Elliott, Reginald Chase		0500428
40	Addison, Rodney Fanell		41220
41			
42	Lowery, Travis Davon		109185
43			
44	Livingston, Montavius Terrell		0400000
45	Scott, Keon Ashad		0207411
46			
47	Walker, Terry Lee		0538820
48			
49	Pope, Daniel Scott		0400223
50	Johnson, Jamin		0534211
51	Duncan, Tawanous Darrell		0471071
52			
53			
54			
55	Soto, Juan Ramon		0555212
56	Porter, Anthony Louis		598907
SB			
SB			
SB			
SB			
SB			
SB			
SB			
SB			

Pope, Daniel #640223

DOB: 4-20-86 (35 yoa)

NEXT OF KIN: CHRISTY POPE

[redacted]

BOOK-IN DATE: 3-20-21 1235 pm

H/C 36-36-Ø

1642 (L) Ofcr ~~—~~ to 32 Hallway
Small, Jordan
H/C 36-35-1

1643 Watch tour in progress
1646 Watch tour complete
1647 (L) Ofcr to Dorm 32 Hallway
Small, Jordan
H/C 36-36-Ø

1055 Officer Johnson entering unit Alpha to Colors
dic Goldwin Butterfly

1056 Pro Hoary Currently on Recreation

1124 Chow Served All fed
1130 Nurse Milton enters unit Alpha Sugar Check
— Brimmer
— Parker
— Franklin
— Sykes
1139 Chow Carted Empties unit back Alpha
1139 Watch tour in Progress
1139 Nurse. Milton exits unit Alpha
1145 Watch Tour Complete
1222 Watch Tour Complete
1319 Watch Tour in Progress
1325 Watch Tour Complete.
1353 Watch tour in progress
1400 Watch tour complete
1440 Simon exits Goldwin EXit
1600 Watch Tour Conducted
Chow Arrive Served / All fed
1630 Trays EXit
1723 Watch Tour Conducted
Code Blue unit Alpha wall
call for detainee pipe Daniel
Not responding to me
Calling Out to him

Offender Name:
DANIEL SCOTT POPE

Date of Birth:
04/20/1986

Booking Date:	Booking Time:	Offender ID:
10/20/2020 12:00:00 AM	10/20/2020 12:35:00 PM	640223

Property:
MULTI-COLOR FACE MASK;BROWN BELT;2 GREEN BRACELETS;BLACK CABLE;

Property Box:
184

Comments:
NO CASH COLLECTED DURING PRE-BOOK
RED ATG# 9537549

The personal property inventoried and described above is an accurate listing of property taken from me for storage. I understand should I have any property values at $50.00 or more, that prior to my 11th day of confinement at the Detention Center I must dispose of the property by either mailing the property home at my own expense or by having an individual of my choosing pick-up the property during designated hours. I further understand that the Detention Center is not responsible for any personal property maintained in my possession and/or that is not listed. I have been informed that I have a blood sample that immediately upon discharge I must take it with me. I understand that upon my discharge from the Detention Center, any personal property I leave behind in my housing and/or holding area will be immediately disposed of by the Detention Center. Any personal property left in storage will be disposed of thirty (30) days after my discharge. I further understand should I have any missing or damaged property from the inventory above, upon discharge I must submit to the Detention Center within seventy-two (72) hours in writing a description of the property and/or damage. When making a property claim I will make every attempt possible to supply the Detention Center with proof of purchase for the property in question.

(Inventorying Officer's Signature) (Date) (Inmate's Signature)

With the exeception of any personal property listed above which I released earlier, all of the above inventoried and described property has been returned to me in full and I hereby acknowledge receipt or same.

(Returning Officer's Signature) (Date) (Inmate's Signature)

JOURNAL

UNIT
ALPHA
4-16-2021

5-16-2021

A-202

298 Sgt Snyder
Sgt Burnette
Sgt Franck

Gardner
Officer Simon

Begin 5/16/21
H/C 36-36-0

1642 (1) Ofc opens 32 Hallway
Smalls, Jordan
H/C 36-35-1

1643 Watch tour in progress
1646 Watch tour complete
1647 (1) Ofc Sw Down 32 Hallway
Smalls Jordan
H/C 36-36-0

1055 1 officer Johnson entering unit Upholds Colors
ofc Goldwire Briefly

1056 Pathway Currently on Recreation

1124 Chow Served All fed
1130 Nurse Milton enters unit Alpha Sugar Check
— Bannister
— Parker
— Franklin
— Stys

1139 Chow Carted Cadds unit took Apha
1139 Watch Tour in Progress
1139 Nurse Milton Exits unit Alpha
1145 Watch Tour Complete
1222 Watch Tour Complete
1319 Watch Tour in Progress
1325 Watch Tour Complete
1353 Watch tour in progress
1400 Watch tour complete
1440 Simon exits Goldwire EXit
1600 Watch Tour Concluded
Chow Arrive/Served/All fed
1630 Trays EXit
1723 Watch Tour Conducted
Code Blue unit Alpha wall
Call for detainee pipe Daniel
Not responding to me
Calling out to him

Sgt Saddle, Nurse Dash left to assist
17 45 D/O Jones relieved O/C Duties of all duties
18 00 35 Detainees moved to D while refurbishment carried out being carried out

MEDICAL RECORDS

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

Emergency Response Worksheet

CCS CORRECT CARE SOLUTIONS

Patient Name	Patient Number	Date of Birth	Today's Date
POPE, DANIEL S	640223	4/20/1986	5/16/2021

Chief Complaint: ☑ Medical ☐ Trauma ☐ Mental Health — Code Blue called; patient non-responsive and no pulse

History/Signs/Symptoms: ADHD, Bipolar Disorder, Anxiety, ~~Remeron~~ (KD) Insomnia, Schizophrenia

Allergies: Mustard

Medications: Depakote 500mg, Zyprexa 20mg, Remeron 30mg

Past Medical History: ADHD, Bipolar Disorder, Anxiety, Insomnia, Schizophrenia

Last Meal: Approximately 2 hr. before code called

Last Medication taken: Depakote 500mg, Zyprexa 20mg, Remeron 30mg Time: 5/14/21 2100

ABCs ☑ CPR Required

Airway: ☐ Open ☐ Other

Breathing: ☐ Spontaneous ☑ Absent ☐ Shallow ☐ Labored ☐ Restriction ☐ Symmetrical ☐ Asymmetrical

Circulation: ☐ Carotid L/R ☐ Femoral L/R ☐ Radial L/R ☐ Dorsalis Pedal L/R

ASSESSMENT

Neurological: A V P (U) Orientation ☐ Person ☐ Place ☐ Time ☐ Event ☐ Not Done

Skin: ☐ Pink ☐ Pale ☐ Flushed ☑ Cyanotic ☐ Mottled ☐ Not Done ☑ Warm ☐ Cool ☐ Hot ☑ Dry ☐ Moist ☐ Diaphoretic

Pupils: ☐ PERRLA ☐ Sluggish ☑ Non-Reactive ☐ Un-Equal ☐ Not Done ☐ Constricted ☐ Dilated Size _____ mm

Trachea: ☑ Midline ☐ Deviated L/R Neck Veins: ☐ Distended ☐ Flat ☐ Not Done

Chest: ☐ BBS ☐ Clear L/R ☐ Wheezing L/R ☐ Decreased L/R ☑ Not Done ☐ Course L/R ☐ Absent L/R ☐ Crepitus L/R

ABD: ☐ Soft ☐ Rigid ☐ Flat ☐ Distended ☑ Not Done ☐ Pregnant Last Menstrual Cycle

Extremities: ☐ Moves all Extremities Well ☐ Ambulatory ☐ Not Done Lacks ☐ Circulation in ☐ Motor in No Movement ☐ Sensory in

☐ Not Done **TRAUMA ASSESSMENT**

☐ Deformities	N/A
☐ Contusions	N/A
☐ Abrasions	N/A
☐ Punctures / Penetrations	N/A
☐ Burns	N/A
☐ Tenderness	N/A
☐ Lacerations	N/A
☐ Swelling	N/A
Other:	N/A

Pain Index: 1 2 3 4 5 6 7 8 9 10 ☑ Not Obtainable

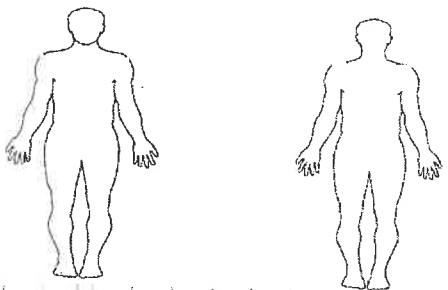
Disposition:
Date: 5/16/21
Time Health Care Arrived: 1718
Time Code Called: 1716
Location: Alpha Dorm
☑ Physician Notified
☐ Pt. to Clinic
☑ Ambulance
☐ Hospital
☐ Assessed/Release to Security

Glasgow Coma Scale ☐ Not Done

Eyes Open		1
Spontaneous		(4)
To Speech		(3)
To Pain		(2)
Absent		(1)
Verbal		1
Oriented		(5)
Disoriented		(4)
Inappropriate		(3)
Incomprehensible		(2)
Absent		(1)
Motor		1
Obeys		(6)
Localizes Pain		(5)
Withdraws (flexion)		(4)
Decorticate (flexion) Rigidity		(3)
Decerebrate (extension)		(2)
Absent		(1)
Total	(3-15)	3

Baseline Vital Signs:
Time:
BP:
Pulse:
Resp:
Temp: °F
O_2 Sat: % RA
Blood Glucose: 242

AREAS OF INJURY



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Revised 09.24.2013

D184488D13564573IC1103612OCP28402P

Emergency Response Worksheet

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

CCS CORRECT CARE SOLUTIONS

Patient Name	Patient Number	Date of Birth	Today's Date
POPE, DANIEL S	640223	4/20/1986	5/16/2021

Treatment

☐None provided

☐O2 @ _____ L/min via ☐Nasal Cannula ☐NRB ☐Oral Airway ☐Nasal Airway

CPR: ☑AED used ☑Chest Compressions ☐BVM

☐Bandaging Applied Specify:

Medications Administered: 8mg Narcan (nasally)

Other Treatments applied:

Narrative Of Code Event

Time	Comments:
1716	Code Blue was called to the Alpha Dorm
1718	Medical team arrived and found patient lying on his bunk; patient checked for responsiveness and a pulse but neither was obtained; CPR was then started while the AED pads were placed on patient; Chest compressions were continued while following AED commands and EMS was called.
1727	EMS arrived and assumed CPR efforts; Patient was reassessed for a pulse and responsiveness which neither was obtained; EMS then pronounced patient dead on arrival
1815	EMS left
Time	ambulance called ambulance arrived 1727 ambulance left unit 1815
	Phone Number from which the 911 call was placed _____.

Responders

Medical	Security
Brooks	Ofc Johnson
Washacheck	LT Burnett
Dash	Sgt. Suttle
	Sgt. Franchett

Signature

Kelvin Brooks

Signature

5/16/21

Date

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Revised 09.24.2013



wellpath
To hope and healing.

Health Services Request

Patient Name	Patient Number	Booking Number	Status: ☐ Adult ☐ Juvenile Date of Birth	Today's Date:

Name (Nombre): Daniel Pope Patient ID# (Numero de ID): 640223

DOB (Fecha de nacimiento): 4/20/86 Housing Location (Localidad): 429

Type of Request: ☒Medical/Medico ☐Mental Health/Salud Mental ☐Dental
☐Medication Assisted Treatment (Detox)/Programa de desintoxicacion
☐Other/Otro: _____

Please describe problem: (Describe las problemas):

Could I get some tums for heartburn

I understand a copay may be required for services and may be collected if applicable.

Patient Signature: _____ Date/Time: _____

To be completed by healthcare staff:

Received:

Date: 4/07/21 Time: 8P Signature: [signature]

Triage: ☐Emergent ☐Urgent ☒Routine Date/Time: 4.8.21 Initials: LF

Face to Face Interaction? ☐Yes ☐No Copay Charged? ☐Yes ☐No ☐N/A

Findings: _____

Immediate Intervention needed? ☐Yes ☒No If yes, explain: _____

Scheduled with: (Nurse) Provider Mental Health Dental Eye Dr. Other _____

Response to Patient Comments:

Notified Dr. Schafer new orders to renew Tums 500mg tablet; 2 tablets TID for 30 days.

Treatment plan should not be noted above but documented on appropriate treatment forms.

QHP Signature: A. Potts, LPN Date/Time: 4-9-2021

QHP Printed Name/Title: _____

Form Folder and Number:	Form Owner:	Accreditation:	Active / Last Revision Date:
Health Request Forms HF01.0	Mary Ann Wollet	All	September 15, 2020

D19719DP56099PNXN

wellpath
To hope and healing.

Health Services Request			Status: ☐ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:

Name (Nombre): David Pope **Patient ID# (Numero de ID):** 640223

DOB (Fecha de nacimiento): 4/20/96 **Housing Location (Localidad):** A 29

Type of Request: ☐Medical/Medico ☐Mental Health/Salud Mental ☐Dental
☐Medication Assisted Treatment (Detox)/Programa de desintoxicacion
☐Other/Otro: _____

Please describe problem: (Describe las problemas):
Could I please get tums for heartburn

I understand a copay may be required for services and may be collected if applicable.

Patient Signature: _____ Date/Time: _____

To be completed by healthcare staff:

Received:
Date: 3/9/21 Time: 2100 Signature: Denise Dasl

Triage: ☐Emergent ☐Urgent ☐Routine **Date/Time:** 3-10-21@0120 **Initials:** DB

Face to Face Interaction? ☑Yes ☐No Copay Charged? ☐Yes ☐No ☐N/A

Findings: _____

Immediate Intervention needed? ☐Yes ☐No If yes, explain: _____

Scheduled with: (Nurse) Provider Mental Health Dental Eye Dr. Other _____

Response to Patient/Comments:
see pathway
Maalox 30cc po BID prn
indigestion.

Treatment plan should not be noted above but documented on appropriate treatment forms.

QHP Signature: Denise Dasl LPN Date/Time: 3/9/21@2100

QHP Printed Name/Title: _____

Form Folder and Number:	Form Owner:	Accreditation:	Active / Last Revision Date:
Health Request Forms HF01.0	Mary Ann Wollet	All	September 15, 2020

D19719DP49404PNXN

wellpath
To hope and healing.

Health Services Request

Patient Name	Patient Number	Booking Number	Status: ☐ Adult ☐ Juvenile Date of Birth	Today's Date:
Daniel Pope	640223			

Name (Nombre): Daniel Pope **Patient ID#** (Numero de ID): 640223

DOB (Fecha de nacimiento): 4/20/86 **Housing Location** (Localidad): A#3

Type of Request: ☑Medical/Medico ☐Mental Health/Salud Mental ☐Dental
☐Medication Assisted Treatment (Detox)/Programa de desintoxicacion
☐Other/Otro: _____

Please describe problem: (Describe las problemas):

Can I please get Motrin and tylenol for covid related body aches and headaches

I understand a copay may be required for services and may be collected if applicable.

Patient Signature: Daniel Pope Date/Time: _____

To be completed by healthcare staff:

Received:

Date: 2/11/21 Time: 2100 Signature: [signature]

Triage: ☐Emergent ☐Urgent ☒Routine **Date/Time:** 2/11/21 0000 **Initials:** SS

Face to Face Interaction? ☒Yes ☐No Copay Charged? ☐Yes ☐No ☐N/A

Findings: _____

Immediate Intervention needed? ☐Yes ☐No If yes, explain: _____

Scheduled with: Nurse Provider Mental Health Dental Eye Dr. Other _____

Response to Patient/Comments:

Patient treated per pathways.

Treatment plan should not be noted above but documented on appropriate treatment forms.

QHP Signature: [signature] Date/Time: 2/11/21 2104

QHP Printed Name/Title: _____

CCS CORRECT CARE SOLUTIONS

HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date: _____
Initials: _____
Time: _____

Name (Nombre): Daniel Pope DOB (Fecha de nacimiento): 4/20/86

ID # (Nº de identificación): 640223 Living Unit (Unidad): A #3

☑ Medical (Medico) ☐ Behavioral Health (Salud Mental) ☐ Dental (Dental) ☐ Other _____

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

Can I get some tylenol for headaches

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility. I understand that I will receive health care regardless of my ability to pay.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias. Entiendo que voy a recibir atención médica, independientemente de mi capacidad de pago.

Patient Signature (Firma del Paciente): _____ **Date (Fecha):** _____

This is a confidential document and should only be placed in a designated area, medical box or given directly to medical staff.
Este es un documento confidencial y sólo debe ser colocado en un área designada, caja médica o entregada directamente al personal médico.

DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: ☐ Emergent ☐ Urgent ☑ Routine **Triage Date:** 2/6/21 **Initials:** JM **Time:** 0010

INITIAL: ☑ Sick Call ☐ Nurse ☐ HCP ☐ Dentist ☐ Behavioral Health ☐ Eye Doctor ☐ Other _____

(TO BE COMPLETED BY HEALTHCARE STAFF)

☐ Patient seen (if applicable)
☐ Response sent to patient (if applicable)
☐ Patient released from custody
☐ Patient outside of facility (hospital, court, etc.), reschedule upon return
☐ Patient refused, Refusal Form complete
Fee Charge ☐ No ☐ Yes, Amount $_____

RESPONSE TO PATIENT / COMMENTS Pathway.

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

Jean Mone RN
Staff Signature

2-6-21
Date

A

CCS CORRECT CARE SOLUTIONS

HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date: 1/24/21
Initials: DB
Time: 2045

Name (Nombre): Daniel Pope DOB (Fecha de nacimiento): 4/20/86

ID # (N° de identificación): G40213 Living Unit (Unidad): A-3

☑ **Medical (Medico)** ☐ **Behavioral Health (Salud Mental)** ☐ **Dental (Dental)** ☐ **Other**

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea especifico)

Can I please get my tums renewed. Thankyou

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility. I understand that I will receive health care regardless of my ability to pay.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias. Entiendo que voy a recibir atención médica, independientemente de mi capacidad de pago.

Patient Signature (Firma del Paciente): _____ **Date (Fecha):** _____

This is a confidential document and should only be placed in a designated area, medical box or given directly to medical staff.
Este es un documento confidencial y sólo debe ser colocado en un área designada, caja médica o entregada directamente al personal médico.

DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: ☐ **Emergent** ☐ **Urgent** ☑ **Routine** **Triage Date:** 1/25/21 **Initials:** SS **Time:** 0700

INITIAL: ☑ Sick Call ☐ Nurse ☐ HCP ☐ Dentist ☐ Behavioral Health ☐ Eye Doctor ☐ Other _____

(TO BE COMPLETED BY HEALTHCARE STAFF)

☒ Patient seen (if applicable)
☐ Response sent to patient (if applicable)
☐ Patient released from custody
☐ Patient outside of facility (hospital, court, etc.), reschedule upon return
☐ Patient refused, Refusal Form complete

Fee Charge ☒ No ☐ Yes, Amount $_____

RESPONSE TO PATIENT / COMMENTS Tums renewed. Sick call addressed

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

L Mullen LPN
Staff Signature

1-26-21
Date

SC001UN000ACCBI102413

2-Part Form

PX

FTF

CCS CORRECT CARE SOLUTIONS

HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date: 11/29/20
Initials: CM
Time: 9AM

Name (Nombre): Daniel Pope DOB (Fecha de nacimiento): 4/20/86

ID # (N° de identificación): 640223 Living Unit (Unidad): A fed 2

☑ Medical (Medico) ☐ Behavioral Health (Salud Mental) ☐ Dental (Dental) ☐ Other _____

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea específico)

Could I please get some tums for heartburn.
thank you

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility. I understand that I will receive health care regardless of my ability to pay.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias. Entiendo que voy a recibir atención médica, independientemente de mi capacidad de pago.

Patient Signature (Firma del Paciente): _____ **Date (Fecha):** _____

This is a confidential document and should only be placed in a designated area, medical box or given directly to medical staff.
Este es un documento confidencial y sólo debe ser colocado en un área designada, caja médica o entregada directamente al personal médico.

DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: ☐ Emergent ☐ Urgent ☑ Routine **Triage Date:** 11/30 **Initials:** CM **Time:** 0236

INITIAL: ☑ Sick Call ☑ Nurse ☐ HCP ☐ Dentist ☐ Behavioral Health ☐ Eye Doctor ☐ Other _____

(TO BE COMPLETED BY HEALTHCARE STAFF)

☑ Patient seen (if applicable)
☐ Response sent to patient (if applicable)
☐ Patient released from custody
☐ Patient outside of facility (hospital, court, etc.), reschedule upon return
☐ Patient refused, Refusal Form complete

Fee Charge ☐ No ☑ Yes, Amount $ 10.00

RESPONSE TO PATIENT / COMMENTS Sick call addressed

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s).

[signature] (RN) **Staff Signature** 11/30/20 **Date**

SC001UN000ACCBI102413

2-Part Form

Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

wellpath

COVID-19 Isolation Patient Instruction			Status: ☐ Adult ☐ Juvenile	
Patient Name **POPE, DANIEL S**	Patient Number **640223**	Booking Number **1700558**	Date of Birth **4/20/1986**	Today's Date: **2/6/2021**

You are being placed in medical isolation.

You may have COVID-19, a virus that causes a severe flu.

Some high-risk patients are being hospitalized with severe shortness of breath that doesn't improve with oxygen like we use in our facilities.

We will monitor you closely and will continue to care for you. If medically needed, you will be transferred to a hospital for additional treatments.

You can make a difference.

Practice social distancing and hand hygiene. Please wear your mask any time someone is at or in your cell.

See something. Say something. We encourage you to remind the officers and health care staff about their use of masks, hand hygiene and social distancing

Please be polite with reminders, as all staff are working hard for your safety and care.

We will provide the following essential services:

- We will observe you for breathing difficulty and hydration
- Fever medications
- Cough medications
- Nausea medications
- Medication for aches and pain associated with flu symptoms
- Oxygen - if medically necessary
- We will check your heart rate, oxygen level and temperature

We will be caring for you and provide you with accurate information.

Testing will be done on a case-by-case basis. If you test **positive**, we will continue to monitor you closely.

We are following CDC Guidelines and will be expanding medical services to include more services over the computer (Telemedicine).

To decrease the chance of staff becoming ill, and so that they can continue to care for you, we may need to limit some close contacts such as listening to your lungs or heart or looking into your throat.

We are here to help.



Alvin S. Glenn Detention Center, SC
Alvin S. Glenn Detention Ctr
201 John Mark Dial Drive
Columbia, SC 29209

wellpath

Identification of Special Needs

Patient Name	Patient Number	Booking Number	Status: ☐ Adult ☐ Juvenile	
POPE, DANIEL S.	640223	1700558	Date of Birth: 4/20/1986	Today's Date: 10/20/2020

This form is used to notify custody of patient's special needs and accommodations.

Condition/Disability:

- ☐ Vision Impaired
- ☐ Hearing Impaired
- ☐ Speech Impaired
- ☐ Learning Disability
- ☐ Mobility Impaired
- ☐ Seizure Condition
- ☐ Pregnancy
- ☐ Drug/Alcohol Withdrawal
- ☐ Physical Limitation: (describe limits)
- ☐ Other: General Population

Treatment/Accommodation/Housing Order:

- ☑ Lower Tier
- ☑ Lower Bunk
- ☐ Single Cell
- ☐ Extra Mattress
- ☐ Extra Blanket
- ☐ CPAP Device
- ☐ Cane
- ☐ Crutches
- ☐ Walker
- ☐ Wheelchair Full Time
- ☐ Other: _____
- ☐ Wheelchair Part Time/Out of Unit
- ☐ Orthotic or Personal Shoes
- ☐ Prosthesis
- ☐ House is ADA Cell
- ☐ Shower Chair/ADA Shower
- ☐ Grab Bars
- ☐ Infirmary/OPHU Level Care Housing
- ☐ Daily Changes of Clothing/Linens
- ☐ Negative Pressure Room

Alert:

- ☐ Patient identified has exhibited characteristics of being a potential target for victimization
- ☐ Patient identified has exhibited characteristics of predatory behavior

Reason for above: _____

Name of Medical Provider: _____

Name of Nurse: M. Pope, RN

Who was notified on the Correctional Staff? _____

How were they notified? _____

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