ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: MEDICAL

Incident Time: 12:30 **Incident Date:** 3-23-17 **Incident Location:** medical

Staff Member Reporting Incident: Sgt R. Michelle Richardson

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Clinie Howard **Inmate #:** 48749 **Charge:**

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

On the above date and time Detainee # 48749 Clinie, Howard was Being seen at medical and at that time it was Threat Determined that Detainee clinie Howard Be transported to Palmetto Richland memorial Hospital for treatment (Rule out Sepsis) Detainee clinie was transported to the hospital By EMS with officers McHouse F and Davis A.

Reporting Staff Member's Signature: Sgt Rebecca M Fulton **Report Completion Date:** 3-23-17

Other Staff Members Involved

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes X **No** **Use of Force Necessary: Yes** **No**

Detainee # 48749 Clinie Howard was seen By DR. Hartar (Doctor) and then transported to Palmetto Richland memorial for treatment.

Supervisor's Narrative

DETAINEE CLINE, HOWARD # 48749 WAS TRANSPORTED BY EMS TO PALMETTO RICHLAND MEMORIAL HOSPITAL. TRANSPORTING OFFICERS WERE MCELHOSE, FLIPS AND ANDRIEN DAVIS; AT 1332

Supervisor's Signature: Sgt. Romaikai Romain Date: 3.23.17

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

Detainee Cline, Howard 48749 was pronounced dead at Palmetto Richland Memorial hospital MICU Room 539E at 0010 on 3/24/2017. By DR. Katlyn Banks. Richland County coronor arrived at the hospital on 3/24/2017 at 0130. Deputy coronor Wright, Joe officially pronounced detainee Cline Howard death.

Watch Commander's Signature: Sgt. New Smith Date: 3/23/17

Incident Report Distribution

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

Administration: _____ Hearing Officer: _____ Other Distribution: _____

Division Manger's Review and Narrative

Division Manager's Signature: _____ michael L. Wright Date 3/27/17

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: DEATH OF OFFENDER/STAFF

Incident Time: 0021 **Incident Date:** 3-24-2017 **Incident Location:** Palmetto Richland Memorial hospital MICU Room 539E

Staff Member Reporting Incident: Sgt. Dinkins, Benita

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Cline, Howard Lee **Inmate #:** 48749 **Charge:**

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

On the above date and approximate time detainee Cline, Howard 48749 was pronounced dead at the Palmetto Richland Memorial hospital MICU Room 539E. Detainee Cline, Howard was pronounced dead by Dr. Katlyn Banks. Sgt. Burnette, Marcus was notified about the time of death. Time of death 0010. on 3/24/2017.

Reporting Staff Member's Signature: Sgt. Dinkins, Benita **Report Completion Date:** 03-24-17

Other Staff Members Involved

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes _____ **No** _____ **Use of Force Necessary: Yes** _____ **No** _____

Supervisor's Narrative

Detainee Cline Howard 48749 was pronounced dead on 3/24/2017 at 0010. Detainee Cline, Howard died during cardiac arrest at the Palmetto Richland Memorial hospital MICU Room 539E by DR. Banks, Katlyn. Official Reason for death will not be determined until a autopsy has been performed. Deputy coronor Wright, Joe from the Richland county coronor's office arrived at the hospital at 0130 on 3/24/17 to confirm death of detainee Cline, Howard. Officer McEachern, Robert and Sgt. Dinkins, Benita were on duty at the hospital and present before and after detainee Cline, Howard death.

Supervisor's Signature: Sgt. Dinkins, Benita **Date:** 3-24-17

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. [signature] **Date:** 3/24/17

Incident Report Distribution

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

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

Division Manger's Review and Narrative

Division Manager's Signature: Michael L. Higgins **Date:** 3/27/17

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: DEATH OF OFFENDER / STAFF

Incident Time: 0103 **Incident Date:** 03/24/2017 **Incident Location:** Intake.

Staff Member Reporting Incident: Sgt. Chiquita West

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Cline, Howard L. **Inmate #:** 48749 **Charge:**

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

On March 23, 2017 at approximately 2337 I was notified by operations officer Nigel Leysath that detainee Cline, Howard was admitted to Palmetto Richland Memorial Hospital. At approximately 00:20 on March 24, 2017 I was informed by Sgt. Marcus Burnette that detainee Cline, Howard L. # 48749 had passed away at approximately 00:12. Captain Washava Moye was notified. Detainee was discharged from Jail management System. All personal property was secured in storage room in Operations. Detainee had $8.00 dollars in his MACS account. his $8.00 dollars was left in the MACS account at this time. A copy of detainee Jail records was forwarded to internal affairs. At time of his book-in there was no emergency contact listed, after searching, research offender Emergency Contact Rita Cline (803)782-4680 was found. This information was given to Sgt. Marcus Burnette to be given to Coroner.

Reporting Staff Member's Signature: Sgt. Chiquita West **Report Completion Date:** 03/24/17

Other Staff Members Involved

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes _____ **No** ✓ **Use of Force Necessary: Yes** _____ **No** ✓

Supervisor's Narrative

An email was generated in regards to his MACS account to Gail Baker.

Supervisor's Signature: Sgt. Chiquita West **Date:** 03/24/2017

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. Mc Bartlett **Date:** 3/24/17

Incident Report Distribution

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

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

Division Manger's Review and Narrative

Division Manager's Signature: Michael J. Higgins **Date** 3/27/17

3-22-17 (OT) SGT. JACKSON TO Milhouse & Spell

1322 Arrived at PRMH ER redzone room 256. Detainee Stevenson in full restraints. Called in to the Supervisors office, spoke to SGT. Romain, code white.

1325 Nurses Stephanie & Olivia enter room to check vitals

1422 Called in to the Supervisors office, spoke to SGT. Ro Code White.

1502 Received Discharged Papers, exit the Hospital.

A- pm 1800 - 0630 3-~~22~~23-17 Sgt. Burnette LT-SEWARD BD

1847 D/O McEachern enter POD. 5, Room 254, Recvd (1) 40. cal. (10) Rounds (1) Leval. # 2 Holster, Hand Cuff (1) Leg Irons (1) Inmate: Cline, Howard Lee # 48749 post order. (1) Tel # 434-1686

1912 On Coming Nurse- Jamaica enter Room 254 POD 5 For briefing From off going Nurse

1933 Doctor Brandagen enter Room 256 - POD 5 To Check on Inmate Cline, Howard # 48749

1950 Called into Supervisor spoke with SGT Barnette POD 5, Room 254 code White

2056 Called into Supervisor spoke with SGT Barnette POD, 5 Room 254 All Secure

2140 Called into Supervisor spoke with SGT Barnette POD, 5, Room 254 Code White

2240 Called Supervisor spoke with SGT, Barnette POD 5, Room 254 code white

2323 moved To Room 539 B No phone in Room called Supervisor spoke with SGT, Barrett code white

0010 Inmate Cline, Howard # 48749 HAS No Pulse Doctors checking For Heat Beat,

0012 Inmate Cline, Howard Lee # 48749 was pronounced Dead. SGT, Barnette was called AND NOTIFIED OF Time OF Death By Doc, Keating, Banks

0130 Corner Joe, Wright enter Room 539 B To Confirm Death OF Inmate-Cline, Howard Lee # 48749

:11

LT. McCullough 3-24-17 273

D/O F. Milhous

ee

e

white.

vitals.

SGT. Romain

wad

ell (1)

9.

od 5

ce

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ce

ed

le

1402	Arrived @ the hospital with defaiance clinic		

ASGDC Inmate Property Confiscation Sheet

Inmate's Name: Cline Howard
(Last Name) (First Name) (Middle Initial)

Inmate Number: 48749 Date of Birth: 07/17/58

Reason for Confiscation:

[ ] Contraband [ ] Excessive Property [ ] Transfer to Disciplinary Segregation

FOR SANITATION REASONS, ALL FOOD AND/OR BEVERAGE ITEMS WILL BE DESTROYED ONCE CONFISCATED AND WILL NOT BE STORED

1 prosthetic Leg, 1 pair of shoes and Socks, rubber sleeve for amputated Leg (cotton sleeve for amputated leg, papers (personal)

The above description of property taken is correct: Deceased 03/24/2017
(Inmate's Signature)

Inventoried by: Officer Lark Date and Time: 0030 hrs 3-24-17

Location of confiscated property: Mike

The above described property returned to me: _____
(Inmate's Signature)

Returned by: _____ Date and Time: _____

OFFICE OF THE CORONER
Richland County

Coroner's Report

Office of the Coroner
6300 Shakespeare Road
Columbia SC 29223
803-576-1799

Case Number: **2017-000862** Name: **Howard Lee Cline**

Sex: **M** Race: **Caucasian** Age: **058YR** DOB: **July 17, 1958** SSN: [redacted]

TIME OF DEATH:

Date: Actual: 03/24/2017 Time: Actual: 0:12

Street #: 5 City: Columbia

State: SC Zip: 29203

Proximity: Room 539

INCIDENT INFORMATION:

Date: Time: To:

Incident Location:

City: State: NA Zip:

CAUSE OF DEATH: Pending Investigation

AKA:

FKA:

Toxicology Alcohol: Pending

Toxicology Drugs: Pending

Manner of Death: Natural

Case Summary

On March 23, 2017 Howard Cline was transported to Palmetto Health Richland ER from Alvin S. Glenn Detention Center, after being found unresponsive in his cell. Autopsy results are pending further investigation.

Richland County Coroner's Office

By: Coroner

24-Mar-17

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; Columbia, SC 29209

2. NAME OF DECEASED: Cline, Howard SCDC #:

3. HOME ADDRESS: [redacted] Columbia, SC 29223

4. DESCRIPTION: DOB 07/17/1958 HEIGHT 5'6 ft WEIGHT 135 HAIR Black
   EYES Brown SEX Male RACE White SOC SEC# [redacted]

5. ARRESTING OFFENSE(S): Shoplifting 3 cts

6. DATE AND TIME OF COMMITMENT: 03/08/2017 1815 hrs TRIED UNTRIED XX

   Detainee was in pre-trial status and waiting for disposition of charges.

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Rita Cline, [redacted]

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: Detainee stated that he has heart disease, thyroid disorder and diabetes.

9. CAUSE OF DEATH: Natural

10. TIME AND DATE OF DEATH: 0010 HRS. p.m. March 24, 2017

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Katlyn Banks PRMH

12. NAME OF CORONER WHO ORDERED AUTOPSY: Deputy Coroner Joe Wright
    AUTOPSY PERFORMED BY: Dr. Amy Durso

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: Detainee died at PRMH in ICU. DR. K. Banks was the last person who saw him alive along with Sgt. Dinkins and Officer McEachern.

15. AT THE TIME OF DEATH: 836 (Actual Count) 29 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: March 24, 2017

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

SIGNATURE OF OFFICIAL MAKING REPORT

Lieutenant

TYPED OR PRINTED TITLE OF OFFICIAL

03/24/2017

DATE OF REPORT

SCDC 8-2 (Revised January 4, 2000)

Glenn RSD

Division Manger's Review and Narrative

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 Columbia, SC 29209
2. NAME OF DECEASED: Cline, Howard Lee SCDC #: 487479
3. HOME ADDRESS: [redacted] Columbia, SC 29223
4. DESCRIPTION: DOB 07/17/1958 HEIGHT 5'6" WEIGHT 135 HAIR Grey
   EYES Brown SEX Male RACE White SOC SEC# [redacted]
5. ARRESTING OFFENSE(S): Shoplifting <$1000; Shoplifting >$1000 <$5000; Shoplifting <$1000
6. DATE AND TIME OF COMMITMENT: 03/08/17 6:15 PM TRIED _____ UNTRIED ✓
7. NAME AND ADDRESS OF RELATIVE(S) OF THE DE[redacted]
   Rita Cline [redacted]
8. RECORD OF DECEASED INMA[redacted] CONDITION UPON ADMISSION:
9. CAUSE OF DEATH:
10. TIME AND DATE OF DEATH: 12:12 a.m. _____ p.m. March 24 20 17
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Katlyn Banks
12. NAME OF CORONER WHO ORDERED AUTOPSY: Joe Wright
13. AUTOPSY PERFORMED BY: Amy Durso
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY:
    DR. KATLYN BANKS 0012 ROOM 539E @ PALMETTO RICHLAND MEMORIAL HOSPITAL
15. AT THE TIME OF DEATH: 836 (Actual Count) 29 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: 2323 ON 3/23/17

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

MARCUS BURNETTE
SIGNATURE OF OFFICIAL MAKING REPORT

ASSISTANT WATCH COMMANDER
TYPED OR PRINTED TITLE OF OFFICIAL

3/24/17
DATE OF REPORT

SCDC 8-2 (Revised January 4, 2000)

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 Columbia, SC 29209
2. NAME OF DECEASED: Cline, Howard Lee SCDC #: 48749
3. HOME ADDRESS: [redacted] Columbia, SC 29223
4. DESCRIPTION: DOB 07/17/1958 HEIGHT 5'6" WEIGHT 135 HAIR Grey
   EYES Brown SEX Male RACE White SOC SEC# [redacted]
5. ARRESTING OFFENSE(S): Shoplifting <$1000; Shoplifting >$1000 <$5000; Shoplifting <$1000
6. DATE AND TIME OF COMMITMENT: 03/08/17 6:15 PM 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: 12:12 a.m. _____ p.m. March 24 20 17
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Kaitlyn Banks
12. NAME OF CORONER WHO ORDERED AUTOPSY: Joe Wright
13. AUTOPSY PERFORMED BY: _____
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: _____
15. AT THE TIME OF DEATH: _____ (Actual Count) _____ (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: _____

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

_____
SIGNATURE OF OFFICIAL MAKING REPORT

_____
TYPED OR PRINTED TITLE OF OFFICIAL

_____
DATE OF REPORT

SCDC 8-2 (Revised January 4, 2000)

RICHLAND COUNTY CORONER'S OFFICE
DEATH SCENE INVESTIGATION FORM

RCCO CASE#: 2017-000862

Date Printed: 04/05/2017 12:06:12 pm

RCCO CASE# 2017-000862 CASE TYPE Scene Response

RCCO INVESTIGATOR George Rice COUNTY Richland County

DATE NOTIFIED 03/24/2017 DAY OF WEEK NOTIFIED Friday TIME NOTIFIED 0:30

NOTIFIED BY Blair Zeigler, AOD NOTIFIER PHONE# (803)315-6263 AGENCY Palmetto Health Richland

ARRIVAL DATE 03/24/2017 ARRIVAL TIME 1:26 CLEAR DATE 03/24/2017 CLEAR TIME 3:22

DEMOGRAPHIC DATA

NAME Howard Lee Cline

DOB 07/17/1958 AGE 058YR08MO07DAY SEX M RACE Caucasian

ADDRESS [redacted] ZIP 29223

CITY Columbia STATE SC PHONE# SSN [redacted]

MARITAL STATUS Married MEANS OF IDENTIFICATION Visual

BY WHOM Lisa Guido, RN AFFILIATION PH Richland

DATE OF IDENTIFICATION 03/24/2017 TIME 1:40 ACTIVE MILITARY? YES ☐ NO ☒ VETERAN? YES ☐ NO ☒

PRISONER/INMATE# 48749 FACILITY/LOCATION Richland County Detention Center

NEXT OF KIN

NAME Mrs. Rita Cline

RELATIONSHIP Wife

ADDRESS [redacted] ZIP 29223 CITY Columbia STATE SC

PHONE# [redacted] ALTERNATE PHONE#

NOTIFIED BY AOD Blair Zeigler AFFILIATION PH Richland

DATE NOTIFIED 03/24/2017 TIME 1:50

LOCATION Phone

FUNERAL HOME

NAME Kornegay & Moseley Funeral Home

PHONE 803-788-3334 FAX 803-788-4744

ADDRESS 4645 Hard Scrabble Rd ZIP 29229 CITY Columbia STATE SC

PERMIT# 276623 BODY RELEASED 03/24/2017 TIME 11:09

FROM FACILITY/SECURITY **PH Richland**

FACILITY/SECURITY CONTACT **Officer Mullins/AOD Rawl**

REMOVAL SERVICE

REMOVAL SERVICE

REMOVAL ATTENDANT

TIME CALLED ARRIVAL TIME BAG LOCK#

TAKEN TO: RMH MORGUE ☐ NEWBERRY HOSP ☐ USC MED. ☐ FUNERAL HOME ☐

PRONOUNCEMENT OF DEATH

DATE PRONOUNCED **03/24/2017** TIME PRONOUNCED **0:12**

BY **Dr. David Schrift**

LOCATION **PH Richland Room 539**

TIME OF DEATH

DATE: ☒ ACTUAL: **03/24/2017**

☐ ESTIMATED: TO:

TIME: ☒ ACTUAL: **0:12**

☐ ESTIMATED: TO:

☐ UNKNOWN:

STREET NUMBER: **5** STREET/LOCATION: **Richland Medical Park Dr.**

ZIP: **29203** CITY: **Columbia** STATE: **SC**

PROXIMITY: **Room 539**

CAUSE OF DEATH

CAUSE OF DEATH **HASCVD**

TEXT DESCRIPTION **CHF due to HASCVD**
Contributory: Cocaine Abuse (Pending Final Tox)

MEDICAL BRIEF

TOXICOLOGY DRUGS **Pending**

TOXICOLOGY ALCOHOL **Pending**

CERTIFIED BY **Coroner Gary Watts** PHONE# **(803)576-1799**

CONFIRMED BY **Dr. Durso, Deputy Medical Examiner** PHONE# **(803)576-1799**

PENDING

[X] AUTOPSY BY WHOM **Durso**

LOCATION **PH Richland Morgue**

POST AUTOPSY BAG LOCK#

[ ] EXTERNAL EXAM BY WHOM

LOCATION

POST EXTERNAL BAG LOCK#

[ ] OTHER

MANNER OF DEATH - TO BE COMPLETED BY ADMINISTRATIVE PERSONNEL ONLY

JUSTIFIABLE HOMICIDE [ ] HOMICIDE [ ] SUICIDE [ ] ACCIDENT [ ] NATURAL [X] UNDETERMINED [ ] PENDING [ ]

PENDING(SPECIFY):

INCIDENT INFORMATION

TRAUMA RELATED TO DEATH? YES [ ] NO [X] PENDING [ ]

IF YES OR PENDING, COMPLETE THE FOLLOWING:

DATE: [ ] ACTUAL:

[ ] ESTIMATED: TO:

TIME: [ ] ACTUAL:

[ ] ESTIMATED: TO:

[ ] UNKNOWN:

LOCATION: ZIP: CITY: STATE: **NA**

DID DEATH OCCUR IN HOSPITAL

DID DEATH OCCUR IN HOSPITAL? YES [X] NO [ ]

IF YES, COMPLETE THE FOLLOWING:

TRAUMA OR PATIENT# **006834872** HOSPITAL ADMISSION DATE: **03/23/20** TIME: **13:51**

ADMISSION BLOOD DRAWN: YES [X] NO [ ] ADMISSION URINE DRAWN: YES [ ] NO [X]

PER CONVERSATION WITH: **Blair Zeigler, AOD** DATE: **03/24/2017** TIME: **1:34**

SPECIMEN(S) SUBPOENAED AND OBTAINED FROM: **PH Richland Lab**

HAVE SPECIMEN(S) BEEN SECURED IN MORGUE LOCK BOX? YES [X] NO [ ]

IF NO, EXPLAIN:

SCENE ENVIRONMENT

TIME OF DAY:

DAWN ☐ DAYLIGHT ☐ DUSK ☐ NIGHT TIME ☐

WEATHER TYPE:

CLEAR ☐ OVERCAST ☐ RAIN ☐ SLEET ☐ STORMY ☐ SNOW ☐ WINDY ☐ OTHER ☐

IF WEATHER TYPE OTHER, EXPLAIN

(All temperatures are in Fahrenheit)

TEMP.: EST. ☐ ACTUAL ☐ OUTSIDE _____ A/C IN USE? YES ☐ NO ☐ THERMOSTAT SETTING _____

TEMP.: EST. ☐ ACTUAL ☐ INSIDE _____ HEATING IN USE? YES ☐ NO ☐ THERMOSTAT SETTING _____

DESCRIBE CONDITIONS AND/OR DISARRAY

WAS LOCATION SECURE UPON DISCOVERY? YES ☐ NO ☐

DESCRIBE LOCKS ON DOORS

ARE THERE ANY WEAPONS NEARBY THAT MAY HAVE CAUSED INJURY TO DECEDENT? YES ☐ NO ☐

DESCRIBE WEAPON AND ITS LOCATION

BLOOD FOUND ON SCENE? YES ☐ NO ☐

BENEATH OR ON WHAT BODY AREA (S)?

TYPE OF SURFACE(concrete, carpet, etc.)

ESTIMATE QUANTITY OR DIMENSIONS

WETNESS OF BLOOD(wet, dry, etc.)

ADDITIONAL SCENE INFORMATION

ADDTL RCCO RESPONDERS

ADDTL RCCO RESPONDERS (NO DATA)

RCCO INVESTIGATORS	RCCO ARRIVAL DATE	RCCO CLEAR SCENE DATE
George Rice		
George Rice		

EMERGENCY\LAW ENFORCEMENT AGENCIES ON SCENE

EMS ON SCENE (NO DATA)

LAW ENFORCEMENT AGENCIES ON SCENE (NO DATA)

FIRE/FIRST RESPONDER RESPONSE (NO DATA)

NON-EMERGENCY PERSONNEL RESPONSE (NO DATA)

BODY ACTUALIZATION

WAS BODY ACTUALIZATION PERFORMED? YES [X] NO ☐ DATE: 03/24/2017 TIME: 1:08

IF NO, EXPLAIN:

IF YES:

EXACT LOCATION OF BODY: **Room 539 Palmetto Health Richland ICU**

BODY POSITION: **Supine**

ON (surface type): **Hospital Bed**

RIGOR MORTIS: NONE [ ] MINIMAL [ ] MODERATE [X] FULL [ ]

LOCATION(S): **Arms, Legs**

LIVIDITY: NONE [ ] MINIMAL [X] DIFFUSE [ ] BLANCHING [ ] NON-BLANCHING [ ]

LOCATION(S): **Back, buttocks, Legs**

MUCOUS MEMBRANES (sclear, tongue, etc): MOIST [X] PARTIALLY DRY [ ] DRY [ ]

CONDITION: FRESH [X] BEGIN. TO BREAK DOWN [ ] EARLY DECOMP. [ ] MODERATE DECOMP. [ ] ADVANCE DECOMP [ ] SKELETAL [ ]

ARE INSECTS PRESENT? YES [ ] NO [X]

(DESCRIBE INSECTS AND INFESTATION SITE LOCATIONS . DOCUMENT TIME AND BODY LOCATION WHERE INSECTS ARE TAKEN FOR STI
CHOOSE MULTIPLE SAMPLES OF VARIOUS SIZES, LABEL, AND PLACE IMMEDIATELY IN 70% ALCOHOL.)

NOTES:

WAS DECEDENT CLOTHED? YES [X] NO [ ]

IF YES, CONDITION AND TYPE: **Hospital Gown**

NOTATE SPECIFIC WOUNDS, SCARS AND MARKS ON BODY ETC .

BODY REGION: **RIGHT LEG**

BODY FEATURES: **KNEE**

DESCRIPTION AND LOCATION ON BODY

Below the knee amputation

SHAPE SIZE(ESTIMATE)

WAS CLOTHING INVOLVED

NO

CHILD FATALITY /FETAL DEATH (NO DATA)

PRENATAL CARE (NO DATA)

PROPERTY AND EVIDENCE

PHOTOGRAPH(S) OBTAINED? YES [X] NO [ ]

PHOTOGRAPHED BY: **DC George Rice**

DNA AT SCENE : BUCCAL SWAB OBTAINED? YES [ ] NO [X]

IF NO, EXPLAIN: **Pending autopsy**

PROPERTY/EVIDENCE COLLECTED BY RCCO:

NONE TAKEN: [ ]

LIST/EXPLAIN:

TAKEN BY RCCO [X]

LIST/EXPLAIN: **Gold and green top blood tubes**

LEFT ON OR WITH BODY [ ]

LIST/EXPLAIN:

PROPERTY/EVIDENCE COLLECTED BY L/E AGENCY: YES [ ] NO [X]

LIST/EXPLAIN:

MEDICATIONS COLLECTED: YES [ ] NO [X]

** COMPLETE PROPERTY CUSTODY DOCUMENT **

CURRENT/ RECENT MEDICAL CONDITIONS (NO DATA)

MEDICAL HISTORY

PHYSICIAN HISTORY (NO DATA)

ALCOHOL HISTORY (NO DATA)

DRUG HISTORY (NO DATA)

MEDICAL CONDITIONS/ILLNESS/INJURIES

MEDICAL CONDITIONS/ILLNESS/INJURIES	DATE	FACILITY NAME
Coronary Artery Disease, Hypertension, Diabetes, End Stage Renal Disease		

PAST OPERATIVE PROCEDURES (NO DATA)

MEDICATIONS

MEDICATIONS (NO DATA)

PSYCHIATRIC HISTORY

PSYCHIATRIC HISTORY (NO DATA)

PRIOR PSYCHIATRIC HOSPITAL ADMISSION (NO DATA)

SUSPECTED SELF-INFLICTED INJURY (NO DATA)

DEPRESSION (NO DATA)

SUSPECTED ALCOHOL AND/OR DRUG USE/ABUSE (NO DATA)

PREVIOUS SUICIDE ATTEMPTS (NO DATA)

PREVIOUS SUICIDE THREATS (NO DATA)

SUICIDE QUESTIONNAIRE

SUICIDE QUESTIONNAIRE (NO DATA)

VEHICLE COLLISIONS (NO DATA)

OTHER VEHICLES INVOLVED (NO DATA)

CASE NOTES

Case#: 2017-000862
Name: Howard Lee Cline
DOB: 07/17/1958
R/S: White Male
DOD: 03/24/2017
TOD: 0012 hours
RCCO Tag: 0001006

Initial Call/dispatch
On March 24, 2017, at 0033 hours, I, Deputy Coroner (DC) George Rice spoke to Sargent Marcus Burnette with the Richland County Detention Center regarding the death of Howard Lee Cline. I then spoke with Blair Zeigler, AOD at Palmetto Health Richland (PHR) regarding the death of Howard Lee Cline. At 0039, I notified Senior Deputy Coroner Ted Powell of the death. At 0052 I notified the Desk Sargent, Sgt. Moreland at the Richland County Sheriff's Department (RCSD) regarding the death. At 0115, I spoke with Captain Rob Salley of Richland County EMS (RCEMS) to get response information regarding transport of the decedent on March 23, 2017. I arrived at Palmetto Richland at 0126 hours after driving from my home at 0105 hours. I met AOD Zeigler in the Emergency Department at PHR. We went upstairs to Room 539. I observed the decedent, gathered information on the decedent, including a medical history of Coronary Artery Disease. I began photographing the decedent.
Observations & Body Actualization
I photographed the decedent. I assessed the decedent from head to toe anteriorly. There was a tube in his mouth, a central line in his right neck region, a Foley catheter in his penis, a femoral line in his left groin region, and an INT in his right hand. He had a hospital identification bracelet on his left arm, and a disposable blood pressure cuff. There is bruising to his arms, particularly to his left hand, left ankle, and buttocks. Lividity is noted to his back, legs, and buttocks. I did not visualize any penetrating trauma. The decedent was placed in a white body bag. The bag was sealed with RCCO lock # 0001006. I labeled the body bag per RCCO protocol and affixed an RCCO label to the bag.
Statements
Captain Rob Salley with Richland County Emergency Medical Service (EMS) stated the crew of S242 Barzack/Morris responded to the Richland County Detention Center (RCDC) at 1253 hours on March 23, 2017. They arrived at RCDC at 1309 hours. They transported the decedent to PH Richland at 1333 hours, arriving at PH Richland at 1351 hours. Per the EMS patient record, the decedent was found unresponsive at 1030 hours. He was treated at the RCDC Infirmary, receiving 0.4 mg of Narcan. The patient was combative with EMS enroute to the hospital.
Blair Zeigler, AOD stated the decedent arrested in the PH Richland Emergency Department following seizure like activity. The decedent was resuscitated and moved later to Room 539.
Medical History
The decedent had history of Hypertension, Coronary Artery Disease, Diabetes, and End Stage Renal Disease
Property Collected/Medications/Photographs
I collected two tubes of blood from Technologist Toup in the PH Richland Lab. A gold top contained plasma, and a green top contained serum. I sealed them in an RCCO evidence bag, noted the evidence on an RCCO Property Evidence Form, and placed the evidence bag in the RCCO sample box in the Morgue freezer.

Removal & Transport
PH Security moved the decedent to the PH Morgue.
Autopsy, Exam and Follow-up
I notified Dr. Durso and the RCCO supervisory staff at 0345 hours of the autopsy request.
Additional

REQUEST FOR ASSISTANCE WITH FOLLOW-UP INVESTIGATION (NO DATA)

INVESTIGATOR'S SIGNATURE _____ INITIALS _____

PRINT NAME _____ DATE / / TIME _____

INVESTIGATOR'S SIGNATURE _____ INITIALS _____

PRINT NAME _____ DATE / / TIME _____

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; Columbia, SC 29209

2. NAME OF DECEASED: Cline, Howard SCDC #:

3. HOME ADDRESS: [redacted] Columbia, SC 29223

4. DESCRIPTION: DOB 07/17/1958 HEIGHT 5'6 ft WEIGHT 135 HAIR Black
   EYES Brown SEX Male RACE White SOC SEC# [redacted]

5. ARRESTING OFFENSE(S): Shoplifting 3 cts

6. DATE AND TIME OF COMMITMENT: 03/08/2017 1815 hrs TRIED UNTRIED XX
   Detainee was in pre-trial status and waiting for disposition of charges.

7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: Rita Cline, [redacted]

8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: Detainee stated that he has heart disease, thyroid disorder and diabetes.

9. CAUSE OF DEATH:

10. TIME AND DATE OF DEATH: 0010 HRS. p.m. March 24, 2017

11. NAME OF DOCTOR WHO PRONOUNCED DEATH: Dr. Katlyn Banks PRMH

12. NAME OF CORONER WHO ORDERED AUTOPSY: Deputy Joe Wright

13. AUTOPSY PERFORMED BY: Dr. Amy Durso

14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: Detainee died at PRMH in ICU. DR. K. Banks was the last person who saw him alive along with Sgt. Dinkins and Officer McEachern.

15. AT THE TIME OF DEATH: 836 (Actual Count) 29 (# of Officers on Duty)

16. WHEN INMATE WAS LAST SEEN ALIVE: March 24, 2017

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

SIGNATURE OF OFFICIAL MAKING REPORT

Lieutenant

TYPED OR PRINTED TITLE OF OFFICIAL

03/24/2017

DATE OF REPORT

SCDC 8-2 (Revised January 4, 2000)

CLINE, HOWARD

7/17/1958

CCS CORRECT CARE SOLUTIONS

HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date: 3/8/17
Initials: [illegible]
Time: 2238

Name (Nombre): Howard Cline DOB (Fecha de nacimiento): 1958

ID #(N° de identificación): 48749 Living Unit (Unidad): M

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

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

I'm a diabetic came in 3-8-17 Need snack bag while i'm here. Need extra blanket

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): Howard Cline **Date (Fecha):** 3-8-17

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:** 3/9/17 **Initials:** EF **Time:** 0044

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 Pt. notified to submit HNP appt to address concerns

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

[illegible], LPN
Staff Signature

3/10/17
Date

SC001UN000ACCBI102413

2-Part Form

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

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs

Status: ☑ Adult ☐ Juvenile

Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
CLINE, HOWARD L	48749	1658153	7/17/1958	3/21/2017

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐Left
☐Leg ☐Right ☐Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☑Housing Mike
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☑Suicide Watch – Discontinue
☐ Continuous ☐15 min ☐ 30 min
☑Mental Health Observation – MH Transit
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Level of risk lowered for detainee. Discontinue Suicide Watch. Placed on Medical Transit in Mike

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: E. [illegible], LPC, MHP Date: 3-21-2017

Correctional Staff Member Notified: Dorm, Classification, Supervisor

Date and time notified: 3-21-2017 @ 9:45am

Notification Type: ☑Verbal ☐Fax ☑Hand delivered ☐Other _____

Notified by CCS Staff Member: Erin L. Tolbert, LPC, MHP

SP103UN000ACCEM071513



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

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs

Patient Name	Patient Number	Booking Number	Status: ☐ Adult ☐ Juvenile	
CLINE, HOWARD L	48749	1658153	Date of Birth 7/17/1958	Today's Date: 3/15/2017

Special Needs Noted:
- ☐Wheel Chair
- ☐Crutches
- ☐Cane
- ☐Walker
- ☐Other _____

Prosthesis:
- ☐Arm ☐Right ☐ Left
- ☐Leg ☐Right ☐ Left
- ☐Other: _____

Special Housing Request:
- ☐Bottom Bunk required
- ☐Bottom Tier
- ☐Single Cell
- ☐Housing _____
- ☐Medical Housing / Medical Watch
- ☐Medical Isolation
- ☐Negative Pressure Room

- ☐Clinically ordered Restraints
- ☐Therapeutic Seclusion Room
- ☒Suicide Watch
  - ☒ Continuous ☐15 min ☐ 30 min
- ☐Mental Health Observation
- ☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Constant Watch Until Psych. Consultation for Prevention of Self Harm / Safety Precautionary Measures.

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: [signature] Date: 3/15/2017

Correctional Staff Member Notified: _____

Date and time notified: _____

Notification Type: ☐Verbal ☐Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: _____

SP102UNG00ACCEN071513



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

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☐ Adult ☐ Juvenile	
Patient Name CLINE, HOWARD L	Patient Number 48749	Booking Number 1658153	Date of Birth 7/17/1958	Today's Date: 3/15/2017

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☐Housing _____
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☒Suicide Watch
☒ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Constant Watch Until Psych. Consultations for Prevention of Self Harm / Safety Precautionary Measures.

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: J Runellker Date: 3/15/2017

Correctional Staff Member Notified: _____

Date and time notified: _____

Notification Type: ☐Verbal ☐Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: _____

SP102UN000ACCEN071513



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

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs

Patient Name	Patient Number	Booking Number	Status: ☒ Adult ☐ Juvenile	
CLINE, HOWARD L	48749	1658153	Date of Birth: 7/17/1958	Today's Date: 3/9/2017

Special Needs Noted:
- ☐ Wheel Chair
- ☐ Crutches
- ☐ Cane
- ☐ Walker
- ☐ Other _____

Prosthesis:
- ☐ Arm ☒ Right ☐ Left
- ☐ Leg ☐ Right ☐ Left
- ☐ Other: leg

Special Housing Request:
- ☒ Bottom Bunk required
- ☒ Bottom Tier
- ☐ Single Cell
- ☒ Housing Mike
- ☐ Medical Housing / Medical Watch
- ☐ Medical Isolation
- ☐ Negative Pressure Room
- ☐ Clinically ordered Restraints
- ☐ Therapeutic Seclusion Room
- ☐ Suicide Watch
  - ☐ Continuous ☐ 15 min ☐ 30 min
- ☐ Mental Health Observation
- ☐ Infirmary (if applicable)
- ☐ Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Medical

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: Tamara Smith, CMA Date: 3/9/17

Correctional Staff Member Notified: Classifications, Records & Opts

Date and time notified: 3/9/17 @ 1443

Notification Type: ☐ Verbal ☒ Fax ☐ Hand delivered ☐ Other _____

Notified by CCS Staff Member: Tamara Smith, CMA

SP102UIN000ACCEN071513



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

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☐ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
CLINE, HOWARD L	48749	1658153	7/17/1958	3/9/2017

Special Needs Noted:
☑ Wheel Chair
☐ Crutches
☐ Cane
☐ Walker
☐ Other _____

Prosthesis:
☐ Arm ☐ Right ☐ Left
☐ Leg ☐ Right ☐ Left
☐ Other: _____

Special Housing Request:
☐ Bottom Bunk required
☐ Bottom Tier
☐ Single Cell
☑ Housing MIKE
☐ Medical Housing / Medical Watch
☐ Medical Isolation
☐ Negative Pressure Room

☐ Clinically ordered Restraints
☐ Therapeutic Seclusion Room
☐ Suicide Watch
☐ Continuous ☐ 15 min ☐ 30 min
☐ Mental Health Observation
☐ Infirmary (if applicable)

☐ Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:
☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:
☐ Offender identified has exhibited characteristics of being a potential target for victimization
☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Medical Reasons

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: E. Staff IRN/CCHP Date: 3/9/17

Correctional Staff Member Notified: Supervisor/Dunn/Classification

Date and time notified: 3/9/17 0600

Notification Type: ☑ Verbal ☐ Fax ☐ Hand delivered ☐ Other _____

Notified by CCS Staff Member: E. Staff IRN/CCHP

SP102UN000ACCEN071513



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

Stop By Medical

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs

Status: ☐ Adult ☐ Juvenile

Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
CLINE, HOWARD L	48749	1658153	7/17/1958	3/8/2017

Special Needs Noted:
☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:
☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☒Housing General
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:
☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:
☐ Offender identified has exhibited characteristics of being a potential target for victimization
☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: _____

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: M E Faulk Date: 3/8/17

Correctional Staff Member Notified: _____

Date and time notified: _____

Notification Type: ☐Verbal ☐Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: _____

SP102UN003AGCEN071513



PALMETTO HEALTH RICHLAND

Important - Utilization Review from Palmetto Health Richland

Mar 29 2017 9:13AM ET

Dear Michelle Wray, Correct Care Solutions/RCDC/RICHLAND COUNTY

Utilization Review (UR - 92165086) information for HOWARD CLINE, Patient Account # 1708202036 is included in this fax. Please use the contact information below to discuss any questions with this review.

Fax Comment:

Contact Information:
Eric Matzko
(803) 296-7223 - This is a confidential voicemail box.

Thank you.

Authorization Number Request

Request for routine Clinical Reviews/Updates will be responded to within one (1) business day.

Please fax back number of days approved, date next review date is needed, or request for additional clinical information if needed to certify the acute stay or level of care to the **UR Department at fax # 803-296-3015**. This is a secure fax line.

Authorization #: 247177889

# of Days Approved: _____

Next Review date: _____

Comments: _____

_____

_____

Confidentiality Notice

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Palmetto Health Richland
Utilization Review Medical Necessity

Review Information - Review # 92165086 - MRN: 006834872 - HOWARD CLINE

Review ID:	92165086	**Review Type:**	UR Review
Reviewer:	Eric Matzko	**Review Date:**	3/24/2017
Reviewed Days:		**Level of Care:**	Critical Care

Patient Information - Review # 92165086 - MRN: 006834872 - HOWARD CLINE

Name:	HOWARD LEE CLINE	**MRN:**	006834872
Date of Birth:	7/17/1958 (58 years)	**Account #:**	1708202036
Gender:	Male	**Patient Type:**	R INPATIENT
Admission Date:	3/23/2017 1:54 PM (ET)	**Location:**	PD5 /
Discharge Date:	3/24/2017 12:12 AM (ET)	**Service Type:**	MEDICINE
Attending Physician:	DAVID SCHRIFT		
Admitting Diagnosis:	AMS		

Payor Information - Review # 92165086 - MRN: 006834872 - HOWARD CLINE

Plan Description:	INMATE-RICHLAND COUNTY DETENTION	**Plan #:**	247177889
Insured Name:	ALVIN S GLENN DETENTION CENTER	**Group #:**	

Medical Necessity - Review # 92165086 - MRN: 006834872 - HOWARD CLINE

3/24/2017 11:02 (ET) Eric Matzko: Patient admitted to the medical ICU from the ED for an altered mental status. patient was intubated & mechanically ventilated, cefepime 1 gm IV q24hrs, D5Ww/NaHCO3150mEq IV at 100 ml/hr, fentanyl IV drip, fomepizole 1000 mg IV x 1 dose, hydrocortisone 50 mg IV q6hrs, LR 1L IV bolus, norepinephrine IV drip, Zosyn 2.25 gms IV q6hrs, NaHCO3 50 mEq IV x 2 doses, NS 2L IV bolus, pantoprazole IV drip, thiamine 100 mg IV x 1 dose, and vancomycin 1500 mg IV x 1 dose. Patient died in the ICU 3/24 at 0012.

Patient Information - Review # 92165086 - MRN: 006834872 - HOWARD CLINE

Name:	HOWARD LEE CLINE	**MRN:**	006834872
Date of Birth:	7/17/1958 (58 years)	**Gender:**	Male
Address:	[redacted] COLUMBIA, SC 29223	**Home:** **Work:** **Alt:**	[redacted]
Marital Status:	Divorced	**SSN:**	[redacted]
Race:	WHITE	**Race 2:**	

Religion:	BAPTIST		

Emergency Contact 1:	ALVIN S GLENN DETENTION CENTER 201 JOHN MARK DIAL DR, ALVIN S GLENN COLUMBIA, SC 29209 Relationship: Other	Home: (803) 576-3200 Work: (803) 576-3200
Emergency Contact 2:	MICHELLE SIBOTA	

Admission Information - Review # 92165086 - MRN: 006834872 - HOWARD CLINE

Account #:	1708202036	**Patient Type:**	R INPATIENT
Admission Date:	3/23/2017 1:54 PM (ET)	**Projected Discharge Date:**	
Patient Class:	I	**Admit Source:**	COURT/LAW ENFORCEMT
Service Type:	MEDICINE	**Location:**	PD5 /

Primary Diagnosis:	AMS

Admitting Physician:	DAVID S SCHRIFT	
Attending Physician:	DAVID S SCHRIFT	
Primary Care Physician:	EDWARD ALLEN NEILSEN	
Referring Physician:	DAVID S SCHRIFT	

Financial Information - Review # 92165086 - MRN: 006834872 - HOWARD CLINE

Financial Class:	MEDICAID

Payment Sources

Primary	**Financial Class:**	MEDICAID
	Plan Number:	9780733405
	Plan Description:	ABSOLUTE TOTAL CARE BY TCC
	Plan Provider Contact:	(866) 433-6041
	Insured:	HOWARD LEE CLINE DOB: 7/17/1958 SSN: 247-17-7889
	Pre-Auth/Cert Number:	IP0870907281
Secondar	**Financial Class:**	Other

y		
	Plan Number:	9780733405
	Plan Description:	1500 ABSOLUTE TOTAL CARE
	Plan Provider Contact:	(866) 433-6041
	Insured:	HOWARD LEE CLINE DOB: 7/17/1958 SSN: 247-17-7889
	Financial Class:	Other
	Plan Number:	247177889
	Plan Description:	INMATE-RICHLAND COUNTY DETENTION
	Insured:	ALVIN S GLENN DETENTION CENTER DOB: 1/1/1900 SSN: 247-17-7889

Guarantor:	ALVIN S GLENN DETENTION CENTER 201 JOHN MARK DIAL DR ALVIN S GLENN COLUMBIA, SC 29209 Relationship: Other	Home: (803) 576-3200 Work: (803) 576-3200

Allergies/Medications - Review # 92165086 - MRN: 006834872 - HOWARD CLINE

Medications [text]
cefepime 1 gm IV q24hrs, D5Ww/NaHCO3150mEq IV at 100 ml/hr, fentanyl IV drip, fomepizole 1000 mg IV x 1 dose, hydrocortisone 50 mg IV q6hrs, LR 1L IV bolus, norepinephrine IV drip, Zosyn 2.25 gms IV q6hrs, NaHCO3 50 mEq IV x 2 doses, NS 2L IV bolus, pantoprazole IV drip, thiamine 100 mg IV x 1 dose, and vancomycin 1500 mg IV x 1 dose.

Labs - Review # 92165086 - MRN: 006834872 - HOWARD CLINE

Order:	.Diff Morphology	**Source:**		**Body Site:**	

Test	**Result/Abnormal Flag**		**Range**	**Unit**
	3/23/2017 6:30 PM (ET)	3/23/2017 2:20 PM (ET)		
Burr Cells	Not Provided			
Hypochromia	Not Provided	Not Provided		
Large Platelets		Not Provided		
Macrocytes	Not Provided	Not Provided		
Ovalocytes		Not Provided		
PLATELET ESTIMATE	Not Provided	Not Provided		
PLT MORPHOLOGY	Not Provided	Not Provided		
Polychromasia	Not Provided	Not Provided		
RBC Morph	Not Provided	Not Provided		
Schistocytes	Not Provided	Not Provided		
Toxic Granulation	Not Provided	Not Provided		
Vacuolization	Not Provided	Not Provided		

Order:	.Glomerular Filtration Rate	Source:		Body Site:	

Test	Result/Abnormal Flag	Range	Unit
	3/23/2017 1:00 PM (ET)		
GFR African American	9/L	>=60	ml/min/1.73 sq meter
GFR Non-African Amer	8/L	>=60	ml/min/1.73 sq meter

Order:	.Micro Auto	Source:		Body Site:	

Test	Result/Abnormal Flag	Range	Unit
	3/23/2017 2:43 PM (ET)		
AMORPHOUS	Not Provided/NA		
URIN EPITH CELLS	Not Provided/NA	Few	/hpf
URINE BACTERIA	Not Provided/NA	None	/hpf
URINE WBC'S	2	0-5	/hpf

Order:	ACETAMINOPHEN	Source:		Body Site:	

Test	Result/Abnormal Flag		Range	Unit
	3/23/2017 10:00 PM (ET)	3/23/2017 2:30 PM (ET)		
ACETAMINOPHEN	6/L	<2/L	10-30	ug/mL

Order:	AMMONIA,PLASMA	Source:		Body Site:	

Test	Result/Abnormal Flag	Range	Unit
	3/23/2017 1:00 PM (ET)		
AMMONIA,PLASMA	54/H	0-31	umol/L

Order:	CBC W DIFF	Source:		Body Site:	

Test	Result/Abnormal Flag		Range	Unit
	3/23/2017 6:30 PM (ET)	3/23/2017 2:20 PM (ET)		
AUTO NUCLEATED RBC	4.3/H	2.0/H	0.0-0.0	/100WBC
HEMATOCRIT	24.9/L	30.7/L	40.1-51.0	%
HEMOGLOBIN	7.6/L	9.1/L	13.7-17.5	g/dL
MCH	29.8	29.9	25.7-32.2	pg
MCHC	30.5/L	29.6/L	32.2-36.5	g/dL
MCV	97.6/H	101.0/H	79.0-96.2	fL
MPV	11.1	11.9	9.4-12.4	fL
PLATELET COUNT	124/L	170	150-400	K/uL
RBC COUNT	2.55/L	3.04/L	3.71-5.77	M/uL
RDW-CV	14.5/H	14.6/H	11.6-14.4	%
RDW-SD	52.1/H	53.3/H	35.1-43.9	fL
TYPE OF DIFF	Not Provided	Not Provided		

WBC COUNT	5.2	6.8	3.7-10.9	K/uL

Order:	COMPREHENSIVE METABOLIC PANEL	**Source:**		**Body Site:**	

Test	**Result/Abnormal Flag**	**Range**	**Unit**
	3/23/2017 1:00 PM (ET)		
ALBUMIN	2.5/L	3.4-5.0	g/dL
ALKALINE PHOS	171/H	45-117	U/L
ALT (SGPT)	1735/H	12-78	U/L
ANION GAP	23/H	5-15	mmol/L
AST (SGOT)	5061/H	15-37	U/L
BILIRUBIN,TOTAL	1.1/H	0.2-1.0	mg/dL
BUN	102/H	7-18	mg/dL
CALCIUM	8.2/L	8.5-10.1	mg/dL
CHLORIDE	112/H	98-107	mmol/L
CO2	6/P	21-32	mmol/L
CREATININE	6.8/H	0.6-1.3	mg/dL
GLUCOSE	52/L	70-99	mg/dL
POTASSIUM	6.3/H	3.5-5.1	mmol/L
SODIUM	141	136-145	mmol/L
TOTAL PROTEIN	5.7/L	6.4-8.2	g/dL

Order:	CPK	**Source:**		**Body Site:**	

Test	**Result/Abnormal Flag**	**Range**	**Unit**
	3/23/2017 1:00 PM (ET)		
CPK	3912/H	39-308	U/L

Order:	DIFF	**Source:**		**Body Site:**	

Test	**Result/Abnormal Flag**		**Range**	**Unit**
	3/23/2017 6:30 PM (ET)	3/23/2017 2:20 PM (ET)		
ABSOLUTE NEUT	3.95	5.98/H	1.78-5.38	K/uL
BAND NEUTROPHIL	17/H	28/H	0-10	%
LYMPHOCYTE	16	7/L	15-45	%
METAMYELOCYTE		1/H	<=0	%
MONOCYTE	3	3	0-10	%
MYELOCYTE	4/H	1/H	<=0	%
Nucleated RBC	5/H		<=0	/100WBC
POLYNUC NEUTROPHIL	59	60	40-70	%
VARIANT LYMP	1/NA			%

Order:	DRUG SCREEN	**Source:**		**Body Site:**	

Test	**Result/Abnormal Flag**	**Range**	**Unit**
	3/23/2017 2:43 PM (ET)		
AMP/METHAMP	Not Provided/NA	Negative	
Barbiturates	Not Provided/NA	Negative	

Benzodiazepines	Not Provided/ABN	Negative	
CANNABINOIDS	Not Provided/NA	Negative	
Cocaine Metabolites	Not Provided/ABN	Negative	
Drug Scr Crea U	86.9/NA		mg/dL
METHADONE	Not Provided/NA	Negative	
Opiates	Not Provided/NA	Negative	
Phencyclidine	Not Provided/NA	Negative	
RDSMG	Not Provided		

Order:	ETOH	**Source:**		**Body Site:**	

Test	**Result/Abnormal Flag**	**Range**	**Unit**
	3/23/2017 2:30 PM (ET)		
ETOH	<3	<=3	mg/dL
ETOH (g%)	Unable to Calc/NA	<=0.079	g%

Order:	FECAL OCCULT BLD DIAGNOSTIC	**Source:**		**Body Site:**	

Test	**Result/Abnormal Flag**	**Range**	**Unit**
	3/23/2017 6:00 PM (ET)		
Fecal Occult Blood Dx	Not Provided	Negative	

Order:	FOLATE	**Source:**		**Body Site:**	

Test	**Result/Abnormal Flag**	**Range**	**Unit**
	3/23/2017 6:30 PM (ET)		
FOLATE	17.4	5.4-24.0	ng/mL

Order:	FREE T3	**Source:**		**Body Site:**	

Test	**Result/Abnormal Flag**	**Range**	**Unit**
	3/23/2017 1:00 PM (ET)		
FREE T3	1.13/L	2.18-3.98	pg/mL

Order:	FREE THYROXINE (T4)	**Source:**		**Body Site:**	

Test	**Result/Abnormal Flag**	**Range**	**Unit**
	3/23/2017 1:00 PM (ET)		
FREE THYROXINE (T4)	1.16	0.76-1.46	ng/dL

Order:	Glucose POCT	**Source:**		**Body Site:**	

Test	**Result/Abnormal Flag**			**Range**	**Unit**
	3/23/2017 5:57 PM (ET)	3/23/2017 5:50 PM (ET)	3/23/2017 2:21 PM (ET)		
POC GLUCOSE	90	109/H	147/H	70-99	mg/dL

Order:	HEPATITIS ACUTE PANEL	Source:		Body Site:	

Test	Result/Abnormal Flag	Range	Unit
	3/23/2017 1:00 PM (ET)		
HEP B CORE IGM	Not Provided	Non-Reactive	
HEP B SURFACE AG	Not Provided	Non-Reactive	
HEPATITIS A IGM	Not Provided		
HEPATITIS C Ab w/reflex	Not Provided	Non-Reactive	
HEPATITIS COMMENTS	See Comment/NA		

Order:	MAGNESIUM	Source:		Body Site:	

Test	Result/Abnormal Flag	Range	Unit
	3/23/2017 2:30 PM (ET)		
MAGNESIUM	2.6/H	1.8-2.4	mg/dL

Order:	OSMOLALITY	Source:		Body Site:	

Test	Result/Abnormal Flag	Range	Unit
	3/23/2017 1:00 PM (ET)		
OSMOLALITY	333/H	270-295	mOsm/kgH2O

Order:	SALICYLATE	Source:		Body Site:	

Test	Result/Abnormal Flag		Range	Unit
	3/23/2017 10:00 PM (ET)	3/23/2017 2:30 PM (ET)		
SALICYLATE	<2/L	<2/L	10-30	mg/dL

Order:	TIBC,%SATURATION	Source:		Body Site:	

Test	Result/Abnormal Flag	Range	Unit
	3/23/2017 6:30 PM (ET)		
% SATURATION	135/H	11-46	%
IRON	157	65-175	ug/dL
IRON BINDING	116/L	250-450	ug/dL

Order:	TSH	Source:		Body Site:	

Test	Result/Abnormal Flag	Range	Unit
	3/23/2017 1:00 PM (ET)		
TSH WITH REFLEX	7.530/H	0.350-4.500	ulU/mL

Order:	URINALYSIS	Source:		Body Site:	

Test	Result/Abnormal Flag	Range	Unit
	3/23/2017 2:43 PM (ET)		
CLARITY	Not Provided/NA		

LEUKOCYTE ESTERASE	Not Provided/NA	Negative	
UA Chem Scr Com	Not Provided/NA		
URIN NITRITE	Not Provided/NA	Negative	
URIN PROTEIN	Not Provided/NA	Negative	mg/dL
URIN SP.GR.	1.014	1.001-1.035	
URIN UROBILI	0.2	0.1-1.9	mg/dL
URINE BILIRUBIN	Not Provided/NA	Negative	
URINE BLOOD	Not Provided/NA	Negative	
URINE COLOR	Not Provided/NA		
URINE GLUCOSE	Not Provided/NA	Negative	mg/dL
URINE KETONES	Not Provided/NA	Negative	mg/dL
URINE PH	5.0	5.0-9.0	

Order:	VITAMIN B12	**Source:**		**Body Site:**	

Test	**Result/Abnormal Flag**	**Range**	**Unit**
	3/23/2017 6:30 PM (ET)		
VITAMIN B12	>2000/H	211-911	pg/mL

Radiology / Diagnostics - Review # 92165086 - MRN: 006834872 - HOWARD CLINE

RAD

Order	Test	Date
CR CHEST 1 VIEW PORTABLE	CR CHEST 1 VIEW PORTABLE	3/23/2017 6:00 PM (ET)

Result
CHEST PORTABLE INDICATION: Post intubation. COMPARISON: Study from 07/09/2015. FINDINGS: The heart is enlarged. There is pleural parenchymal opacity over the right hemithorax felt to represent a combination of pleural fluid and underlying infiltrate or atelectasis. There is some increased opacity at the left base medially which may be atelectatic in nature. A right IJ central line is noted with the tip in the superior vena cava. No pneumothorax is noted. NG tube is noted in the stomach. Endotracheal tube tip is noted above the carina. CONCLUSIONS: 1. Support lines and tubes in satisfactory position. 2. Pleural parenchymal opacity over the right hemithorax. 3. Increased opacity in the left base medially which may relate to some atelectatic change.

Order	Test	Date
CT HEAD W/O CONTRAST	CT HEAD W/O CONTRAST	3/23/2017 3:41 PM (ET)

Result
HEAD CT 03/23/2017 COMPARISON: Compare to study of head CT 08/29/2014. INDICATION: Altered mental status. TECHNIQUE: 5 mm helical CT images were obtained through the head without IV contrast. FINDINGS: There is an area of encephalomalacia in the most inferior portion of the right cerebellar hemisphere. It was present previously and unchanged likely due to an old cerebellar infarction. There is no evidence of an acute intracranial hemorrhage or infarction, mass lesion or mass effect. There are no acute osseous abnormalities. There is some mucosal thickening in the left maxillary sinus. IMPRESSION: No acute intracranial process.

Order	Test	Date

US ABDOMEN COMPLETE	US ABDOMEN COMPLETE	3/23/2017 6:53 PM (ET)

Result

ULTRASOUND ABDOMEN COMPLETE INDICATION: Liver failure and AKI. FINDINGS: The exam was somewhat limited as the patient was intubated and unresponsive. The pancreas was heterogeneous and the tail partially obscured. No masses or peripancreatic fluid collections were noted. In the liver, the portal vein was patent with pulsatile hepatopetal flow. The liver measured 16.8 cm in length. The gallbladder showed wall thickening. There was some minimal pericholecystic fluid. No stones were seen. No hepatic masses were noted. The common bile duct was focally dilated to about 7 mm but tapers down more distally. The spleen was not enlarged. The kidneys were unremarkable with normal size and no obstruction. The right kidney measures 9.5 cm in length and the left kidney measures 10.1 cm. The bladder was decompressed with a Foley catheter. Aorta and IVC were unremarkable. IMPRESSION: No acute findings. Some gallbladder wall thickening but no stones noted. No evidence of hepatosplenomegaly. Pulsatile portal venous flow.

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Emergency Dept

CLINE, HOWARD LEE - R006834872

Result type: Emergency Dept
Result date: March 23, 2017 14:29
Result status: Unauth
Result title: Emergency Department Note
Performed by: Mulherin MD, Patrick J on March 23, 2017 14:30
Encounter info: R1708202036, Richland, IPR-Inpatient, 03/23/17 - 03/24/17

History of Present Illness

Patient's a 58-year-old Caucasian male the past medical history of chronic kidney disease, diabetes with a history of a right BKA, who presents to the emergency department from Alvin S. Glenn Detention Center for the evaluation of altered mental status.

According to the EMS and paperwork that came with the patient, it appears this patient has been having progressively worsening altered mental status for the last 2 days. In addition, they report that patient has not had anything to eat in the last 24 hours. According to the paperwork that came with the patient, the patient has been having mental status changes for the last 48 hours which they describe as him becoming generally agitated, unable to fully answer questions, and moaning continuously. Because of this the decision has been made to have this patient sent to the emergency department for evaluation of his altered mental status.

Currently in the emergency Department the patient is not really able to answer any questions and stated he is just moaning in the bed.

Review of Systems

10 point review systems is negative

Physical Exam

No qualifying data available.
General: patient is awake, however he is not alert or oriented. The patient is lying in bed and he is moaning, but is otherwise nonresponsive.
HEENT: normocephalic, atraumatic, pupils equal and round and reactive to light. Extraocular muscles intact. Conjunctiva are anicteric without injection or exudate. Mucous membranes are moist. Tympanic membranes are grossly normal.
Neck: neck is soft and supple without lymphadenopathy no JVD is appreciated. No meningeal signs
Respiratory: chest is clear to auscultation bilaterally, no wheezes or rales appreciated.
Cardiovascular: heart is a regular rate and rhythm without murmur, chest wall nontender to palpation.
Abdomen: abdomen is soft and nontender, nondistended, no rebound, no guarding, no peritoneal signs
Integument: There is abrasions to his right elbow
Neurologic: no focal abnormality, 5 out of 5 upper and lower extremity strength bilaterally.
Extremities: No clubbing cyanosis or edema. There is a BKA noted
Musculoskeletal: The patient's moving his upper and lower extremities spontaneously and symmetrically.

Medical Decision Making

Ordered:
Sodium Chloride 0.9%, 1,000 mL, Inj, IV, OT, ***BOLUS OVER***, NOW, Start Date: 03/23/17 14:02:00, Stop date 03/23/17 14:02:00, 999 mL/hr, mL 1,000
thiamine, 100 mg, = 1 mL, Inj, IV, OT, Administer slow IV push over 10-20 seconds., Routine, Start Date: 03/23/17 14:30:00, Stop date 03/23/17 14:30:00

Problem List/ Past Medical History

Chronic
- Abscess
- Abscess of skin and subcutaneous tissue NOS
- Anemia
- Below knee amputation status
- Chronic kidney disease (CKD) stage G5/A1, glomerular filtration rate (GFR) less than or equal to 15 mL/min/1.73 square meter and albuminuria creatinine ratio less than 30 mg/g
- Gangrenous disorder
- Peripheral arterial disease

Historical
- Diabetes
- GERD (gastroesophageal reflux disease)
- HTN - Hypertension
- Hypothyroidism

Procedure/ Surgical History

Exam Under Anesthesia (Gen) (Right, Leg) (04/23/2015), Incision and Drainage Lower Extremity (G (Right) (04/23/2015), Amputation Below Knee (Gen) (Right) (08/22/2014), Other amputation below knee (08/22/2014), Amputation Below Knee (Ortho) (Right, Ankle) (08/19/2014), Disarticulation of ankle (08/19/2014), Transfusion of packed cells (08/19/2014), Dressing Change Extremity (Leg, Right) (08/12/2014), Incision and Drainage (Gen) (Leg, Right) (08/12/2014), Nonexcisional debridement of wound, infection or burn (08/12/2014), Debridement Lower Extremity(Gen) (08/10/2014), Nonexcisional debridement of wound, infection or burn (08/10/2014), Wound Vac Application (08/10/2014), Amputation of toe (08/07/2014), Debridement Wound (Gen) (Leg, Right) (08/07/2014), Fasciotomy (08/07/2014), Amputation of toe (03/20/2014), Nonexcisional debridement of wound, infection or burn (03/20/2014), Amputation of toe, EYE SURGERY.

Social History

Acetaminophen Level
Ammonia Level
CBC W/Diff
Comprehensive Metabolic Profile
CT Head W/O IV Contrast
ED ECG 12 Lead CV
Magnesium Level
Salicylate Level
TSH
Urinalysis w/Microscopy

This patient was seen by myself, the attending physician, and multiple members of the nursing staff immediately upon arrival to the emergency department. The patient's overall hemodynamically stable however he is grossly altered upon arrival to the emergency department. Because of the patient's altered mental status a broad-based workup was initiated including a CBC, CMP, ammonia level, Tylenol and aspirin level, EKG, magnesium level, TSH, urinalysis as well as CT of his head.

Lab Results
POC Glucose Screen: 147 High 03/23/17 14:28:51

Emergency Department Course
This patient was immediately seen by me with a history to physical here in the emergency department. The patient was relatively unresponsive whenever he got here to the emergency room, however he was protecting his airway and therefore intubation was deferred at this time. Patient's diagnostic evaluation has returned as concerning for multiple different laboratory abnormalities. He was noted to be hypoglycemic with a blood sugar of less than 45 and because of this he was administered D50 glucose. The patient was also found to be hypothermic here in the emergency department with a temperature of 90°, therefore active rewarming measures were initiated. In addition this patient did come back as showing acidemia with a pH of 6.9 and therefore he was administered amp of bicarbonate. We also initiated fluid resuscitation on this patient with 2 L of normal saline.. In addition we have also administered the sepsis bundle protocol as we believe this patient is septic at this time. Because of this, empiric antibiotics were started blood cultures and urine cultures were drawn. In addition I did contact the MICU as I believe this patient will require a higher level of care given his clinical status as well as his pH.

Assessment
Altered mental status
Hypoglycemia
Hypothermic
Elevated liver enzymes
Chronic kidney disease

Disposition
MICU

Signature Line
Electronically Signed & Verified on 03/23/2017 17:34
by Mulherin MD, Patrick J

by Privette Jr MD, Troy W

Tobacco
Cigarettes, Former smoker, 20 per day. 3 year(s). Started age 36.0 Years. Stopped age 39 Years. Previous treatment: None, just quit.

Family History
Acute myocardial infarction: Mother and Father.

Medications
Inpatient
NS 0.9% Bolus, 1000 mL, IV, OT
thiamine, 100 mg, 1 mL, IV, OT
Home
aspirin 325 mg oral enteric coated tablet, 325 mg, 1 tab, PO, daily
Benadryl 25 mg oral capsule, 25 mg, 1 cap, PO, q6hr(s), PRN
Colace 100 mg oral capsule, 100 mg, 1 cap, PO, 2xdaily
Dulcolax Laxative 10 mg rectal suppository, 10 mg, 1 supp, PR, daily, PRN
Nexium 40 mg oral delayed release capsule, 40 mg, 1 cap, PO, daily
Procrit 4000 units/mL injectable solution, 4000 units, 1 mL, SUBQ, 2xweekly SuTh
Tylenol 325 mg oral tablet, 650 mg, 2 tab, PO, q4hr(s), PRN

Allergies
codeine

Emergency Dept CLINE, HOWARD LEE - R006834872

Completed Action List:

* Modify by Mulherin MD, Patrick J on March 23, 2017 14:30
* Perform by Mulherin MD, Patrick J on March 23, 2017 14:30
* Modify by Mulherin MD, Patrick J on March 23, 2017 17:09
* Modify by Mulherin MD, Patrick J on March 23, 2017 17:34
* Sign by Mulherin MD, Patrick J on March 23, 2017 17:34 Requested by Mulherin MD, Patrick J on March 23, 2017 14:30

Result type:	History & Physical
Result date:	March 23, 2017 17:09
Result status:	Unauth
Result title:	MICU H&P
Performed by:	Mitcham MD, Elijah on March 23, 2017 17:16
Encounter info:	R1708202036, Richland, IPR-Inpatient, 03/23/17 - 03/24/17

* Preliminary Report *

MICU H&P

Patient: **CLINE, HOWARD LEE** **MRN: R006834872** **FIN: R1708202036**
Age: **58 years** Sex: **Male** DOB: **07/17/58**
Associated Diagnoses: **None**
Author: **Mitcham MD, Elijah**

Basic Information
Referral source: Emergency department.

Chief Complaint
03/23/17 14:15 **per EMS, pt from prison facility with AMS. 0.4 narcan given nasally pta.**

History of Present Illness
This patient is 50-year-old Caucasian male inmate with past history of CAD, ESRD, diabetes, hypertension, hypothyroid who is brought from jail following several days of decreasing mentation. Per ED staff the jail staff reported that over the last 2 days his become more more altered and has been eating and drinking less. ED consult in MICU due to worsening rest or status and marginal blood pressures.

Review of Systems
Unable to obtain: Due to clinical condition.

Health Status
Allergies:
Allergic Reactions (Selected)
Severity Not Documented
Codeine- No reactions were documented.
Current medications: (Selected)
Documented Medications
Documented
Procrit 4000 units/mL injectable solution: 4,000 units = 1 mL, SUBQ, 2xweekly SuTh, 0 Refill(s)
Suspended
Benadryl 25 mg oral capsule: 25 mg = 1 cap, PO, q6hr(s), PRN Itching, 0 Refill(s)
Colace 100 mg oral capsule: 100 mg = 1 cap, PO, 2xdaily, 0 Refill(s)
Dulcolax Laxative 10 mg rectal suppository: 10 mg = 1 supp, PR, daily, PRN Constipation, 0 Refill(s)
Nexium 40 mg oral delayed release capsule: 40 mg = 1 cap, PO, daily, 0 Refill(s)
Tylenol 325 mg oral tablet: 650 mg = 2 tab, PO, q4hr(s), PRN Other (see Instructions), 0 Refill(s)
aspirin 325 mg oral enteric coated tablet: 325 mg = 1 tab, PO, daily, 0 Refill(s),
Medications (12) Active
Scheduled: (8)
aspirin 325mg EC tab 325 mg 1 tab, PO, daily
docusate sodium 100mg cap 100 mg 1 cap, PO, 2xdaily
hydrocortisone 100 mg inj 50 mg 1 mL, IV, q6hr(s)
pantoprazole 40 mg inj 40 mg, IV, q24hr
PHA Adult IV Electrolyte Guidelines PH6503 (CRITICAL CARE FLOORS) 1 ea, MISC, daily
pharmacy consultation 1 ea, MISC, OT

piperacillin-tazobactam in iso-osmotic soln 4.5 gram 100 mL, IV, q6hr(s)
vancomycin 1,500 mg, IV, OT
Continuous: (0)
PRN: (4)
acetaminophen 325mg tab 650 mg 2 tab, PO, q4hr(s)
bisacodyl 10 mg supp 10 mg 1 supp, PR, daily
naloXONE 0.4mg/mL inj 1mL 0.4 mg 1 mL, IV, On call
ondansetron 2mg/mL inj 2mL 4 mg 2 mL, IV, q6hr(s)

Histories

Past Medical History:

Resolved

Diabetes (0B9425BE-172E-47A1-9E8E-453E443E66F6): Resolved.
GERD (gastroesophageal reflux disease) (70AAB5C7-60C8-4451-AB3E-FD525EF76AA0): Resolved.
HTN - Hypertension (2164904016): Resolved.
Hypothyroidism (68268011): Resolved., ESRD, CAD

Procedure history: Right leg BKA, cardiac cath, leg I&D

Social History

Social & Psychosocial Habits

Tobacco
03/19/2014 **Type:** Cigarettes
Use: Former smoker
Tobacco use per day: 20
Number of years: 3
Started at age: 36.0 Years
Stopped at age: 39 Years
Previous treatment: None, just quit
Comment: no tobacco in household, except occationally when stressed will smoke one or two - 03/19/2014 20:44 - Buettner RN, Julie A

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Physical Examination

Vital Signs (last 24 hrs)	Last Charted
Resp Rate	**H** 24br/min (MAR 23 16:10)
SBP	90 mmHg (MAR 23 16:10)
DBP	63 mmHg (MAR 23 16:10)

General: Patient is not alert or oriented. Does not respond to commands
Eye: Pupils equally round but did not respond to light. Does not track
HENT: Normocephalic, dry oral mucosa
Respiratory: Lungs are clear to auscultation, initial examination will a shooting was noted to have labored breathing, accessory muscle use
Cardiovascular: Bradycardic Regular rhythm, weak thready pulses bilateral upper and lower extremities
Gastrointestinal: Soft, Non-distended, Normal bowel sounds.
Musculoskeletal: Right BKA present
Integumentary: Warm, Dry, Pink, Intact
Neurologic: Patient alert and oriented. Unable to fully assess neurologic status due to clinical condition. No pupillary or corneal reflex. No startle reflex. Does not withdraw to pain

Review / Management

Results review:

Labs (Last four charted values)

WBC	6.8	(MAR 23)
Hgb	**L 9.1**	(MAR 23)
Hct	**L 30.7**	(MAR 23)
Plt	170	(MAR 23)
Na	141	(MAR 23)

K	**H 6.3**	(MAR 23)
CO2	**C 6**	(MAR 23)
Cl	**H 112**	(MAR 23)
Cr	**H 6.8**	(MAR 23)
BUN	**H 102**	(MAR 23)
Glucose	**L 52**	(MAR 23)
Mg	**H 2.6**	(MAR 23)
Ca	**L 8.2**	(MAR 23)

, All Results

03/23/17 15:09	**pH Arterial**	**6.98 <LLOW**
	PaCO2 Arterial	**30 mmHg. LOW**
	PaO2 Arterial	83 mmHg. Normal
	HCO3 Arterial	**6.9 mmol/L LOW**
	Base Arterial	-23.1 mmol/L
	O2 Sat Arterial	**91 % LOW**
	Pox Sat Arterial	92 %
	Lactate Arterial	**5.9 mmol/L >HHI**
03/23/17 14:43	Amphetamines	Negative
	Barbiturates, Qual	Negative
	Benzodiazepines	**Positive**
	Cannabinoids	Negative
	Cocaine Metabolites	**Positive**
	Opiates	Negative
	Phencyclidine, Qual	Negative
	Methadone Level	Negative
	Drug Scr Msg	See Comment
	Drug Scr Crea U	86.9 mg/dL NA
03/23/17 14:30	**Acetaminophen Level**	**<2 ug/mL LOW**
	Salicylate	**<2 mg/dL LOW**
	TSH	**7.530 ulU/mL HIGH**
03/23/17 14:01	**POC Glucose Screen**	**<45 mg/dL LOW**
03/23/17 13:00	**Protein, Total**	**5.7 g/dL LOW**
	Albumin	**2.5 g/dL LOW**
	Bilirubin, Total	**1.1 mg/dL HIGH**
	Alkaline Phos	**171 U/L HIGH**
	AST (SGOT)	**5,061 U/L HIGH**
	ALT (SGPT)	**1,735 U/L HIGH**
	Ammonia, Plasma	**54 umol/L HIGH**

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Impression and Plan

Assessment:

This patient is 50-year-old Caucasian male inmate with past history of CAD, ESRD, diabetes, hypertension, hypothyroid who is brought from jail following several days of decreasing mentation. Admitted to the MICU for airway protection and CV support.

Plan:

Neuro

1. AMS
- Per jail, has been altered for the last few days, worsening
- Blood glucose on admission less than 45
- White blood count 6.8 but has 28 bands, temperature 90.1 on admission
- Creatinine 6.8, BUN 102 on admission
- UDS was positive for cocaine and benzos metabolites. Acetaminophen and salicylate level less than 2. We will order ethanol level
- pH 6.98 on admission, LA 5.9, ammonia 54
- History of hypothyroidism, TSH 7.53
- CT head pending
- We'll start Vanco and Zosyn, blood cultures pending
- Total picture also concerning for adrenal insufficiency. But unsure if he is on chronic corticosteroids. We'll consider cortisol levels

CV
1. Hypotension
- Maps in the 60s and 70s
- Status post multiple fluid boluses
- Placed central line and start pressor support
- Will continue workup as above, treat for possible sepsis

2. History of CAD
- Does have a history of heart catheter but unsure of complete history
- ECG pending
- Continue aspirin

Pulm
1. Acute respiratory failure
- ABG on admission 6.98/30/83/6.9
- Noted to have increased work of breathing, accessory muscle use
- ETT placed, chest x-ray pending

ID
1. Sepsis
- Hypothermic, white blood cell 6.8 with 28 bands
- Blood and urine cultures ordered
- UA did not indicate infection
- Continue vancomycin and Zosyn
- Foul-smelling stool noted on exam, will order C. difficile

Renal
1. ESRD
- Unsure of baseline creatinine, creatinine on admission 6.8, BUN 102
- CPK ordered
- Will consult nephrology

2. AGMA
- Acidemic as noted by ABG above
- Anion gap 23, lactic acid 5.9
- Has received multiple IV fluid boluses and bicarbonate while in the ED
- Serum osmoles ordered

3. Hyperkalemia
- mild hemolysis
- Status post multiple fluid boluses
- will repeat labs

GI
1. Transaminitis
- No reported history of liver disease
- AST and ALT in the thousands, alkaline phosphatase 171, total bili 1.1 at admission. Ammonia 54
- Given poor maps and hypotension may have some component of shock liver
- Will order hepatitis panel

Endo
1. Hypothyroidism
- TSH7.3, free T4 and T3 are pending
- Per home meds does not appear to be on any thyroid hormone
- Will likely need to start a dose during admission

2. Hypoglycemia
- Blood glucose noted to be less than 45 at admission
- Does have a history of diabetes but does not appear to be on any diabetic medication per home med list
- s/p 1 amp D50
- Repeat blood glucose 147, will continue to monitor

Heme
1. Anemia
- No signs of frank blood loss

- Does have a history of ESRD and home meds included Epo, likely related
- Will get FOBT, gastric/vomitus occult blood

FEN: NPO for now
Prophylaxis: We'll hold for now
Lines: Peripheral IV, ETT, right IJ, NGT, foley
Dispo: Patient is acutely ill Will admit to MICU

Eli Mitcham PGY 1, #0271

Signature Line
Electronically Signed & Verified on 03/23/2017 18:28
by Mitcham MD, Elijah

by Schrift MD. David

Completed Action List:
* Perform by Mitcham MD, Elijah on March 23, 2017 17:16
* Modify by Mitcham MD, Elijah on March 23, 2017 18:28
* Sign by Mitcham MD, Elijah on March 23, 2017 18:28

Consultation Report
* Final Report *

CLINE, HOWARD LEE - R006834872

Result type:	Consultation Report
Result date:	March 23, 2017 19:39
Result status:	Auth (Verified)
Result title:	CGA consult for coffee ground emesis and anemia
Performed by:	Delaney NP, DeAngela L on March 23, 2017 20:17
Verified by:	Hazratjee MD, Nyla on March 23, 2017 21:53
Encounter info:	R1708202036, Richland, IPR-Inpatient, 03/23/17 - 03/24/17

* Final Report *

CGA consult for coffee ground emesis and anemia

Patient: **CLINE, HOWARD LEE** **MRN: R006834872** **FIN: R1708202036**
Age: **58 years** Sex: **Male** DOB: **07/17/58**
Associated Diagnoses: **Chronic kidney disease (CKD) stage G5/A1, glomerular filtration rate (GFR) less than or equal to 15 mL/min/1.73 square meter and albuminuria creatinine ratio less than 30 mg/g; Metabolic acidosis; Elevated transaminase level; GERD (gastroesophageal reflux disease); Anemia; Coffee ground emesis**
Author: **Delaney NP, DeAngela L**

Basic Information

Admit information: Admit today with Altered Mental Status
Chief Complaint : per EMS, pt from prison facility with AMS. 0.4 narcan given nasally pta. Temperature Rectal : 90.2 DegF (<LLOW) .
Source of history: Self, Medical record, Not family member.
Present at bedside: Not family member.
Referral source: Odigwe MD, Chibuzo C.
History limitation: Clinical condition.

Chief Complaint

58 y/o male patient who is in custody a the Alvin S. Glen detention center, presented with AMS and hypothermia.

History of Present Illness

Mr. Cline is a 58 y/o male patient who presented to RMH from jail with AMS and hypothermia. Pmhx is significant for ESRD, diabetes with a history of a right BKA, Peripheral arterial disease, GERD (gastroesophageal reflux disease), hypertension, and hypothyroidism. Information is obtained from review of chart as patient is intubated and unresponsive. Per chart review, according to the EMS and paperwork that came with the patient, it appears this patient has been having progressively worsening altered mental status for the last 2 days. In addition, they report that patient has not had anything to eat in the last 24 hours. According to the paperwork that came with the patient, the patient has been having mental status changes for the last 48 hours which they describe as him becoming generally agitated, unable to fully answer questions, and moaning continuously. Because of this the decision has been made to have this patient sent to the emergency department for evaluation of his altered mental status. Lab from outside facility from 3/16/17: WBC 5.9, H/H 9.2/28.1, PLT 228, MCV 94.6, MCHC 32.7, B/C 53/3.9. Ferritin 625, iron 28, TIBC 230

He is known to our group, having been last seen on 4/21/15 for anemia. Hgb at that time was 8.9, cause of anemia thought to be and inflammatory process from cellulitis at that time vs kidney disease. No endoscopic interventions were undertaken during that hospitalization. Columbia GI also saw patient

previously on 8/12/14 in consultation for diarrhea and heme + stools. Iron studies during that time were c/w anemia or chronic disease. Dr. Bristow performed EGD on 5/13/14 for nausea, vomiting, and hematemesis with findings of mild nonerosive gastritis. Pathology report showed no evidence of duodenitis or celiac disease.

Patient seen and examined, OG tube in place with coffee ground emesis. Currently being dialyzed. Hypothermic on a warming blanket. Medical team at beside.

Review of Systems

Unable to obtain due to clinical condition.

Health Status

Allergies:

Allergic Reactions (Selected)

Severity Not Documented

Codeine- No reactions were documented.,

Allergies (1) Active	Reaction
codeine	None Documented

Current medications: (Selected)

Inpatient Medications

Ordered

1 Rx Adult IV Electrolyte Replacement Guidelines, Critical Care: Follow Guideline, daily, NOW, Start Date: 03/23/17 17:13:00
Colace: 100 mg, = 1 cap, Cap, PO, 2xdaily, Routine, Start Date: 03/23/17 18:00:00
Dextrose 5% in Water 1,000 mL + sodium bicarbonate (IV additive) 150 mEq: 1,000 mL, 1,000 mL = Total Volume, IV, Routine, Start Date: 03/23/17 18:35:00, @ 100 mL/hr, 10 hr, 61.63, kg
Dulcolax Laxative: 10 mg, = 1 supp, Supp, PR, daily, PRN, Constipation, Routine, Start Date: 03/23/17 17:06:00
Maxipime: 1 gram, IV, q24hr, Start Date: 03/23/17 23:00:00
Narcan: 0.4 mg, = 1 mL, Inj, IV, On call, PRN, Other (see Instructions), Administer 0.4mg every 2 minutes up to a max dose of 2mg as needed for patients who have received narcotics and become unresponsive or have respiratory depression., Routine, Start Date:...
Pharmacy Consult: Pharmacy to adjust antibiotic doses for Renal/Hepatic function and/or target drug levels., OT, STAT, Start Date: 03/23/17 16:30:00, Stop date: 03/23/17 16:30:00
Sodium Chloride 0.9% 250 mL + pantoprazole (IV additive) 80 mg: 250 mL, 250 mL = Total Volume, IV, Routine, Start Date: 03/23/17 18:26:00, @ 25 mL/hr, 10 hr
Tylenol: 650 mg, = 2 tab, Tab, PO, q4hr(s), PRN, Other (see Instructions), Routine, Start Date: 03/23/17 17:07:00
Zofran: 4 mg, = 2 mL, Inj, IV, q6hr(s), PRN, Nausea, Routine, Start Date: 03/23/17 17:06:00
fentaNYL (IV additive) 1,350 mcg + Premix Titrate 135 mL: 135 mL, 135 mL = Total Volume, IV, STAT, Start Date: 03/23/17 17:44:00, Titrate per Order Details, Starting dose: 25 mcg/hr, Titration dose: 25 mcg/hr, Titration interval: 15 min, Max dose: 300 mcg/hr, Goal: CPOT score less than 2, 61.63, kg
fomepizole: 616.3 mg, Inj, IV, q12hr(s), First Maintenance Dosing=10mg/kg every 12 hours x 4 doses., Routine, Start Date: 03/24/17 6:00:00, 4 doses, Stop date 03/26/17 5:59:00
fomepizole: 924.45 mg, Inj, IV, OT, Loading Dose=15mg/kg., STAT, Start Date: 03/23/17 19:29:00, Stop date 03/23/17 19:29:00
hydrocortisone: 50 mg, = 1 mL, Inj, IV, q6hr(s), Routine, Start Date: 03/23/17 18:00:00
norepinephrine 4 mg + Premix Titrate 250 mL: 250 mL, 250 mL = Total Volume, IV, STAT, Start Date: 03/23/17 17:40:00, Titrate per Order Details, Starting dose: 2 mcg/min, Titration dose: 2 mcg/min, Titration interval: 5 min, Max dose: 100 mcg/min, Goal: MAP greater than 65mmHg, 61.63, kg
thiamine: 100 mg, = 1 mL, Inj, IV, daily, Administer slow IV push over 10-20 seconds., Routine, Start Date: 03/24/17 6:00:00

Documented Medications

Documented

Procrit 4000 units/mL injectable solution: 4,000 units = 1 mL, SUBQ, 2xweekly SuTh, 0 Refill(s)

Suspended

Benadryl 25 mg oral capsule: 25 mg = 1 cap, PO, q6hr(s), PRN Itching, 0 Refill(s)
Colace 100 mg oral capsule: 100 mg = 1 cap, PO, 2xdaily, 0 Refill(s)
Dulcolax Laxative 10 mg rectal suppository: 10 mg = 1 supp, PR, daily, PRN Constipation, 0 Refill(s)
Nexium 40 mg oral delayed release capsule: 40 mg = 1 cap, PO, daily, 0 Refill(s)
Tylenol 325 mg oral tablet: 650 mg = 2 tab, PO, q4hr(s), PRN Other (see Instructions), 0 Refill(s)

aspirin 325 mg oral enteric coated tablet: 325 mg = 1 tab, PO, daily, 0 Refill(s),

Medications (16) Active
Scheduled: (8)
cefepime 1 gram, IV, q24hr
docusate sodium 100mg cap 100 mg 1 cap, PO, 2xdaily
fomepizole 924.45 mg, IV, OT
fomepizole 616.3 mg, IV, q12hr(s)
hydrocortisone 100 mg inj 50 mg 1 mL, IV, q6hr(s)
PHA Adult IV Electrolyte Guidelines PH6503 (CRITICAL CARE FLOORS) 1 ea, MISC, daily
pharmacy consultation 1 ea, MISC, OT
thiamine 200mg/2ml inj 2mL 100 mg 1 mL, IV, daily
Continuous: (4)
Dextrose 5% in Water 1,000 mL + sodium bicarbonate 150 mEq 1,000 mL, IV, 100 mL/hr
fentanyl in NaCl 0.9% (premix) 1,350 mcg + Premix 135 mL 135 mL, IV
norepinephrine 4mg in NS 250mL 4 mg + Premix 250 mL 250 mL, IV
Sodium Chloride 0.9% 250 mL + pantoprazole 80 mg 250 mL, IV, 25 mL/hr
PRN: (4)
acetaminophen 325mg tab 650 mg 2 tab, PO, q4hr(s)
bisacodyl 10 mg supp 10 mg 1 supp, PR, daily
naloxone 0.4mg/mL inj 1mL 0.4 mg 1 mL, IV, On call
ondansetron 2mg/mL inj 2mL 4 mg 2 mL, IV, q6hr(s)

Problem list:
Medical
Gangrenous disorder / 1210648015 / Confirmed
Abscess / 474437019 / Confirmed
Chronic kidney disease (CKD) stage G5/A1, glomerular filtration rate (GFR) less than or equal to 15 mL/min/1.73 square meter and albuminuria creatinine ratio less than 30 mg/g / 19117A0A-0CF8-4AA5-9105-AADBECA9101D / Confirmed
Peripheral arterial disease / 1779317016 / Confirmed
Below knee amputation status / 440595011 / Confirmed
Abscess of skin and subcutaneous tissue NOS / 216253BE-A07F-4B6A-A4CB-903CF9E53F7B / Confirmed
Anemia / 406636013 / Confirmed,

Active Problems (11)
Abscess
Abscess of skin and subcutaneous tissue NOS
Anemia
At risk for falls
At risk of pressure sore
At risk of venous thromboembolus
Below knee amputation status
Chronic kidney disease (CKD) stage G5/A1, glomerular filtration rate (GFR) less than or equal to 15
Extremity pain
Gangrenous disorder
Peripheral arterial disease

Histories
Procedure history:
Incision and Drainage Lower Extremity (G (Right) on 4/23/2015 at 56 Years.
Comments:
4/23/2015 11:57 - Ulmer RN, Susan M
auto-populated from documented surgical case
Exam Under Anesthesia (Gen) (Right, Leg) on 4/23/2015 at 56 Years.
Comments:
4/23/2015 11:57 - Ulmer RN, Susan M
auto-populated from documented surgical case
Amputation Below Knee (Gen) (Right) on 8/22/2014 at 56 Years.
Comments:
8/22/2014 16:08 - Johnston RN, Tricia K
auto-populated from documented surgical case
Amputation Below Knee (Ortho) (Right, Ankle) on 8/19/2014 at 56 Years.
Comments:

8/19/2014 17:17 - Snow RN, Sonya K
auto-populated from documented surgical case
Incision and Drainage (Gen) (Leg, Right) on 8/12/2014 at 56 Years.
Comments:
8/12/2014 15:52 - Burr RN, Ashley G
auto-populated from documented surgical case
Dressing Change Extremity (Leg, Right) on 8/12/2014 at 56 Years.
Comments:
8/12/2014 15:52 - Burr RN, Ashley G
auto-populated from documented surgical case
Wound Vac Application on 8/10/2014 at 56 Years.
Comments:
8/10/2014 14:06 - Dyches RN, Elizabeth A
auto-populated from documented surgical case
Debridement Lower Extremity(Gen) on 8/10/2014 at 56 Years.
Comments:
8/10/2014 14:06 - Dyches RN, Elizabeth A
auto-populated from documented surgical case
Debridement Wound (Gen) (Leg, Right) on 8/7/2014 at 56 Years.
Comments:
8/7/2014 17:01 - Bowen RN, Rossie J
auto-populated from documented surgical case
Amputation of toe (1209883019).
EYE SURGERY.

Social History

Physical Examination

Vital Signs (last 24 hrs)	Last Charted
Resp Rate	17 br/min (MAR 23 18:51)
SBP	81 mmHg (MAR 23 18:51)
DBP	55 mmHg (MAR 23 18:51)

General: Unresponsive, intubated, Not alert and oriented.
Eye: Left pupil blown, no corneal reflect.
HENT: Normocephalic, Normal hearing, Oral mucosa is moist, OG tube in place to suction with CGE in canister and tubing..
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion, Intubated.
Cardiovascular: Normal rate, Regular rhythm, No murmur, Good pulses equal in all extremities, On warming blanket.
Integumentary: Intact, Not warm and dry, Mult bruises and skin tears to b/l arms, Not warm.

Review / Management

Results review:

Labs (Last four charted values)

WBC	6.8	(MAR 23)
Hgb	**L 9.1**	(MAR 23)
Hct	**L 30.7**	(MAR 23)
Plt	170	(MAR 23)
Na	141	(MAR 23)
K	**H 6.3**	(MAR 23)
CO2	**C 6**	(MAR 23)
Cl	**H 112**	(MAR 23)
Cr	**H 6.8**	(MAR 23)
BUN	**H 102**	(MAR 23)
Glucose	**L 52**	(MAR 23)
Mg	**H 2.6**	(MAR 23)
Ca	**L 8.2**	(MAR 23)

, All Results

03/23/17 14:43	**Benzodiazepines**	**Positive**
	Cocaine Metabolites	**Positive**
03/23/17 14:30	**Acetaminophen Level**	**<2 ug/mL LOW**
	Salicylate	**<2 mg/dL LOW**

03/23/17 13:00	Ethyl Alcohol	<3 mg/dL Normal
	ETOH (g%)	Unable to Calc g%
	Bilirubin, Total	**1.1 mg/dL HIGH**
	Alkaline Phos	**171 U/L HIGH**
	AST (SGOT)	**5,061 U/L HIGH**
	ALT (SGPT)	**1,735 U/L HIGH**
	Osmolality, Serum	**333 mOsm/kgH2O HIGH**
	Ammonia, Plasma	**54 umol/L HIGH**
	Free T4	1.16 ng/dL Normal
	Hepatitis A IgM Ab	Non-Reactive
	Hepatitis B Core IgM	Non-Reactive
	Hepatitis B Surface Ag	Non-Reactive
	Hep C Ab	Non-Reactive

Diagnostic Findings:

Result type:	CT Head W/O IV Contrast
Result date:	March 23, 2017 15:42
Result status:	Transcribed
Performed by:	Ellisor RT(R)(CT), Kathy P on March 23, 2017 15:42
Encounter info:	R1708202036, Richland, IPR-Inpatient, 03/23/17 -

* Preliminary Report *

Reason For Exam
AMS

Finding:
HEAD CT 03/23/2017

COMPARISON: Compare to study of head CT 08/29/2014.

INDICATION: Altered mental status.

TECHNIQUE: 5 mm helical CT images were obtained through the head without IV contrast.

FINDINGS: There is an area of encephalomalacia in the most inferior portion of the right cerebellar hemisphere. It was present previously and unchanged likely due to an old cerebellar infarction. There is no evidence of an acute intracranial hemorrhage or infarction, mass lesion or mass effect. There are no acute osseous abnormalities. There is some mucosal thickening in the left maxillary sinus.

IMPRESSION: No acute intracranial process.

Impression and Plan
Diagnosis
Chronic kidney disease (CKD) stage G5/A1, glomerular filtration rate (GFR) less than or equal to 15 mL/min/1.73 square meter and albuminuria creatinine ratio less than 30 mg/g (ICD10-CM N18.5, Discharge, Medical).
Metabolic acidosis (ICD10-CM E87.2, Discharge, Medical).
Elevated transaminase level (ICD10-CM R74.0, Discharge, Medical).
GERD (gastroesophageal reflux disease) (ICD10-CM K21.9, Discharge, Medical).
Anemia (ICD10-CM D64.9, Discharge, Medical).
Coffee ground emesis (ICD10-CM K92.0, Discharge, Medical).

58 y/o who presented with AMS, now unresponsive, UDS + for cocaine and benzo's. Hypothermic, rectal temp of 90.2. We were asked to evaluate for coffee ground emesis from OG tube. He is CKD-3, being dialyzed currently. Hgb on admit was 9.1, now 7.4 from arterial blood gas. Hypotensive on Norepinephrine gtt.

Plan:
Continue current measure, transfuse as needed
No endoscopic interventions at this time, as he has more pressing issues.
Agree with PPI drip
Further plans contingent upon clinical course and evaluation by attending

Professional Services
Attending note, agree with NP above. Briefly,
PE: elderly W male, unresponsive, intubated, irregular pupil, NAD, HDS, afebrile, abdomen soft, NT, ND, BS+, no HSM
getting dialyzed, hypothermic

CGE, least of his problems. Hb 9, not stable for endsocopy.
PPi 40 mg IV BID ok. monitor H.H tanfuse PRN.
will follow. if no significant bleeding wilnot plan on endoscopy

Signature Line
Electronically Signed & Verified on 03/23/2017 20:17
by Delaney NP, DeAngela L

Electronically Signed & Verified on 03/23/17 21:53
by Hazratjee MD, Nyla

Completed Action List:
* Perform by Delaney NP, DeAngela L on March 23, 2017 20:17
* Sign by Delaney NP, DeAngela L on March 23, 2017 20:17
* Modify by Hazratjee MD, Nyla on March 23, 2017 21:53
* Sign by Hazratjee MD, Nyla on March 23, 2017 21:53 Requested by Delaney NP, DeAngela L on March 23, 2017 20:17
* VERIFY by Hazratjee MD, Nyla on March 23, 2017 21:53

Consultation Report
* Preliminary Report *

CLINE, HOWARD LEE - R006834872

Result type:	Consultation Report
Result date:	March 23, 2017 20:04
Result status:	Transcribed
Result title:	Consultation Report
Performed by:	Brannigan MD, Joseph A on March 23, 2017 20:04
Encounter info:	R1708202036, Richland, IPR-Inpatient, 03/23/17 - 03/24/17
Contributor system:	Softmed

* Preliminary Report *

Consultation Report

HISTORY OF PRESENT ILLNESS: Mr. Cline is a 58 year old, Caucasian male with a history of diabetes mellitus and hypertension, coronary artery disease and stage IV chronic kidney disease. He was recently incarcerated at the county jail for the past 2 weeks. Over the past 2 days, he has had altered mental status and has been noted to be eating and drinking less. He was brought to the ER this evening with some agitation, which on arrival here, lead to him going into agonal respirations leading to intubation. Pressors being placed. His initial temperature was 91 and he was placed on a warming blanket. When his initial labs returned he had a creatinine of 6 mg/dL, an elevated potassium and was in acute renal failure with no urine output. We were asked to see him. On arrival here, it was noted that he had a large osmolar gap, positive cocaine test and he was unresponsive on my arrival. At this point, the thought is that he may have ingested either ethylene glycol or methanol. Studies are pending. Fomepizole is to be given in the near future and the request of us is to dialyze him this evening.

REVIEW OF SYSTEMS: Unable to obtain.

HEALTH STATUS: Not known.

PAST MEDICAL HISTORY: As outlined above.

MEDICATIONS:
Prior to admission:
1. Nexium.
2. Hydrocortisone.
3. Acetaminophen.
Here he has been given:
4. Naloxone.
5. Placed on pressors.

PAST SURGICAL HISTORY: Right leg BKA, cardiac cath, leg I and D.

SOCIAL HISTORY: Positive for tobacco, positive alcohol, positive drugs.

PHYSICAL EXAMINATION:
GENERAL: This is a patient who is sedated, intubated and unresponsive.
LUNGS: Clear.
HEART: Bradycardic.
ABDOMEN: Soft and nontender.
EXTREMITIES: Without edema or lesions.

Consultation Report
* Preliminary Report *

CLINE, HOWARD LEE - R006834872

NEUROLOGICAL: As stated above.

LABORATORY: White count 6.8, hematocrit 30, BUN 102, magnesium 2.6, calcium 8.2, potassium 6.3, sodium 141. pH arterial of 6.98, pCO2 30, pO2 is 83. Lactate is 6.

IMPRESSION:
1. Diabetes mellitus, with sugars that are actually on fair control.
2. Coronary artery disease.
3. Acute kidney injury of unknown etiology, but probably secondary to acute tubular necrosis by hypotension, hypothermia, and possibly ingestion of ethylene glycol or methanol. At this point, I think we are going to need to emergently dialyze him. We will get a line placed and begin dialysis tonight and we will start fomepizole while labs are pending. Overall, his prognosis is quite grim due to his reduced mental status already, but with a temperature this low we are going to need to be aggressive and see if we can have some response to therapy. He will be admitted to the MICU and monitored closely.

PLAN:
1. As above.
2. Discuss with family, if we can find anyone.
3. Aggressive dialysis.

D: 03/23/2017 20:04:39 T: 03/23/2017 20:31:54 TID: NTS
Job #: 034216 Doc#: 134235

Completed Action List:
* Perform by Brannigan MD, Joseph A on March 23, 2017 20:04

Result type:	Death Summary
Result date:	March 24, 2017 00:54
Result status:	Modified
Result title:	MICU Death Summary
Performed by:	Banks MD, Katelyn A on March 24, 2017 01:15
Verified by:	Newsome MD, Brandi R on March 24, 2017 16:17
Encounter info:	R1708202036, Richland, IPR-Inpatient, 03/23/17 - 03/24/17

Document Contains Addenda

MICU Death Summary

Patient: **CLINE, HOWARD LEE** **MRN: R006834872** **FIN: R1708202036**
Age: **58 years** Sex: **Male** DOB: **07/17/58**
Associated Diagnoses: **None**
Author: **Banks MD, Katelyn A**

Date of Admission: 3/23/17
Date of Death: 3/24/17

HPI: Mr. Cline is a 58 year old male with a history of CAD, CKD stage III-IV per chart review, HTN, hypothyroidsim and daily alcohol abuse with recent incarceration 2 weeks ago who presented from Alvin Glenn Detention center with 2 days of increasing lethargy and AMS. Patient was altered and combative on arrival in the ED and received 4mg Ativan. Initial laboratory workup showed Acute on CKD, Anion gap metabolic acidosis with a pH of 6.9, and transaminitis. MICU was consulted for admission. Patient was intubated in the ED due to low mentation (he was reportedly completely unresponsive upon MICU evaluation) and a central line was placed. Patient was found to be in acute on chronic renal failure, with shock liver, upper GI bleed. He had an osmolar gap of 48, urinary crystals, and profound acidosis not completely explained by lactate of 5.9. Nephrology and Poison Control were consulted for suspicion for toxic alcohol ingestion. Dr. Brannigan with nephrology agreed with the probable diagnosis of toxic alcohol ingestion. Ethylene glycol and methanol levels sent off. Patient started on bicarb drip and fomepizole. Temporary HD catheter placed, and Dr. Brannigan put in orders to initiate HD once patient got room in MICU.

In addition to the above treatments for his acidosis/renal failure, patient typed and crossed for 2 units of blood. GI was consulted. He was placed on a protonix drip for GI bleed. He was also found to be hypothermic and hypotensive, so broad spectrum antibiotics were initiated after cultures obtained, and he was started on levophed. On arrival, patient's potassium was 6.3 with slight hemolysis. Repeat potassium on ABG 4.9.

On 3/24 at 22:25 patient became bradycardic and EKG showed widening QRS complexes with peaked T waves. The patient coded several times initially in PEA, subsequently went into pulseless VT, then unstable bradycardia. He was rescucitated with a total of 6 amps of sodium bicarb, 1 amp calcium gluconate, 1 amp calcium chloride, 1 amp D50 with 10u insulin, 300mg amiodarone, 1.5mg atropine, 5mg epinephrine, cardiac pacing, defibrillation, and levophed drip. Please see nursing code sheets for full details. Ultimately, patient too unstable to undergo HD. He ultimately was found pulseless in PEA without cardiac activity on US. He was then pronounced dead at 0012 on 3/24.

Diagnosis:
Acute on chronic renal failure
Osmolar gap metabolic acidosis
Hyperkalemia
Shock liver
Upper gastrointestinal bleed
Cardiopulmonary arrest
Death

Signature Line
Electronically Signed & Verified on 03/24/2017 15:50
by Banks MD, Katelyn A

Electronically Signed & Verified on 03/24/17 16:17
by Newsome MD, Brandi R

Addendum by Newsome MD, Brandi R on March 24, 2017 16:17 (Verified)
I was on call tonight when the patient was admitted and quickly passed. I did not evaluate the patient prior to his death,

Signature Line
Electronically Signed & Verified on 03/24/2017 16:17
by Newsome MD, Brandi R

Completed Action List:

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* Perform by Banks MD, Katelyn A on March 24, 2017 01:15
* Modify by Banks MD, Katelyn A on March 24, 2017 01:40
* Modify by Banks MD, Katelyn A on March 24, 2017 03:20
* Modify by Banks MD, Katelyn A on March 24, 2017 03:20
* Modify by Banks MD, Katelyn A on March 24, 2017 03:24
* Modify by Banks MD, Katelyn A on March 24, 2017 15:50
* Sign by Banks MD, Katelyn A on March 24, 2017 15:50
* Sign by Newsome MD, Brandi R on March 24, 2017 16:17  Requested by Banks MD, Katelyn A
on March 24, 2017 15:50
* VERIFY by Newsome MD, Brandi R on March 24, 2017 16:17
* Sign by Newsome MD, Brandi R on March 24, 2017 16:17
* Modify by Newsome MD, Brandi R on March 24, 2017 16:17
```

Cline, Howard Lee (ASGDC# 48749)

- Arrived 03-08-17 for the following charges:
    - Columbia PD – Shoplifting 1000 or Less = PR Bond, Shoplifting 1000-5000 = 5000.00 surety
    - Forest Acres PD – Shoplifting 1000 or less = 30 day sentence
- Upon arrival, Detainee Cline reported the following medical issues:
    - Irritable Bowel Disease, Heart Disease, Thyroid Issues, Cocaine and Alcohol Dependency
- Withdrawal Protocol due to the Alcohol and Cocaine Dependency issues.
    - Vitals checked three times daily
    - Received the following medications:
        - Librium prescribed by doctor
        - Various OTC drugs for other symptoms.
- Diabetic Protocol due to self-admission of taking diabetic medications.
    - Blood sugars checked three times daily
    - Insulin administered on sliding scale
- Chronic Care
    - Due to cumulative major medical issues
    - Seen by Doctor regularly
- Detainee initially housed in Mike Dorm (Medical Housing)
- Medical Care Time Line
    - 03-13-17 – First Chronic Care Visit
        - Discovered that he also suffered from liver disease, kidney failure, heart disease, and diabetes.
        - Special Diet Ordered
        - Labs ordered – results were out of control
        - Wound care for wound on sacrum
        - Awaiting medical records from area medical providers
    - 03-14-17 – Mental Health
        - Detainee requested mental health for panic attacks and difficulties sleeping.
        - Code Blue was issued – Detainee fell in the shower.
    - 03-15-17 – Doctor
        - More issues falling
        - Placed on suicide watch, felt as if falls were intentional
        - Ordered X-rays
            - Revealed fractured 3rd Right Rib
        - Detainee moved from Mike Dorm (Medical Housing) to Special Housing (SHU) for suicide watch protocol
    - 03-16-17 – Mental Health
        - Suicide Watch Follow Up
    - 03-17-17 – Mental Health
        - Suicide Watch Follow up

- Released from Suicide Watch
- Detainee refused Wound Care

- 03-18-17 – Detainee Complaint
  - Chest Pains
  - Assessed by medical, detainee became combative and refused further treatment
- 03-21-17 – Housing Transfer
  - Detainee returned to Mike Dorm (Medical Housing)
- 03-23-17 – Medical Emergency
  - Detainee was lethargic and had an altered mental state
  - Doctor gave detainee medications that made the detainee more aware
  - Doctor felt kidney function was contributing to his condition
  - Doctor also concerned with the possibility of Sepsis
  - 01:22PM
    - Detainee was transferred to Palmetto Health Richland by EMS
    - Officers Millhouse and Davis accompanied
- 03-24-17
  - 12:10AM – Doctor K. Banks at Palmetto Health Richland pronounced detainee deceased.
  - 01:30AM – Coroner J. Wright confirmed the death.
    - Columbia PD and Richland County Sheriff's Department notified
  - 08:30AM – Lt. Friedley with ASGDC contacted the coroners office
    - Awaiting response on autopsy this afternoon
    - Pathology report available in 8 weeks
  - 08:45AM – Lt. Friedley notified Lenora Ross with SCDC of the death per SCDC Minimum Standard Requirements.
  - 11:00AM – Coroner's Office notified the estranged wife of the deceased detainee.
  - 11:40AM – Coroner's Office provided Lt. Friedley with the preliminary Autopsy Report indicating the death by natural causes pending toxicology reports.

CLINE, HOWARD LEE

Image Not Found

Offender ID	48749
Booking ID	1658153
Booking Date	03/08/2017

Address
[redacted]
COLUMBIA, SC 29223-\

BirthDate	07/17/1958
Social Security	[redacted]
Race	White
Sex	Male
Eyes	Brown
Hair	Grey
Height	68
Weight	135

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Shoplifting / Shoplifting, value $1,000 or less								
5102P0834304	CITY	CITY	$0.00				MGAT	

Detainer

NLETS LEMS.Web

QWA 0006B4CDCD from NC2K

```
RICDC437
.QWA.0006B4CDCD.NC2K.20170308 17:46:42
  TO: RICDC437-184326    20170308 17:46:42  0006B4CDCD
FROM:     NC2K-11849165  20170308 17:46:42
1L011B9301E0AF2QWA
SC040013C

NO NCIC WANT SOC/247177889
NO NCIC WANT NAM/CLINE, HOWARD LEE DOB/19580717 RAC/W SEX/M
***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.
```

ASGDC Inmate Property Confiscation Sheet

Inmate's Name: Cline Howard
(Last Name) (First Name) (Middle Initial)

Inmate Number: 48749 Date of Birth:

Reason for Confiscation:

[ ] Contraband [ ] Excessive Property [ ] Transfer to Disciplinary Segregation

FOR SANITATION REASONS, ALL FOOD AND/OR BEVERAGE ITEMS WILL BE DESTROYED ONCE CONFISCATED AND WILL NOT BE STORED

2 sheets
blanket
towel / washcloth
netbag w/ dirty laundry
shower shoes
1 sock
1 adult diaper

The above description of property taken is correct: Suicide watch
(Inmate's Signature)

Inventoried by: Date and Time: 3/15/17 1839

Location of confiscated property:

The above described property returned to me:
(Inmate's Signature)

Returned by: Date and Time:

ALVIN S. GLENN DETENTION CENTER
INMATE MOVEMENT FORM

DATE: 3/15/2017

TIME: 16:42

INMATE NAME: Aline Howard

INMATE NUMBER: 48749

PREVIOUS LOCATION: ~~SF~~ mike

NEW LOCATION: SHU

D/O SIGNATURE: DO Felicia Felder

SUPERVISOR: Sgt Tykeria Jenkins

REASON FOR MOVEMENT: Suicide watch

MOVFRM.xls

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

ER/IP Referral Form

54[illegible]

CCS CORRECT CARE SOLUTIONS

Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
CLINE, HOWARD L	48749	1658153	7/17/1958	3/23/2017
Sex: M	SSN: [redacted]	Custody Date: 3/8/2017 5:16 PM		Potential Release Date: 1/1/1900

Alias:

Inmate Type: ☐ None ☑ State ☐ Interstate Compact ☐ Federal ☐ ICE/INS

☐ Is Juvenile ☐ Is Infirmary Housed

Requesting Provider: LOREN D. HALTOM, MD Provider Signature:

☐ Workers Comp ☐ Confirmed due to Inmate Violence ☐ Suspected due to Inmate Violence ☐ Pre-Existing Condition

☐ Inpatient Stay ☐ Prebooking Event ○ *Not Financially Liable* ○ *Financially Liable*

☐ Pre-Sentenced ☐ Sentenced

Category of Service: ☑ Emergency Room ☐ Direct Admission Hospital: PHR

Means of Transportation: ☑ Custody Car ☑ Ambulance: ○ *911* ○ *Non-Emergency* ☐ Air Ambulance

Date of Service / Admission: 3/23/17 **Discharge Date:**

Chief Complaint / Diagnosis: Declining, DM (mental Status change)

Reason for ER visit: *Include date of onset, present treatment, history of injury or illness, include all x-rays and lab results with consultation* (mental Status change x 2 days)

Inmate has been declining. Appetite poor. not able to hold a conversation. Inmate is moaning. Pt has chronic Renal Failure Stage 4 (Creat 4.0 3/13 & 3/16) but Anion Gap wnl. was given yl Itran for Pain Relief Due to RT tatal Lib Fracture & could be having over sedation from medication but need to Rule Sepsis which we can't do in the jail. (Note Has Right BKA - old)

Current Medications: See Attachment

Allergies: NKA

Vital Signs: 98 **BP:** 52 **P:** 52 **R:** 18 **T:** °F **O_2 Sat:** % **Accu Check:** 79

Nurse Signature / Title: R Ouellet RN Date 3/23/17 Time

ER Physician's Report

Please attach actual Emergency Room evaluation

Significant Findings, Including Tests Done:

Diagnosis:

Orders / Recommendations:

ER Physician Signature: Date:

Please include copy of ER Treatment Sheet upon release.

INMATES PLAN ESCAPES! DO NOT inform inmates of the date/time of revisits or impending hospitalizations.

CCS-HE02 ERMA © 2007
Correct Care Solutions, LLC
Revised 1/1/09



LT. MARGITA FRIEDLEY

From: LT. MARGITA FRIEDLEY
Sent: Monday, March 27, 2017 10:35 AM
To: GEORGE RICE
Subject: Howard Cline
Attachments: SAdmin17032709350.pdf

I just received this from our medical supervisor, thought you may want a copy of this to add into the medical file. Please call me if you have any questions.

Thanks
mlf

From: SCAN@RCGOV.US [mailto:SCAN@RCGOV.US]
Sent: Monday, March 27, 2017 10:36 AM
To: LT. MARGITA FRIEDLEY
Subject: Message from Admin



CLINE, HOWARD LEE

Offender ID	48749
Booking ID	1658153
Booking Date	03/08/2017

Race	White
Sex	Male
Eyes	Brown
Hair	Grey
Height	68
Weight	135

Address

[redacted]

COLUMBIA, SC 29223

Warrant Code	Bond Court	Trial Court	Bond Amount	Bond Type	Sentence	Release Date	High Code	Offense Comments
Offense Description								
Shoplifting / Shoplifting, value $1,000 or less								
5102P0834304	CITY	CITY	$2,125.00	PR	DISCHARGE - 0	03/09/2017	MGAT	CH233095
Shoplifting / Shoplifting, value more than $1,000 but less than $5,000								
2017A4021600597	CITY	CITY	$5,000.00	SB			MGAT	CH233095
Shoplifting / Shoplifting, value $1,000 or less								
2016A4020400142	FOREST ACRES	FAPD	$0.00		30 - Day(s)		MGST	MM 184508 T/S 4/4/2017 NLS200416

Detainer



CLINE, HOWARD

Offender ID: 48749

Booking ID: 1658153

Birth Date: 07/17/1958

Social Security: [redacted]

Address: [redacted]
COLUMBIA SC
29223

Race: White

Sex: Male

Eyes: Brown

Hair: Grey

Height: 68

Weight: 135

Release Date: 3/24/2017

Release Time: 01:03:56

Release Officer: WEST, CHIQUITA

Comments

DECEASED 03/24/17 CDW176081.



CLINE, HOWARD LEE

Offender ID	48749
Booking ID	1658153
Booking Date	03/08/2017

Address	
[redacted]	
COLUMBIA, SC 29223	

BirthDate	07/17/1958
Social Security	[redacted]
Race	White
Sex	Male
Eyes	Brown
Hair	Grey
Height	68
Weight	135

Released due to being deceased 03/24/17 CDW176087

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
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5102P0834304	CITY	CITY	$2,125.00	PR	DISCHARGE - 0	03/09/2017	MGAT	CH233095
Shoplifting / Shoplifting, value more than $1,000 but less than $5,000								
2017A4021600597	CITY	CITY	$5,000.00	SB		03/24/2017	MGAT	CH233095// DECEASED 03/24/17 CDW176081.
Shoplifting / Shoplifting, value $1,000 or less								
2016A4020400142	FOREST ACRES	FAPD	$0.00		30 - Day(s)	03/24/2017	MGST	MM 184508 T/S 4/4/2017 NLS200416// DECEASED 03/24/17 CDW176081.

Detainer

ADMITTED TO PRMH 03/23/2017 @2337

Small Property Box #438
Large Property B-597

2017 MAR 24 AM 12:59



CLINE, HOWARD LEE

Offender ID	48749
Booking ID	1658153
Booking Date	03/08/2017

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Race	White
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Detainer

ADMITTED TO PRMH 03/23/2017 @2337



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Detainer



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Detainer



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Detainer

CLINE, HOWARD LEE

Image Not Found

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Shoplifting / Shoplifting, value $1,000 or less								
5102P0834304	CITY	CITY	$0.00				MGAT	

Detainer

STATE OF SOUTH CAROLINA
FOREST ACRES MUNICIPAL COURT
BENCH WARRANT

2016B4020400217 W 2016A4020400142 08-16-1129

To any Lawful Constable or Officers:

WHEREAS: One **HOWARD LEE CLINE** on the 29 day of September, 2016 was convicted in this court of SHOPLIFTING/SHOPLIFTING, VALUE $2,000 OR LESS **with sentence imposed of 30 days or $2188.75**

This order is to command you to take and convey him/her to the common jail. This keeper of the said jail is hereby commanded to receive the said defendant and to safely keep until he/she shall be thereof discharged by due course of law; And for so doing, this shall be your good and sufficient warrant.

Witness: The due execution of this warrant on the 20 day of October, 2016

JUDGE, FOREST ACRES MUNICIPAL COURT

OFFICER'S RETURN
THE STATE OF SOUTH CAROLINA
FOREST ACRES MUNICIPAL COURT

I hereby certify that pursuant to the command of the within warrant, I have placed the said **HOWARD LEE CLINE** in the jail this 15 day of MARCH, 2017

#163

OFFICER'S NAME

Address: NO PERM ADDRESS

Height: 5 ft. 8 in.
Weight: 135
Hair: BRO
Eyes: BRO

Race: W
Sex: M
Age: 58
DOB: 07/17/1958

SSN: [redacted]
St. Lic: SC
Dr. Lic: [redacted]
Phone: [redacted]



IN: 3-15-2017

T/S: 4-4-2017

NCIS200416

AGENCY I.D.	DATE/TIME OF ARREST
SCO 400 400	03/15/17 1140

BOOKING REPORT
FOREST ACRES POLICE DEPARTMENT

CASE NUMBER: 08-16-1129

PERSONAL DATA

DEFENDANT NAME (LAST, FIRST, MIDDLE): CLINE, HOWARD LEE

RACE	SEX	DATE OF BIRTH	DOCKET NUMBER
W	M	07/17/58	

AGE	ETH	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER	VISIBLE SCARS AND MARKS	NCIC	I.D. NUMBER
58	N	508	135	BRO	BRO	[redacted]			

ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	RESIDENT	PHONE NUMBER
HOMELESS				*JSO	[redacted]

ALIAS	PLACE OF BIRTH	DRIVERS LICENSE NUMBER	STATE
		00803 1189	SC

EMPLOYER OR OCCUPATION	NEXT OF KIN	ADDRESS (CITY AND STATE)
NONE		

BOOKING OFFICER'S NAME	NUMBER	ARRESTING OFFICER	AGENCY	NUMBER
MP SMITH	41163	MP SMITH	FAPD	4004

ARRESTEE ARMED ☐ YES ☐ NO WEAPON TYPE: ☐ SEMI-AUTO ☐ FULL-AUTO ☐ ON VIEW ARREST ☐ SUMMONED ☑ CUSTODY

JUVENILE DISPOSITION: 1. ☐ HANDLED, RELEASED 2. ☐ REFERRED TO OTHER AUTHORITY *J – This Jurisdiction. S – State. O – Out of State. U – Unknown

ADDITIONAL CASE NUMBERS: MORE IN REMARKS ☐

IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE - A, B, C

BOND CHARGE

CHARGE I.D.	A	B	C
CHARGE	SHOPLIFTING		
STATUTE	BENCH WARRANT		
WARRANT NUMBER	2016B4020400217		
BOND AMOUNT			
BOND TYPE			
RET. DATE			
DISPOSITION			

DISPOSITION

	A DAYS	A AMOUNT	B DAYS	B AMOUNT	C DAYS	C AMOUNT
SENTENCE	30 OR	2188.75				
TIME SERVED						
GOOD TIME						
BALANCE						
PAID						
RECEIPT NUMBER						

IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE - D, E, F

BOND CHARGE

CHARGE I.D.	D	E	F
CHARGE			
STATUTE			
WARRANT NUMBER			
BOND AMOUNT			
BOND TYPE			
RET. DATE			
DISPOSITION			

DISPOSITION

	D DAYS	D AMOUNT	E DAYS	E AMOUNT	F DAYS	F AMOUNT
SENTENCE						
TIME SERVED						
GOOD TIME						
BALANCE						
PAID						
RECEIPT NUMBER						

REMARKS:

CITY OF FOREST ACRES

5205 N. TRENHOLM ROAD

FOREST ACRES SC 29206

803 [redacted]

782 9444

STATE OF SOUTH CAROLINA	)	**IN THE SUMMARY COURT**
	)	
CITY OF COLUMBIA	)	**COMMITMENT**
State of South Carolina	)	
	)	
vs	)	
	)	
Howard Lee Cline	)	
Defendant		

By **City of Columbia Judge Richard J. Morgan** in and for the City and State aforesaid,

These are to command you forthwith to convey and deliver into custody, **Howard Lee Cline** charged before me this date: March 9, 2017, on oath of

OFFICER: **Westley Fitch/Columbia Police Department**

DETAIN ON charge(s) of: **2017A4021600597 / Shoplifting / Value $2000 or less (Enhancement per 16-01-0057)**

BOND: **$5,000.00 Surety Bond 10 % ok**

COURT DATE: **April 24, 2017** at **9:00 AM**

And you the said KEEPER are required to receive the said **Howard Lee Cline** into your custody in the said jail and there safely keep until he be thence delivered by due course of law.

Given under my Hand and Seal, at Columbia, SC on March 9, 2017 and the two hundred and twenty-first year of American independence.

JUDGE RICHARD J. MORGAN

Columbia Municipal Court
811 Washington Street
Columbia, SC 29201
Phone: (803) 545-3150
Fax: (803) 733-8433

CH233095

2017 MAR -9 PM 12:13

ARREST WARRANT

2017A4021600597

STATE OF SOUTH CAROLINA

☐ County/ ☒ Municipality of

City of Columbia

THE STATE 170008888

against

Howard Lee Cline

Address: [redacted]

Columbia, SC 29223-3520

Phone: [redacted] SSN:

Sex: M Race: W Height: 5 8 Weight: 135

DL State: SC DL #:

DOB: 7/17/1958 Agency ORI #: SC0400100

Prosecuting Agency: Columbia Police Department

Prosecuting Officer: Westley G Fitch - 24072

Offense: Shoplifting / Value $2000 or less (Enhancement per 16-01-0057)

Offense Code: 2877

Code/Ordinance Sec: 16-13-0110(A)

This warrant is CERTIFIED FOR SERVICE in the

☐ County/ ☐ Municipality of

. The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to defendant Howard L Cline on 9/Mar/17

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

Columbia Municipal Court
811 Washington Street
Columbia, SC 29201

ORIGINAL ORIGINAL ORIGINAL ORIGINAL

STATE OF SOUTH CAROLINA)
☐ County/ ☒ Municipality of)
City of Columbia)

AFFIDAVIT

ORIGINAL

Form Approved by S.C. Attorney General April 28, 2003 SCCA 516

Personally appeared before me the affiant Westley G Fitch who being duly sworn deposes and says that defendant Howard Lee Cline did within this county and state on or about 3/ 8/2017 violate the criminal laws of the State of South Carolina (or ordinance of ☐ County/ ☒ Municipality of City of Columbia) in the following particulars:

DESCRIPTION OF OFFENSE: Shoplifting / Value $2000 or less (Enhancement per 16-01-0057)

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

On 03/08/2017 while at Lowes Home Improvement Store located at 7420 Garners Ferry Rd, city of Columbia county of Richland the aff viewed security camera footage of the def removing 3 boxes of hook blades and a Graco 30 Inch Tip Extension wire total valued of $82.93 from the shelf and concealed them inside his jacket. The def passed all points of sale without rendering payment for said items. The def's criminal history confirmed that he had a prior conviction for shoplifting on 09/29/2016 and a conviction for Petty Larceny on 11/09/2011.

Signature of Affiant

STATE OF SOUTH CAROLINA)
☐ County/ ☒ Municipality of)
City of Columbia)

Affiant's Address #1 Justice Square
Columbia, SC 29201-

Affiant's Telephone

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that on or about 3/ 8/2017 defendant Howard Lee Cline did violate the criminal laws of the State of South Carolina (or ordinance of ☐ County/ ☒ Municipality of City of Columbia) as set forth below:

DESCRIPTION OF OFFENSE: Shoplifting / Value $2000 or less (Enhancement per 16-01-0057)

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable

Sworn to and subscribed before me on 3/ 8/2017

(L.S.)

Signature of Issuing Judge

Russell T. Spencer

Judge Code: 6674

Judge's Address P.O. Box 644
Columbia, SC 29202

Judge's Telephone (803)545-3128

Issuing Court: ☐ Magistrate ☒ Municipal ☐ Circuit

ORIGINAL ORIGINAL ORIGINAL

03/09/2017 13:39 5453193 JURY TRIALS PAGE 05/07

STATE OF SOUTH CAROLINA)
CITY OF COLUMBIA)

IN THE SUMMARY COURT

DISCHARGE

By **City of Columbia Judge Richard J. Morgan**, in and for the City and State aforesaid:

For as much as **Howard Lee Cline ,** in your custody now for want of his finding sureties to be released on the charge(s) of

CASE / OFFENSE:

5102P0834304/Shoplifting / Shoplifting, value $2,000 or less

has posted bond in the amount of: **$ 2,125.00 PR BOND Dollars Appearance Recognizance Without Surety**

and hath found me sufficient sureties in that behalf.

These are, therefore, to authorize and require you that if the said **Howard Lee Cline** do remain in jail for no other cause, then you forbear to detain him any longer, but suffer him to go at large, and that upon the pain that will fall therein.

Given under my Hand and Seal, at **Columbia, SC** on March 9, 2017 and in the two hundred and twenty-first year of American independence.

JUDGE RICHARD J. MORGAN

Columbia Municipal Court
811 Washington Street
Columbia, SC 29201
Phone: (803) 545-3150
Fax: (803) 733-8433

DISCHARGE

CH1233095

2017 MAR -9 PM 12:13

Form S-438
Rev. 06/2014

UNIFORM TRAFFIC TICKET

STATE OF SOUTH CAROLINA
VERSUS

VIOLATOR

FIRST NAME	MIDDLE NAME	LAST NAME
Howard		Cline

[redacted]

CITY: Columbia | STATE: SC | ZIP CODE: 29223

DL STATE: SC [redacted] | CLASS: O | CDL: ☐ YES ☐ NO

RACE	SEX	BIRTH DATE	HGT.	WGT.	HAIR	EYES
W	M	07 17 59	508	135	GRY	BRO

VEHICLE

VEH. LIC. NO.	STATE	MAKE OF VEH	YEAR	18PSGR VEH.	AUTO	BICYCLE	COMB.	COMM. VEH.
				HAZ. MT.	MOPED	MTRCYCL	PEDESTRIAN	OTHER

VEHICLE OWNER FIRST NAME: NONE | MIDDLE NAME | LAST NAME

OWNER STREET | CITY | STATE | ZIP CODE

YOU ARE SUMMONED TO APPEAR BEFORE THE TRIAL COURT

TRIAL COURT

NAME OF TRIAL COURT	STREET
City Court	801 Washington St.

DATE OF TRIAL	TIME OF TRIAL	CITY	STATE	ZIP CODE
5 3 17	0800	Columbia	SC	29201

VIOLATION

VIOLATION SECTION NO.	VIOLATION - COURT APPEARANCE REQUIRED YES NO
16-13-110	Shoplifting

DATE OF VIOLATION	TIME OF VIOL.	SC POINTS	B.A. LEVEL
3 8 17	2:08 pm		

VIOLATION LOCATION: 7440 Garners Ferry Rd. | COUNTY: Richland

LAT | LONG | CITY: Columbia

OFFICER

NAME AND RANK OF ARRESTING OFFICER: Fitch CPL | SCCJA OFFICER NUMBER: 12805032

ARREST

BAIL DEPOSITED	DATE OF ARREST	BOND AMOUNT REQUESTED
Jail	3 8 17	

PRESENT THIS SUMMONS TO THE TRIAL COURT SHOWN ABOVE

BE SURE YOU UNDERSTAND FROM THE ARRESTING OFFICER THE EXACT TIME AND BEFORE WHOM YOU ARE TO APPEAR. IF THIS TICKET IS WRITTEN FOR A TRAFFIC VIOLATION AND YOU FORFEIT BAIL, PLEAD GUILTY OR NOLO CONTENDERE, OR ARE CONVICTED AFTER A TRIAL, THIS VIOLATION WILL BE PLACED AGAINST YOUR DRIVING RECORD, OR FORWARDED TO YOUR HOME STATE. POINTS FOR OUT OF STATE VIOLATOR WILL BE ASSESSED BY YOUR HOME STATE LICENSING AUTHORITY AND MAY DIFFER FROM STATE TO STATE. FAILURE TO COMPLY WITH THE TERMS OF THIS SUMMONS MAY RESULT IN THE SUSPENSION OF YOUR DRIVER'S LICENSE BY YOUR HOME STATE. YOU ARE REQUIRED BY LAW TO APPEAR IN COURT FOR CERTAIN OFFENSES.

SEE IMPORTANT INFORMATION ON THE REVERSE SIDE OF THIS TICKET.

VIOLATOR'S COPY TICKET# 5102P0834304

)10018992 RR Donnelley ©2010. All rights reserved. — 0687

BOOKING REPORT

COLUMBIA POLICE SC0400100	DATE/TIME OF ARREST	PLACE OF ARREST	CASE NUMBER
	3-8-17 / 1551	7420 Garners Ferry rd.	17001688

PERSONAL DATA

DEFENDANT NAME (LAST, FIRST, MIDDLE)	RACE	SEX	DATE OF BIRTH	DOCKET NUMBER
Cline, Howard, Lee	W	M	7-17-15	5-3-17 0800

AGE	ETH.	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER	VISIBLE SCARS AND MARKS	NCIC	I.D. NUMBER
58	N	508	135	GRY	BRO				

ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE	RESIDENT	PHONE NUMBER
[redacted]	Columbia	SC	29223	J/S/O U	

ALIAS	PLACE OF BIRTH	DRIVERS LICENSE NUMBER	STATE
		[redacted]	SC

EMPLOYER OR OCCUPATION	NEXT OF KIN	ADDRESS (CITY AND STATE)

BOOKING OFFICER'S NAME	NUMBER	ARRESTING OFFICER	AGENCY	NUMBER
W. Fitch	24072	W. Fitch 24072	CPD	

ARRESTEE ARMED ☐ YES ☑ NO WEAPON TYPE: ☐ SEMI-AUTO ☐ FULL-AUTO ☐ ON VIEW ARREST ☑ SUMMONED ☐ CUSTODY

JUVENILE DISPOSITION: 1. ☐ HANDLED, RELEASED 2. ☐ REFERRED TO OTHER AUTHORITY *J-This Jurisdiction. S-State. O-Out of State. U-Unknown.

ADDITIONAL CASE NUMBERS MORE IN REMARKS ☐

IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE - A, B, C, D, E, F

CHARGE / BOND

	A	B	C
CHARGE I.D.			
CHARGE	Shoplifting		
STATUTE	16-13-110		
WARRANT NO.	9102908397301		
BOND AMOUNT			
BOND TYPE			
RET/ DATE			
DISPOSITION			

DISPOSITION

	DAYS	AMOUNT	DAYS	AMOUNT	DAYS	AMOUNT
SENTENCE						
TIME SERVED						
GOOD TIME						
BALANCE						
PAID						
RECEIPT NUMBER						

CHARGE / BOND

	D	E	F
CHARGE I.D.			
CHARGE			
STATUTE			
WARRANT NO.			
BOND AMOUNT			
BOND TYPE			
RET/ DATE			
DISPOSITION			

DISPOSITION

	DAYS	AMOUNT	DAYS	AMOUNT	DAYS	AMOUNT
SENTENCE						
TIME SERVED						
GOOD TIME						
BALANCE						
PAID						
RECEIPT NUMBER						

RELEASE DATE	TIME	RELEASING OFFICER	NUMBER	AGENCY RELEASED TO

SIGNATURE OF RECEIVING OFFICIAL X [signature] LIST ANY REMARKS BELOW

VICTIM Lowes
7420 Garners Ferry rd.
Columbia, SC
803-647-7356

☐ RICHLAND COUNTY JAIL

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

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☑ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
CLINE, HOWARD L	48749	1658153	7/17/1958	3/21/2017

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☑Housing mh29
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☑Suicide Watch – Discontinue
☐ Continuous ☐15 min ☐ 30 min
☑Mental Health Observation – mh Transit
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender Identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Level of risk lowered for detainee. Discontinue Suicide Watch. Placed on Medical Transit in Mike

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: E. Doll, LPC, MHP Date: 3-21-2017

Correctional Staff Member Notified: Dorm, Classification, Supervisor

Date and time notified: 3-21-2017 @ 9:45am

Notification Type: ☐Verbal ☐Fax ☑Hand delivered ☐Other _____

Notified by CCS Staff Member: Erin L. Tolbert, LPC, MHP

SP102UN000ACCEN071513



ALVIN S. GLENN DETENTION CENTER
PERSONAL CLOTHING STORAGE AND COUNTY ISSUE

Inmate's Name: Cline Hardy (Last Name) (First Name) (Middle Name) Date of Birth: (Month/Day/Year)

Inmate Number: 48749 Dress-In Date: 3/8/17 (Month/Day/Year) Storage Location: B597

INVENTORY DESCRIPTION OF CLOTHING/PROPERTY TAKEN FOR STORAGE

[ ] Pants: Blue [ ] Shirt: Orange [ ] Coat:

[ ] Sweater: [ ] Sweat Suit: [ ] Suit:

[ ] Dress: [ ] Pants Suit: [ ] Jacket: Black

[ ] Dress Shoes: [ ] Tennis Shoes [ ] Hat: Blue

[ ] Other Property (Purse, etc.):

The personal property inventoried and descried above is an accurate listing of property taken for storage.

(Receiving Officer's Signature) 3/8/17 (Date) X (Inmate's Signature)

With the exception of any personal property listed above which was released by the inmate after booking, all of the above inventoried and described property has been returned in full to the inmate.

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

COUNTY PROPERTY ISSUE AND REPLACEMENT COST

[ ] Blanket $11.00 [ ] Sheet $4.08 [ ] Towel $1.55 [ ] Wash Cloth .50¢ [ ] Shower Shoes $2.49

[ ] Uniform Pants $10.00 [ ] Uniform Shirt $6.50 [ ] Laundry Bag $2.10 [ ] Beverage Cup .75¢

[ ] Property Storage Container $8.00 [ ] Inmate Guide $5.50 [ ] Other

The inmate has been issued the above indicated County property. It has been explained to the inmate that he/she is responsible for returning this property except for normal wear and tear in the same condition as issued. Destruction of or failure to return issued property will result in the inmate having to replace or make monetary reimbursement for the property at the above indicated cost prior to discharge.

(Issuing Officer's Signature) 3/8/17 (Date) X (Inmate's Signature)

The above issued County property was returned by the inmate in full and in acceptable condition.

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

DESTROYED OR UNRETURNED COUNTY PROPERTY AND ACTIONS TAKEN

[ ] Blanket [ ] Sheet [ ] Towel [ ] Wash Cloth [ ] Shower Shoes [ ] Uniform Pants

[ ] Uniform Shirt [ ] Laundry Bag [ ] Beverage Cup [ ] Property Storage Container [ ] Inmate Guide

[ ] Action Taken

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

The above issued County property was destroyed or not returned by the inmate and the following action was taken.

Offender Name:
HOWARD LEE CLINE

Date of Birth:
07/17/1958

Booking Date:	Booking Time:	Offender ID:
03/08/2017	3/8/2017 5:16:00 PM	48749

Property:
BLUE HAT;BLACK JACKET;ORANGE SHIRT;BLUE JEANS;

Property Box:
B597

Comments:
B597

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)	3/8/17 (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)

Offender Name:
HOWARD LEE CLINE

Date of Birth:
07/17/1958

Booking Date:	**Booking Time:**	**Offender ID:**
03/08/2017	3/8/2017 5:16:00 PM	48749

Property:
BLACK BELT;BLACK WALLET; Black/ Blue Cell phone

Property Box:

Comments:
~~NO CASH IN PREBOOKING~~
Cash $ 8.00

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.

SM232079 DJ23307
(Inventorying Officer's Signature)

3/8/17
(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)

ALVIN S. GLENN DETENTION CENTER
INMATE MOVEMENT FORM

DATE: 03/21/17

TIME: 10:05

INMATE NAME: CLINE, HOWARD

INMATE NUMBER: 48749

PREVIOUS LOCATION: SHU

NEW LOCATION: MIKE

D/O SIGNATURE: E. TOLBERT MHP

SUPERVISOR: SGT. VINSON

REASON FOR MOVEMENT: RECLASS
OFF SUICIDE WATCH/ON MEDICAL TRANSIT

MOVFRM.DOC

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

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☑ Adult ☐ Juvenile	
Patient Name CLINE, HOWARD L	Patient Number 48749	Booking Number 1658153	Date of Birth 7/17/1958	Today's Date: 3/21/2017

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☑Housing Mike9
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☑Suicide Watch – Discontinue
☐ Continuous ☐15 min ☐ 30 min
☑Mental Health Observation – mh Transit
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Level of risk lowered for detainee. Discontinue Suicide Watch. Placed on Medical Transit in Mike

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: E. Tolbert, LPC, MHP Date: 3-21-2017

Correctional Staff Member Notified: Dorm, Classification, Supervisor

Date and time notified: 3-21-2017 @ 9:45pm

Notification Type: ☐Verbal ☐Fax ☐Hand delivered ☐Other _____

Notified by CCS Staff Member: Erin L. Tolbert, LPC, MHP



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

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☒ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
CLINE, HOWARD L	48749	1658153	7/17/1958	3/17/2017

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☒Housing Mike ! - Medical transit / Mental Health status
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☒Suicide Watch Discontinue
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Detainee does not report thoughts of harming self or others. Suicide watch is being discontinue. Detainee is placed on medical transit / Mental Health status

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: Denise Jackson-Montgomery, MHP Date: 3/17/17

Correctional Staff Member Notified: Supervisor, Classification + Dorm

Date and time notified: 3/17/17 — 11:15 am

Notification Type: ☒Verbal ☒Fax ☒Hand delivered ☐Other _____

Notified by CCS Staff Member: Denise Jackson-Montgomery, MHP

SP102UN000ACCEN071513



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

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☒ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
CLINE, HOWARD L	48749	1658153	7/17/1958	3/17/2017

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☒Housing Mike – Medical Transit / Mental Health status
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☒Suicide Watch Discontinue
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Detainee does not report thoughts of harming self or others. Suicide watch is being discontinue. Detainee is placed on medical transit / mental Health status

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: Dwuzie Jackson-Montgomery, MHP Date: 3/17/17

Correctional Staff Member Notified: Supervisor, Classification + Dorm

Date and time notified: 3/17/17 – 11:15 AM

Notification Type: ☒Verbal ☐Fax ☒Hand delivered ☐Other _____

Notified by CCS Staff Member: Dwuzie Jackson-Montgomery, MHP

SP102UN000ACCEN071513



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

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs			Status: ☒ Adult ☐ Juvenile	
Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
CLINE, HOWARD L	48749	1658153	7/17/1958	3/16/2017

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☒Housing Hill
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☒Suicide Watch Staggered 5-Minute
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders)*:

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Detainee is being moved from a constant Suicidal watch to a Staggered 5 minute watch

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: Denise Jackson-Montgomery Date: 3/16/17

Correctional Staff Member Notified: Supervisor, Classification and Dorm

Date and time notified: 3/16/17 – 2:30 pm

Notification Type: ☐Verbal ☐Fax ☒Hand delivered ☐Other _____

Notified by CCS Staff Member: Denise Jackson-Montgomery, NHP

SP102UN000ACCEN071513



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

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs

Status: ☒ Adult ☐ Juvenile

Patient Name	Patient Number	Booking Number	Date of Birth	Today's Date:
CLINE, HOWARD L	48749	1658153	7/17/1958	3/16/2017

Special Needs Noted:

☐Wheel Chair
☐Crutches
☐Cane
☐Walker
☐Other _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:

☐Bottom Bunk required
☐Bottom Tier
☐Single Cell
☒Housing SHU
☐Medical Housing / Medical Watch
☐Medical Isolation
☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☒Suicide Watch Staggered 5-Minute
☐ Continuous ☒15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (If applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested *(Medical suggests use of universal precautions with all offenders):*

☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

ALERT:

☐ Offender identified has exhibited characteristics of being a potential target for victimization

☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: Detainee is being moved from a constant Suicidal watch to a staggered 5 minute watch.

If temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: Nurse Jackson-Montgomery Date: 3/16/17

Correctional Staff Member Notified: Supervisor, Classification and Dorm

Date and time notified: 3/16/17 – 2:30 PM

Notification Type: ☐Verbal ☐Fax ☒Hand delivered ☐Other _____

Notified by CCS Staff Member: Nurse Jackson-Montgomery, MHP

SP102UN000ACCEN0Y1613



17.

Mike
Medical Hold

INITIAL INMATE CUSTODY ASSESSMENT SCALE
ALVIN S. GLENN DETENTION CENTER
CLASSIFICATION NOTICE

Name: (last) Cline (first) Howard (middle) Lee

JCA No. 48749 D.O.B. 7/17/58 Race W Sex M SS# 247-17-7889

Charges (1) Shoplifting 2) _____ 3) _____

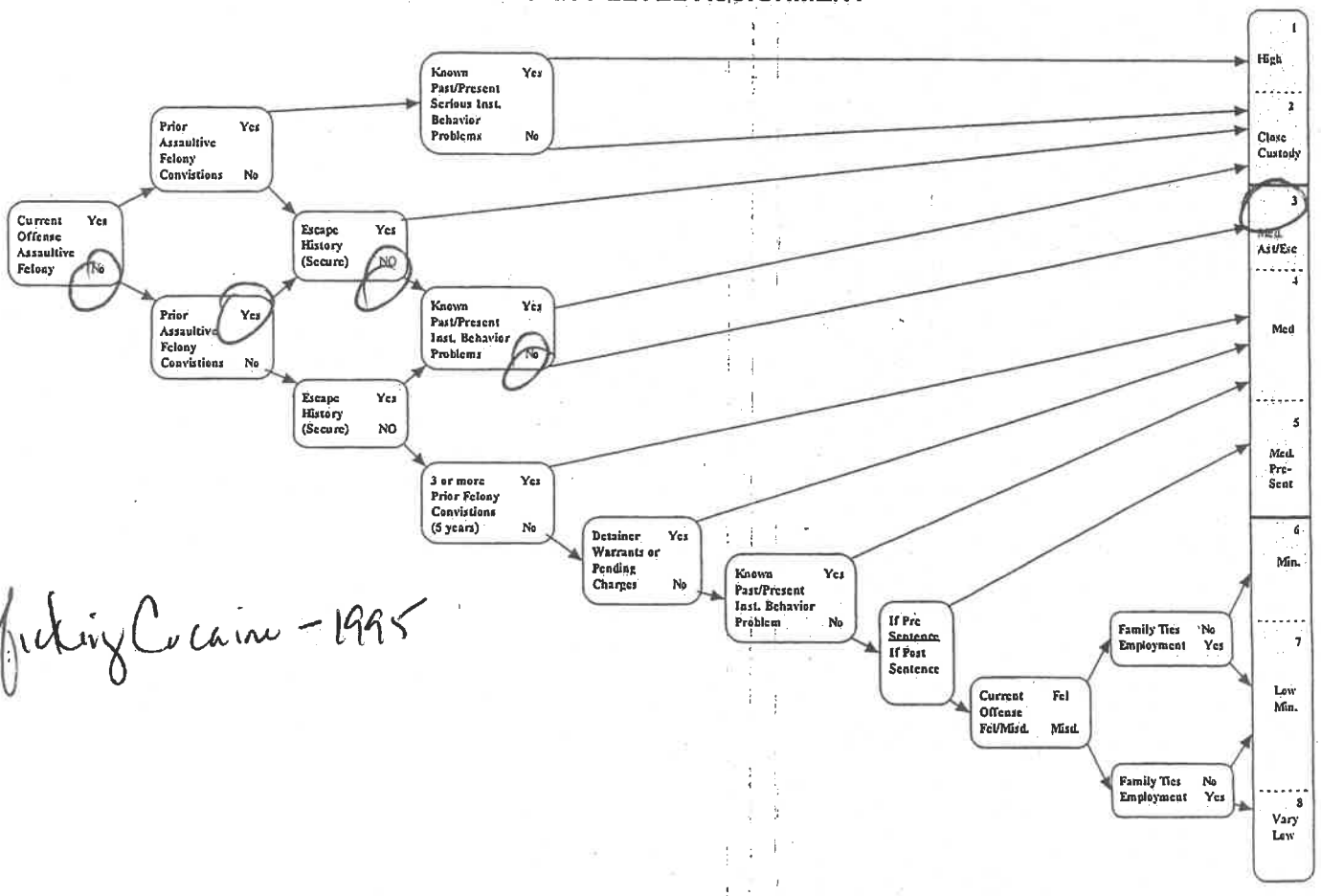
You have been placed in the following classification: Med by the Alvin S. Glenn Detention. This classification is determined by: current/past convictions: current/ past institutional behavior; pending charges or holds in other jurisdictions (if any): sentenced or unsentenced: and/or any other information that may be deemed appropriate with regard to your personal security or the security of the facility. NOTE: your classification can change when charges are altered or reduced: you are sentenced: due to administrative hearings: due to regular periodic review: and/or other reasons recommended by jail staff.

Appeal Process: any inmate who so desires may appeal his/her classification (in writing) in any of the three basic areas (security level, housing assignment or programs) with ten (10) days of the primary classification or reclassification by addressing the appeal to: CLASSIFICTION DEPARTMENT – APPEAL OF CLASSIFICATION:

Classified by: S. Brown Date: 3/10/17

Comments by Staff: New-class

PRIMARY SECURITY LEVEL ASSIGNMENT



Trafficking Cocaine - 1995

ALVIN S. GLENN DETENTION CENTER
COLUMBIA, SOUTH CAROLINA
CLASSIFICATION SCALE SUMMARY AND RECOMMENDATION

Inmate name Cline, Howard R/S W/M DOB 7/17/58

CODE 3 DATE: 3/10/17

Custody Level Indicated By Scale

1-2	MAXIMUM
(3)-4-5	MEDIUM
6-7-8	MINIMUM

SPECIAL MANAGEMENT CONCERNS WHICH APPLY TO INMATE
(CHECK (x) ALLBOXES WHICH APPLY)

- ☐ Protective Custody NO
- ☐ Psychological Impairment
- ☐ Mental Deficiency
- ☐ Escape Threat
- ☐ Serious Violence Threat
- ☐ Known Gang Affiliation NO
- ☐ Substance Abuse
- ☐ Pregnant
- ☐ Known Management Problem
- ☐ Suspected Drug Trafficker
- ☐ Suicide Risk NO
- ☐ Medical Problem
- ☐ Physical Impairment
- ☐ Military: NO Years: ___ to ___
- ☐ Kids under 6yrs: NO

OVERRIDE OF SCALE CUSTODY LEVEL IS RECOMMENDED

☐ 1: Yes ☐ 2: No (If yes, rational is required to be given)

CODE _____

_____

RECOMMENDED CUSTODY LEVEL: CODE 3

1-2	MAXIMUM
(3)-4-5	MEDIMUM
6-7-8	MINIMUM

Classification Officer Signature: SB Date: 3/10/17

SUPERVISOR APPROVAL OF OVERRIDE: ☐ 1: APPROVED ☐ 2: DISAPPROVED

FINAL CUSTODY LEVEL IF OVERRIDE IS DISAPPROVED

CODE _____

1-2	MAXIMUM
3-4-5	MEDIMUM
6-7-8	MINIMUM

RECOMMENDED HOUSING ASSIGNMENT _____

RATIONAL (if different from recommendation): _____

SUPERVISOR SIGNATURE: Sgt. Vinson

ALVIN S. GLENN DETENTION CENTER
INITIAL INMATE NEEDS ASSESSEMENT FORM
COLUMBIA, SOUTH CAROLINA

INMATE NAME (Last, First, Middle) Cline, Howard Lee R/S W/M

JCA # 48749 Assess Date: 3/10/17 Class Officer: S. Brown

HEALTH HBP (R) Leg Amputated Diabetes, Kidney Code 2

1 - Limited Physical Capacity; acute illness; needs hospitalization or *Outpatient treatment*

2 - Mild disability or illness; *Outpatient treatment* required; Non-strenuous work Prosthesis (R) Leg

3 - No problems which limit housing code work assignments

EMOTIONAL STABILITY Code 3

1 - Severe impairment; danger to self and others; needs hospital environment

2 - Moderate impairment requires monitoring, Individual or group therapy

3 - Emotionally stable no indications of mental illness

EDUCATION Code 3

1-5th grade or below reading math skills; needs remedial Special education classes

2 - No High School Diploma; adult education or G.E.D. program

3 - High School Diploma, G.E.D.. or equivalent

VOCATIONAL SKILL Code 3

1 - No discernable skills; needs training

2 - Limited skills; ability to hold semi-skilled position; needs training

3 - Possess marketable skills or trade

SUBSTANCE ABUSE Drugs Code 1

1 - Frequent abuse resulting in social, economic or legal problems; needs treatment

2 - Occasional abuse causing disruption of functioning

3 - No disruption of functioning, or legal difficulties

MENTAL ABILITY Code 3

1 - Serious disability limiting ability to function; needs sheltered living and work situations

2 - Mild disability limiting educational and vocational potential

3 - No disruption disability

OTHER (describe) Code

INITIAL PROGRAM RECOMMENDATIONS	PROGRAM CODE	PRIORITY CODE*
1.		
2.		
3.		
4.		

*Priority Codes: 1 - Urgent Immediate Need
2 - Problem directly related to criminal behavior *High Priority*
3 - Problem resolution would enhance ability to succeed in community

Sexual Predator / Vulnerability PREA Screening Checklist

Inmate Name: Clint Howard **Inmate No:** N87449

Employee Name: S. Brun **Date:** 3/10/17

Reason for Screening: (Circle One) (New Admission) Regular Review Special Referral

Possible Victim Factors:		**Source:**
1. Former victim of prison rape or sexual assault within the past ten years	Yes / (No)	
2. Youthful age (under 25)	Yes / (No)	
3. Elderly (65 or older)	Yes / (No)	60
4. Small physical stature (Males only) (5'6" or less and/or 140 lbs. or less)	Yes / (No)	5'8 130
5. Developmental disability / mental health history	Yes / (No)	
6. First time being incarcerated	Yes / (No)	
7. LGBTI	Yes / (No)	
8. History of any sexual abuse within the past ten years	Yes / (No)	
9. History of correctional facility consensual sex within the past ten years	Yes / (No)	
10. Placement in protective custody within the past ten years	Yes / (No)	

Sexually Vulnerable Designation Process:

If "yes" to item #1, enter inmate as a "Known Victim" code
If "yes" to three or more items other than item #1, enter inmate as a "Potential Victim"
Otherwise deisgnate inmate as a "Non-Victim"

Scored designation: (Circle One) Known Victim Potential Victim (Non-Victim)
Victim Over-ride: (Circle One) No Yes – "Potential victim to non-victim"
Yes – "Non-victim to potential victim" (Cannot override a known victim, ONLY a potential victim)
Basis for override: _____

Possible Predator Factors:		**Source:**
1. Institutional predatory sexual behavior within the past ten years	Yes / (No)	
2. Current or prior convictions for rape, child abuse or neglect within the past ten years	Yes / (No)	
3. Sexual abuse or sexual assault toward others or domestic violence within the past ten years (circle behaviors noted)	(Yes) / No	2013
4. Current gang affiliation	Yes / (No)	
5. Institutional Strong-arming / assaults within the past ten years	Yes / (No)	
6. Institutional consensual sex within the past ten years	Yes / (No)	
7. Institutional sexual taunting toward staff or offenders within the past ten years	Yes / (No)	
8. Overtly masculine (Females Only)	Yes / (No)	

Sexually Predatory Designation Process:
If "yes" to item #1, enter inmate as a "Known Predator" code
If "yes" to two or more items other than item #1, enter inmate as a "Potential Predator"
Otherwise designate inmate as a "Non-Predator"

Scored designation: (Circle One) Known Predator Potential Predator (Non-Predator)
Predator Over-ride: (Circle One) No Yes – "Potential predator to non-predator"
Yes – "Non-predator to potential predator" (Cannot over-ride a known predator, ONLY a potential predator)
Basis for over-ride: _____

ALVIN S. GLENN DETENTION CENTER

INITIAL CLASSIFICATION INTERVIEW FORM

(to be completed at Booking **by Booking Staff**)

Date: 3/8/17 Inmate #: 48749

Name: Cline, Howard DOB: 7-17-58

Pending Charges: Shoplifting

Gang affiliation? Yes ☐ No ☑ What Gang? _____

Ever been an informant? Yes ☐ No ☑ What Agency? _____

Sex Offender? Yes ☐ No ☑ Where? _____

Known enemies? Yes ☐ No ☑ Who? _____

Do you have any co-defendants? Yes ☐ No ☑ Who? _____

Do you need Protective Custody? Yes ☐ No ☑ Reason: _____

(If "Yes" answer to needing PC, complete **Request for Protective Custody** form and **Incident Report**, attach to this form, and forward to Classification for review and file.)

Arresting or transporting officer believes subject may be at risk regarding his/her safety:

Yes ☐ No ☑ Reason: _____

Staff Remarks: _____

Suggested transfer to Orientation Housing (Yankee/Papa) Yes ☑ No ☐

Suggested transfer to Segregation Yes ☐ No ☑

I have answered all questions fully as they relate to my safety and ASGDC security issues

Inmate Signature: _____

Interviewer's Signature: T. Myers Emp. No. 232079



CLINE, HOWARD LEE SC00444564

Offender ID	48749
Booking ID	1658153
Booking Date	03/08/2017

Address	
[redacted]	
COLUMBIA, SC 29223	

BirthDate	07/17/1958
Social Security	[redacted]
Race	White
Sex	Male
Eyes	Brown
Hair	Grey
Height	68
Weight	135

Offense Description								
Warrant Code	**Bond Court**	**Trial Court**	**Bond Amount**	**Bond Type**	**Sentence**	**Release Date**	**High Code**	**Offense Comments**
Shoplifting / Shoplifting, value $1,000 or less								
5102P0834304	CITY	CITY	$2,125.00	PR	DISCHARGE - 0	03/09/2017	MGAT	CH233095
Shoplifting / Shoplifting, value more than $1,000 but less than $5,000								
2017A4021600597	CITY	CITY	$5,000.00	SB			MGAT	CH233095

Detainer

LEMS.Web

ICHR 003F6B0290 from SCCH

RICDC427
.ICHR.003F6B0290.SCCH.20170310 09:47:43
TO: RICDC427-39960 20170310 09:47:43 003F6B0290
FROM: SCCH-7013008 20170310 09:47:43

ICHR REQUEST FOR RAP SHEET
ORI-SC040013C SID-SC00444564 PUR-C
ATN-BROWN, SUSAN

AUTHORIZED CRIMINAL JUSTICE AGENCY USE ONLY. CONTACT CONTRIBUTING AGENCY FOR SPECIFIC/MORE DATA ABOUT CHARGES AND/OR DISPOSITIONS. BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

PAGE-01 DATE-03/10/2017 TIME-09:47:42
REQ ORI-SC040013C CNTY DET CENTER COLA
SID-SC00444564 FBI-800433CA3
NAME-CLINE, HOWARD LEE SEX-M RACE-W
HEIGHT-509 WEIGHT-180 EYES-BRO HAIR-BRO SKIN- BORN-GA
FPC-227118PO12191317PI13 HENRY-22 M 9 R OOO 12
L 2 U OOI

PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE
1-FINGERPRINT IMAGES ON THIS SUBJECT ARE STORED ON SCAFIS

DATE RECORD ENTERED--04/19/1984 DATE OF LAST UPDATE--03/08/2017

ADDITIONAL IDENTIFIERS NAME	BIRTH DATES	MARKS	SOC SEC	MISC NUM
CLINE, HOWARD L	07151958 07171958 07161958		[redacted]	

CONTRIBUTOR/SUBJECT	DOA/RCVD	CHARGE/DISPOSITION/ETC
CLINE, HOWARD LEE SC0400000 RICHLAND CNTY SO WARR-A959264	03/29/1984	ARREST CHARGE 1-ASSAULT ARREST INFO-RELEASED ON BOND OR RECOG
WARR-A959264		COURT CHARGE 01-ASSAULT COURT DISP-CONVICTED;30D CONFINE; $110 FINE;CONFINEMENT OR FINE;PAID FINE COURT DATE-05/08/1984
CLINE, HOWARD LEE SC0400000 RICHLAND CNTY SO WARR-E185102	03/18/1994	ARREST CHARGE 1-TRAFFIC COCAINE OFFENSE DATE-03/18/1994 PHOTOGRAPH AVAILABLE

CIT-44-53-370E
DOC-94GS4017868
WARR-E185102

COURT CHARGE 01-COCAINE-10 PLUS GMS LESS THAN 28 GRAMS
COURT DISP-CONVICTED;5 YEARS
COURT DATE-07/27/1995

SC040055C R & E CENTER COLA 08/08/1995 CUSTODY STATUS-RECEIVED
CASE-226983 START DATE-08/08/1995
CIT-44-53-370E

COURT CHARGE 01-TRAFFICKING IN COCAINE 10 TO 28 GRAMS
COURT DISP-CONVICTED;5Y

CLINE, HOWARD LEE 11/28/1999
SC0400000 RICHLAND CNTY SO
ATN-
WARR-70038BG

ARREST CHARGE 1-FAIL TO GIVE PROPER SIGNAL
PHOTOGRAPH AVAILABLE

WARR-G246719

ARREST CHARGE 2-POSSESSION OF CRACK COCAINE

CIT-44-53-375(A) FELONY
DOC-00GS40
WARR-G246719

COURT CHARGE 01-POSS LESS THAN ONE GRAM ICE/CRACK COCAINE 1ST
COURT DISP-NON-CONVICTION; NOLLE PROSSED
COURT DATE-12/01/2000
ATN-

CLINE, HOWARD LEE 06/28/2001
SC0400000 RICHLAND CNTY SO
ATN-
WARR-G634431

ARREST CHARGE 1-POSS W/INT TO DIST CRACK COOCAINE
OFFENSE DATE-06/28/2001
PALM PRINTS AVAILABLE

CIT-44-53-375(A) FELONY
DOC-02GS4005108
WARR-G634431

COURT CHARGE 01-POSS LESS THAN ONE GRAM ICE/CRACK COCAINE 2ND
COURT DISP-CONVICTED;JAIL 6 MOS CREDIT F/JAIL TIME 147 DAYS
COURT DATE-02/06/2002
ATN-

CLINE, HOWARD LEE 07/15/2001
SC0400000 RICHLAND CNTY SO
ATN-
WARR-54824BO

ARREST CHARGE 1-DISORDERLY CONDUCT
OFFENSE DATE-07/15/2001
PHOTOGRAPH AVAILABLE

SC040015C SC DEPT CORRECTIONS 02/07/2002 CUSTODY STATUS-RECEIVED
CASE-281730 START DATE-02/07/2002
CIT-44-53-375(A)-FELONY

COURT CHARGE 01-POSS LESS
THAN ONE GRAM ICE/CRACK
COCAINE 1ST
COURT DISP-CONVICTED;6 MOS
ATN-

CLINE, HOWARD LEE 01/31/2006
SC0400400 FOREST ACRES PD
CASE-FA04306
ATN-990000172080
WARR-I290948
CIT-C/L,-MISDEMEANOR

ARREST CHARGE 1-SIMPLE ASSAUL
T
OFFENSE DATE-01/31/2006
PHOTOGRAPH AVAILABLE

WARR-I290949
CIT-16-13-110(B)(1)-MISDEMEANOR

ARREST CHARGE 2-SHOPLIFTING
OFFENSE DATE-01/31/2006

WARR-10940DK
CIT-16-9-320(A)-MISDEMEANOR

ARREST CHARGE 3-RESISTING
ARREST
OFFENSE DATE-01/31/2006

WARR-10941DK
CIT-16-13-180(1)-MISDEMEANOR

ARREST CHARGE 4-RECEIVING
STOLEN GOODS
OFFENSE DATE-01/31/2006

CIT-16-13-110(B)(1)-MISDEMEANOR
DOC-R84
WARR-I290949

COURT CHARGE 01-SHOPLIFTING
COURT DISP-CONVICTED;30 DAYS
ATN-990000172080

CIT-16-13-180(1)-MISDEMEANOR
DOC-R84
WARR-10941DK

COURT CHARGE 02-RECEIVING
STOLEN GOODS
COURT DISP-CONVICTED;30 DAYS

CIT-16-9-320(A)-MISDEMEANOR
DOC-R84
WARR-10940DK

COURT CHARGE 03-RESISTING
ARREST
COURT DISP-CONVICTED;30 DAYS

CLINE, HOWARD LEE 10/22/2011
SC0321400 GASTON PD
CASE-M760055
ATN-032000142082
WARR-M760055
CIT-16-13-30(A)-MISDEMEANOR

ARREST CHARGE 1-PETTY LARCENY
<$2000
OFFENSE DATE-10/21/2011
PALM PRINTS AVAILABLE

CIT--MISDEMEANOR
WARR-M760055

COURT CHARGE 01-PETTY LARCENY
<$2000
COURT DISP-CONVICTED;Fine

$1000.00 / Jail 0 Days / $1030.00 or 30 days in jail.
COURT DATE-11/09/2011
ATN-032000142082

CLINE, HOWARD LEE 03/20/2012
SC0321400 GASTON PD
CASE-WM760055
ATN-032000148025
WARR-WM760055
CIT-14-25-45-MISDEMEANOR

ARREST CHARGE 1-CONTEMPT OF MUNICIPAL COURT
OFFENSE DATE-03/20/2012
PALM PRINTS AVAILABLE

CIT-16-13-30(A)-MISDEMEANOR
DOC-R84
WARR-WM760055

COURT CHARGE 01-PETTY LARCENY
COURT DISP-CONVICTED;GUILTY/BT/$103 OR 30 DAYS
ATN-032000148025

CLINE, HOWARD LEE 04/29/2012
SC0321400 GASTON PD
CASE-71956GB
ATN-032000149544
WARR-71956GB
CIT-16-13-110(B)(1)-MISDEMEANOR

ARREST CHARGE 1-SHOPLIFTING <$2000
OFFENSE DATE-04/28/2012
PALM PRINTS AVAILABLE

CIT-16-13-110(B)(1)-MISDEMEANOR
WARR-71956GB

COURT CHARGE 01-SHOPLIFTING <$2000
COURT DISP-CONVICTED;Fine $0.00 / Jail 30 Days / 30 days in jail. TIME SERVED
COURT DATE-05/23/2012
ATN-032000149544

CLINE, HOWARD LEE 03/03/2013
SC0320000 LEXINGTON CNTY SO
CASE-13003818
ATN-032000160732
WARR-03032013 @
CIT-16-9-320(A)-MISDEMEANOR

ARREST CHARGE 1-RESISTING ARREST
OFFENSE DATE-03/03/2013
PALM PRINTS AVAILABLE

WARR-03032013 @
CIT-16-25-65-FELONY

ARREST CHARGE 2-CRIMINAL DOMESTIC VIOLENCE HIGH & AGGRAVATED
OFFENSE DATE-03/03/2013

CIT-16-25-20(A)-MISDEMEANOR
DOC-13GS3201265
WARR-2013A3210200395

COURT CHARGE 01-CRIMINAL DOMESTIC VIOLENCE 1ST

OFFENSE
COURT DISP-CONVICTED;30 days
time served
COURT DATE-05/15/2013
ATN-032000160732
END OF PAGE 01 - PAGE 02 TO FOLLOW

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 0745 **Incident Date:** 3/14/14 **Incident Location:** Mike

Staff Member Reporting Incident: Detention Officer Adrienne Mitchell

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Cline, Hurrid **Inmate #:** 48449 **Charge:** _____

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

On the above date and approximate time while conducting unit security check I, detention officer Adrienne Mitchell heard detainee Cline, Hurrid # 48449 on the floor yelling he fell in shower. I, detention officer Adrienne Mitchell observed detainee Cline, Hurrid # 48449 on the floor of shower with over turned chair. I, detention officer Adrienne Mitchell called Code Blue for unit Mike.

Reporting Staff Member's Signature: _____ **Report Completion Date:** 3/19/14

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes / **No** _____ **Use of Force Necessary: Yes** _____ **No** /

SEEN BY NURSE RAYMON GULLET

Supervisor's Narrative

DETAINEE CLINE, HOWARD 48449 WAS SEE BY THE CHARGE RN RAYMOND GULLET AND REMAINS IN THE UNIT.

Supervisor's Signature: Sgt. Tomaiko Ramon **Date:** 3.14.17

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: _____ **Date:** 3-14-17

Incident Report Distribution

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

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

Division Manger's Review and Narrative

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

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 1749 **Incident Date:** 03/15/17 **Incident Location:** MOD

Staff Member Reporting Incident: Felicia Felder

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Clive Howard **Inmate #:** 48749 **Charge:** _____

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

On the above date and approximate time Clive Howard 48749 notified me Felicia Felder that he had fallen. I did not witness him fall, yet when I went to his room he was laying on the ground. Clive Howard #48749 was observed with his blanket from his bed balled up using it for a pillow with a portion of his leg hanging out the doorway. Sgt Monroe was notified

Reporting Staff Member's Signature: _____ **Report Completion Date:** 03/15/17

Other Staff Members Involved

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes _____ **No** _____ **Use of Force Necessary: Yes** _____ **No** _____

ALVIN S. GLENN DETENTION CENTER
INCIDENT REPORT

Incident Category: _____

Incident Time: 1642 **Incident Date:** 03/15/17 **Incident Location:** Mike

Staff Member Reporting Incident: Felicia Felder

Reporting Staff Member's Narrative and Inmates Involved

1st Inmate Involved: Cline Howard **Inmate #:** 48749 **Charge:** _____

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

On the above date and approximate time while serving chow in unit and assisting nurse Latasha Anderson with med pass, Cline Howard 48749 fell in his pod. He was being called out the room to speak with nurse Latasha anderson and conduct a blood sugar check. While exiting his room, I heard a noise that sounded like he had fallen to the floor. When I looked back he was on the floor. I Felicia Felder then alerted nurse Latasha anderson who then went over to assess him. She then advised me to call Deira Russell to assist. I did not call a code blue due to nurse being in unit.

Reporting Staff Member's Signature: _____ **Report Completion Date:** 03/15/17

Other Staff Members Involved

_____

Medical and/or Use of Force Narrative

Medical Attention Necessary: Yes _____ **No** _____ **Use of Force Necessary: Yes** _____ **No** _____

Supervisor's Narrative

Detainee was seen by Nurse Julia Russell. He was cleared to remain in unit. After detainee refused the second time he was taken to medical where he was seen by Nurse Melissa Washeck and was cleared to go to unit SHU. Detainee was placed on suicide watch per Nurse Melissa Washeck due to prevention of self-harm.

Supervisor's Signature: [signature] **Date:** 03/15/2017

Inmate Movement and Status Information

1st Inmate: Chino Howard **Inmate Number:** 40749 **Moved to Unit:** SHU

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

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

Property Inventoried By: D/O Felicia Fralick **Inmate Moved By:** D/O Dawn Roddy

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: [signature] **Date:** 3/15/17

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:** _____

ICHR 003F6B0291 from SCCH

RICDC427
.ICHR.003F6B0291.SCCH.20170310 09:47:44
TO: RICDC427-39961 20170310 09:47:44 003F6B0291
FROM: SCCH-7013009 20170310 09:47:44

PAGE-02 DATE-03/10/2017 TIME-09:47:42
REQ ORI-SC040013C CNTY DET CENTER COLA
SID-SC00444564 FBI-800433CA3

CONTRIBUTOR/SUBJECT DOA/RCVD CHARGE/DISPOSITION/ETC

CLINE, HOWARD LEE 08/26/2016
SC0400100 COLUMBIA PD
CASE-1651367
ATN-40D100086167
WARR-2016A4020400142
CIT-16-13-110(B)(2)-FELONY
ARREST CHARGE 1-SHOPLIFTING,
VALUE >$2,000 BUT <$10,000
OFFENSE DATE-08/26/2016
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

CIT--MISDEMEANOR
WARR-2016A4020400142
COURT CHARGE 01-SHOPLIFTING
<$2000
COURT DISP-CONVICTED;Fine
$2125.00 / Jail 30 Days /
30 days or $2188.75
COURT DATE-09/29/2016
ATN-40D100086167

CLINE, HOWARD LEE 03/08/2017
SC0400100 COLUMBIA PD
CASE-170006833
ATN-40D100092121
WARR-5102P0834304
CIT-16-13-110(B)(1)-MISDEMEANOR
ARREST CHARGE 1-SHOPLIFTING
<$2000
OFFENSE DATE-03/08/2017
PHOTOGRAPH AVAILABLE
PALM PRINTS AVAILABLE

@ - WARRANT OCCURS WITH MORE THAN ONE SID NUMBER

BASED ON SEARCH OF SCLED CJIS CCH FILE USING SID/SC00444564
REQUESTED FOR CRIMINAL JUSTICE PURPOSES

SCLED CJIS RECORD INDICATES SUBJECT HAS NO OUT-OF-STATE ARREST INFORMATION

INQUIRY WILL BE FORWARDED TO: N C I C W A N T E D P E R S O N S

INDIVIDUAL PROHIBITED FROM POSSESSING OR ACQUIRING HANDGUN IN SOUTH CAROLINA

INFORMATION SUBMITTED TO SLED CCH PURSUANT TO 16-23-10 (C) AND 23-31-110 (C) OF THE SOUTH CAROLINA CODE OF LAWS INDICATES THIS INDIVIDUAL HAS BEEN CONVICTED OF A CRIME OF VIOLENCE AND IS NOT PERMITTED TO POSSESS OR ACQUIRE A HANDGUN.

INDIVIDUAL PROHIBITED FROM POSSESSING OR ACQUIRING FIREARM OR AMMUNITION PURSUANT TO FEDERAL GUN CONTROL ACT OF 1968

INFORMATION SUBMITTED TO SLED CCH INDICATES THIS INDIVIDUAL HAS BEEN CONVICTED OF A FELONY ACCORDING TO THE SOUTH CAROLINA CODE OF LAWS. THEREFORE, THIS PERSON IS INELIGIBLE TO SHIP, TRANSPORT, OR RECEIVE ANY FIREARM OR AMMUNITION AFFECTED BY INTERSTATE OR FOREIGN COMMERCE, AS DEFINED BY THE GUN CONTROL ACT OF 1968 (18.USC 922(G)).

** S C CJIS END OF RECORD **

QWA 0006B58EDA from NC2K

```
RICDC427
.QWA.0006B58EDA.NC2K.20170310 09:47:45
  TO: RICDC427-39962      20170310 09:47:45  0006B58EDA
FROM:     NC2K-11898586   20170310 09:47:45
1L010DA70046192QWA
SC040013C

NO NCIC WANT FBI/800433CA3
NO NCIC WANT SOC/247177889
***MESSAGE KEY QWA SEARCHES ALL NCIC PERSONS FILES WITHOUT LIMITATIONS.
```

Stop By Medical

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

CCS CORRECT CARE SOLUTIONS

Identification of Special Needs

Patient Name	Patient Number	Booking Number	Status: ☐ Adult ☐ Juvenile	
CLINE, EDWARD L	48749	1658153	Date of Birth 7/17/1958	Today's Date: 3/8/2017

Special Needs Noted:
- ☐Wheel Chair
- ☐Crutches
- ☐Cane
- ☐Walker
- ☐Other: _____

Prosthesis:
☐Arm ☐Right ☐ Left
☐Leg ☐Right ☐ Left
☐Other: _____

Special Housing Request:
- ☐Bottom Bunk required
- ☐Medical Tier
- ☐Single Cell
- ☒Housing: General
- ☐Medical Housing / Medical Watch
- ☐Medical Isolation
- ☐Negative Pressure Room

☐Clinically ordered Restraints
☐Therapeutic Seclusion Room
☐Suicide Watch
☐ Continuous ☐15 min ☐ 30 min
☐Mental Health Observation
☐Infirmary (if applicable)

☐Discontinue Special Housing

Restrictions due to physical limitations *(i.e. restraints, etc.)*: _____

Special Instructions: _____

Additional Precautions suggested: *(Medical suggests use of universal precautions with all offenders)*:
☐ Mask ☐ Gown ☐ Goggles ☐ Gloves ☐ Other _____

Alert:
☐ Offender identified has exhibited characteristics of being a potential target for victimization
☐ Offender identified has exhibited characteristics of predatory behavior

Reason for the above: _____

☐Temporary condition: review date: _____ expiration date: _____

CCS Staff Signature: J. McFadden Date: 3/8/17

Correctional Staff Member Notified: _____

Date and time notified: _____

Notification Type: ☐Verbal ☐Fax ☐Hand delivered ☐Other _____

Notified by: CCS Staff Member: _____

5810U1000CA0C47107513

*P 1 1 5 5 9 2 3 3 2 0 3 9 0 1 1 C 6 1 6 6 8 6 9 C P 3 6 7 0 0 P *

ALVIN S. GLENN DETENTION CENTER

INITIAL CLASSIFICATION INTERVIEW FORM

(to be completed at Booking **by Booking Staff**)

Date: 3/8/17 Inmate #: 48749

Name: Cline, Howard DOB: 7-17-58

Pending Charges: Shoplifting

Gang affiliation? Yes ☐ No ☑ What Gang? _____

Ever been an informant? Yes ☐ No ☑ What Agency? _____

Sex Offender? Yes ☐ No ☑ Where? _____

Known enemies? Yes ☐ No ☑ Who? _____

Do you have any co-defendants? Yes ☐ No ☑ Who? _____

Do you need Protective Custody? Yes ☐ No ☑ Reason: _____

(If "Yes" answer to needing PC, complete **Request for Protective Custody** form and **Incident Report**, attach to this form, and forward to Classification for review and file.)

Arresting or transporting officer believes subject may be at risk regarding his/her safety:

Yes ☐ No ☑ Reason: _____

Staff Remarks: _____

Suggested transfer to Orientation Housing (Yankee/Papa) Yes ☑ No ☐

Suggested transfer to Segregation Yes ☐ No ☑

I have answered all questions fully as they relate to my safety and ASGDC security issues

Inmate Signature: _____

Interviewer's Signature: _____ Emp. No. 232079

Alvin S. Glenn Detention Center

INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: Cline, Howard Cell #: 27 Date: 3-17-17

Inmate #: 48749 Race: Wht Sex: Male Date of Birth: —

OFFICERS **MUST** ACCOMPANY WHEN OUT OF CELL? ☑ Yes ☐ No

Visitor Restriction ☑ Yes ☐ No Is inmate a danger to officers? ☑ Yes ☐ No

Telephone Restriction ☑ Yes ☐ No Cell Checks: Within 5 Min (irregular intervals) ☐

Commissary Restriction ☑ Yes ☐ No Constant Observation ☑

Start Time 06 : 30 **[Military Time Only]** **End Time** 11 : 50

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
0630	Sitting	WJP	0845	Standing	WJP	1050	Mental Health	WJP			
0635	Sitting	WJP	0850	Resting	WJP	1055	Resting	WJP			
0640	Sitting	WJP	0855	Resting	WJP	1100	Resting	WJP			
0645	Laying	WJP	0900	Resting	WJP	1105	resting	WJP			
0650	Resting	WJP	0904	Sitting	WJP	1110	resting	WJP			
0655	Resting	WJP	0908	Sitting	WJP	1115	resting	WJP			
0700	Resting	WJP	0912	Resting	WJP	1120	resting	WJP			
0705	Resting	WJP	0915	Resting	WJP	1125	resting	WJP			
0710	Talking	WJP	0920	Resting	WJP	1130	Removed from Suicide				
0715	Resting	WJP	0924	Resting	WJP						
0720	Resting	WJP	0928	Resting	WJP						
0725	Resting	CT	0932	Resting	WJP						
0730	Resting	CT	0936	Resting	WJP						
0735	Resting	CT	0940	Sleeping	WJP						
0740	Resting	WJP	0945	Sleeping	WJP						
0745	Kneeling	WJP	0949	Sleeping	WJP						
0750	Kneeling	WJP	0954	Resting	WJP						
0755	Kneeling	WJP	1003	Resting	WJP						
0800	Sitting	WJP	1008	Resting	WJP						
0805	Sitting	WJP	1012	resting	WJP						
0810	Sitting	WJP	1017	RESTING	PHR						
0815	Sitting	WJP	1022	Resting	WJP						
0820	Sitting	WJP	1027	Resting	WJP						
0825	Sitting	WJP	1030	resting	WJP						
0830	Resting	WJP	1035	resting	WJP						
0835	Resting	WJP	1040	resting	WJP						
0840	Resting	WJP	1045	resting	WJP						

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

INMATE SUICIDE WATCH OBSERVATION LOG

IME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT

MEALS		BREAKFAST	LUNCH	DINNER
	SERVED			
	CONSUMED			

SHOWER	TIME IN	TIME OUT

omments: 0900 Inmate Received morning medication from Nurse Clothy Received ICE Pack. 1050 mental health Montgomery 1130 Remove from Suicide watch per Montgomery

fficers Print Name: Willie D. Coker Date: 3/17/17 Time: 0630

upervisor comments: CODE WHITE. DETAINEE IS RESTING

upervisors Signature: Sgt. Romani, Pomarlsa Date: 3-17-17 Time: 1017

**"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

Alvin S. Glenn Detention Center

INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: Clive Howard Cell #: 7 Date: 3.16.2017

Inmate #: 48749 Race: White Sex: M Date of Birth: _____

OFFICERS MUST ACCOMPANY WHEN OUT OF CELL? ☑ Yes ☐ No

Visitor Restriction ☑ Yes ☐ No

Telephone Restriction ☑ Yes ☐ No

Commissary Restriction ☑ Yes ☐ No

Is inmate a danger to officers? ☐ Yes ☑ No

Cell Checks: Within 5 Min (irregular intervals) ☑

Constant Observation ☑

Start Time 18:40 **[Military Time Only]** **End Time** 06:30

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
1840	laying down	KB	2039	talking	KB	2239	laying down	KB	0043	laying	KB
1845	talking	KB	2044	sitting up	KB	2243	laying	KB	0048	laying	KB
1849	talking	KB	2048	sitting up	KB	2248	laying	JW	0053	laying	KB
1853	laying	KB	2052	sitting up	KB	2253	laying	KB	0058	laying	KB
1857	laying	KB	2053	sitting	JW	2258	laying	JW	0103	laying	KB
1902	laying down	KB	2058	sitting up	KB	2303	laying	JW	0108	laying	KB
1906	laying	KB	2103	sitting up	KB	2308	laying	JW	0113	laying	KB
1911	laying	KB	2108	sitting	KB	2312	laying	JW	0118	sleep	KB
1916	laying	KB	2110	sitting	KB	2315	laying	JW	0123	sleep	KB
1920	laying	KB	2114	took Meds	KB	2320	laying	JW	0128	sleep	KB
1925	laying	KB	2119	kneeling	KB	2326	laying	JW	0133	sleep	KB
1929	laying	KB	2124	toilet	KB	2330	laying	JW	0138	sleep	KB
1934	laying	KB	2128	kneeling	KB	2334	Resting	LA	0143	sleep	KB
1939	laying	KB	2133	sitting up	KB	2340	laying	JW	0148	sleep	KB
1942	laying	KB	2138	laying down	KB	2345	laying	KB	0153	sleep	KB
1947	talking	KB	2143	laying	KB	2349	laying	KB	0158	sleep	KB
1952	talking	KB	2148	laying	KB	2353	laying	KB	0203	laying down	KB
1956	talking	KB	2153	laying	KB	2356	laying	KB	0208	laying	KB
2000	talking	KB	2158	laying	KB	0003	laying	KB	0213	laying	KB
2004	talking	KB	2203	toilet	KB	0008	laying	KB	0218	laying	KB
2008	talking	KB	2208	toilet	KB	0012	laying	KB	0223	talking	KB
2011	talking	KB	2213	toilet	KB	0016	laying	KB	0226	talking	KB
2014	talking	KB	2218	toilet	KB	0018	laying	KB	0228	sitting on floor	KB
2019	talking	KB	2223	toilet	KB	0023	laying	KB	0231	sitting on floor	KB
2024	talking	KB	2228	kneeling	KB	0028	laying	KB	0236	sitting	KB
2029	talking	KB	2233	kneeling	KB	0033	laying	KB	0241	sitting	KB
2034	talking	KB	2235	laying down	KB	0038	laying	KB	0246	kneeling on floor	KB

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

INMATE SUICIDE WATCH OBSERVATION LOG

ME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
351	Kneeling at door	KB	0434	Sleep	KB						
353	talking on knees	KB	0444	Sleep	KB						
53	Drinking Water	KB	0449	Sleep	KB						
55	toilet	KB	0454	Sleep	KB						
00	Kneeling	KB	0459	Sleep	KB						
04	toilet	KB	0503	Sleep	KB						
308	Kneeling on floor	KB	0508	Sleep	KB						
312	laying	KB	0513	Sleep	KB						
318	laying	KB	0518	sleep	KB						
323	talking	KB	0523	sleep	KB						
328	laying	KB	0525	talking	KB						
333	laying	KB	0530	laying	KB						
338	laying	KB	0534	laying	KB						
343	laying	KB	0539	laying	KB						
348	laying	KB	0544	laying	KB						
353	laying	KB	0549	laying	KB						
358	Sleep	KB	0554	laying	KB						
403	Sleep	KB	0559	eating	KB						
408	Sleep	KB	0603	eating	KB						
411	Sleep	KB	0608	eating	KB						
416	Sleep	KB	0612	eating	KB						
420	Sleep	KB	0617	eating	KB						
425	Sleep	KB	0622	done eating	KB						
429	sleep	KB	0627	sitting up	KB						
434	sleep	KB	0630	sitting up	KB						

MEALS		BREAKFAST	LUNCH	DINNER
	SERVED	0554		
	CONSUMED	0622		

SHOWER	TIME IN	TIME OUT
	NSD	NSD

omments: Nurse entered to check on Detainee @ 2002hrs, Given Meals by Nurse Anderson 2119hrs, Nurse Freely check at 2336hrs and at 0526 for Blood Sugar check and Detainee is good. Able to move about in room

)fficers Print Name: Kedar Burns **Date:** 3-17-17 **Time:** 0630 hrs.

Supervisor comments: detainee sitting on bed

Supervisors Signature: _____ **Date:** 3-16-17 **Time:** 2054

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

Alvin S. Glenn Detention Center
INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: Cline, Howard Cell # Z-7 Date: 3-15-17

Inmate #: 48749 Race: Wht Sex: Male Date of Birth: —

OFFICERS MUST ACCOMPANY WHEN OUT OF CELL? ☑ Yes ☐ No

Visitor Restriction ☑ Yes ☑ No

Telephone Restriction ☑ Yes ☑ No

Commissary Restriction ☑ Yes ☑ No

Is inmate a danger to officers? ☑ Yes ☐ No

Cell Checks: Within 5 Min (irregular intervals) ☐

Constant Observation ☑

Start Time 18:45 **[Military Time Only]** **End Time** 06:29

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
1845	sitting	KB	2036	laying	KB	2233	talking	KB	0030	laying	KB
1849	laying	KB	2040	laying	KB	2236	talking	KB	0035	laying	KB
1853	laying	KB	2045	resting	JW	2241	laying	KB	0040	laying	KB
1857	laying	KB	2048	sleep	KB	2245	laying	KB	0044	laying	KB
1901	kneeling	KB	2053	sleep	KB	2248	laying	KB	0048	laying	KB
1903	laying	KB	2058	sleep	KB	2252	toilet	KB	0052	laying	KB
1907	laying	KB	2103	sleep	KB	2256	toilet	KB	0056	laying	KB
1910	laying	KB	2108	sleep	KB	2301	took Meds	KB	0101	laying	KB
1914	laying	KB	2112	sleep	KB	2305	talking	KB	0105	laying	KB
1919	laying	KB	2116	sleep	KB	2309	laying	KB	0110	talking	KB
1922	standing	KB	2120	sleep	KB	2314	laying	KB	0115	laying	KB
1925	drinking water	KB	2124	sleeping	KB	2318	laying	KB	0119	laying	KB
1929	laying	KB	2128	sleeping	KB	2322	laying	KB	0124	laying	KB
1934	laying	KB	2133	sleeping	KB	2326	laying	KB	0129	laying	KB
1939	laying	KB	2138	sleeping	KB	2330	laying	KB	0133	sitting	KL
1943	laying	KB	2143	standing	KB	2335	laying	KB	0136	sitting	KL
1946	laying	KB	2145	talking	KB	2339	laying	KB	0139	sitting	KL
1950	laying	KB	2149	talking	KB	2344	laying	KB	0142	sitting	KL
1955	laying	KB	2153	laying	KB	2349	laying	KB	0145	sitting	KL
2000	laying	KB	2158	laying	KB	2354	laying	KB	0150	sitting	KL
2004	laying	KB	2203	talking	KB	2359	laying	KB	0155	sitting	KL
2008	laying	KB	2208	talking	KB	0004	laying	KB	0200	sitting	KL
2012	laying	KB	2212	Eating	KB	0008	laying	KB	0204	sitting	KL
2016	laying	KB	2216	Eating	KB	0012	laying	KB	0208	sitting	KL
2021	laying	KB	2219	talking	KB	0017	laying	KB	0212	sitting	KL
2026	laying	KB	2223	talking	KB	0022	laying	KB	0216	sitting	KL
2031	laying	KB	2228	talking	KB	0026	laying	KB	0221	resting	KL

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

INMATE SUICIDE WATCH OBSERVATION LOG

ME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
0220	resting	LA	0421	laying	KB	0614	laying	KB			
0230	resting	LA	0426	laying	KB	0619	laying	KB			
0235	Resting	KB	0431	laying	KB	0624	laying	KB			
0238	talking	KB	0436	laying	KB	0629	laying	KB			
0243	talking	KB	0440	laying	KB						
0248	laying down	KB	0443	laying	KB						
0253	laying	KB	0448	laying	KB						
0258	laying	KB	0453	laying	KB						
0303	laying	KB	0458	laying	KB						
0308	laying	KB	0503	laying	KB						
0311	laying	KB	0505	vitals checked	KB						
0315	laying	KB	0508	laying	KB						
0318	laying	KB	0513	laying	KB						
0323	laying	KB	0518	laying	KB						
0328	laying	KB	0523	laying	KB						
0333	laying	KB	0526	laying	KB						
0338	laying	KB	0531	laying	KB						
0343	laying	KB	0536	laying	KB						
0348	laying	KB	0541	laying	KB						
0352	laying	KB	0546	laying	KB						
0358	laying	KB	0551	eating	KB						
0403	laying	KB	0556	eating	KB						
0408	laying	KB	0600	done eating	KB						
0412	laying	KB	0604	laying	KB						
0416	laying	KB	0609	laying	KB						

MEALS		BREAKFAST	LUNCH	DINNER
	SERVED	0551	N/A	N/A
	CONSUMED	0600	N/A	N/A

SHOWER	TIME IN	TIME OUT
	R	R

Comments: Detainee complains of broken rib issues yet he lays and moves to floor and toilet without any pains until he's noticed then puts on act of pains

Officers Print Name: Kedar Burns Date: 3-16-17 Time: 0629

Supervisor comments: detainee lifting right leg up and down.

Supervisors Signature: [signature] Date: 3-15-17 Time: 2046

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

Alvin S. Glenn Detention Center

INMATE SUICIDE WATCH OBSERVATION LOG

Inmate Name: Cline Howard Cell # Z 7 Date: 3-16-17

Inmate #: 48749 Race: W Sex: M Date of Birth: —

OFFICERS MUST ACCOMPANY WHEN OUT OF CELL? ☑ Yes ☐ No

Visitor Restriction ☑ Yes ☐ No

Telephone Restriction ☑ Yes ☐ No

Commissary Restriction ☑ Yes ☐ No

Is inmate a danger to officers? ☑ Yes ☐ No

Cell Checks: Within 5 Min (irregular intervals) ☐

Constant Observation ☑

Start Time 06:30 **[Military Time Only]** **End Time** 18:30

TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
0630	Laying	M	0840	resting	M	1055	out to medical		1310	resting	AS
0635	Laying	M	0845	resting	AS	1100	out to medical		1315	resting	AS
0640	Laying	M	0850	resting	AS	1105	out to medical		1320	resting	AS
0645	Resting	M	0855	resting	AS	1110	out to medical		1325	[illegible]	AS
0650	Resting	M	0900	resting	AS	1115	sitting	AS	1329	resting	AS
0655	Resting	M	0905	resting	AS	1120	talking	AS	1332	resting	AS
0700	Resting	M	0910	resting	AS	1125	talking	AS	1335	resting	AS
0705	Resting	M	0915	resting	AS	1130	talking	AS	1340	resting	AS
0710	Resting	M	0920	resting	AS	1135	talking	AS	1345	resting	AS
0715	Resting	M	0925	resting	AS	1140	eating	JLC	1350	Sitting	AS
0720	Resting	M	0930	resting	AS	1145	eating	JLC	1355	Sitting	AS
0725	Resting	M	0935	resting	AS	1150	eating	JLC	1400	Sitting	AS
0730	Resting	M	0940	resting	AS	1155	resting	JLC	1405	Sitting	AS
0735	resting	M	0945	resting	AS	1200	resting	JLC	1410	Sitting	AS
0740	resting	M	0950	resting	AS	1205	resting	JLC	1415	Sitting	AS
0745	resting	M	0955	resting	AS	1210	resting	JLC	1420	Sitting	AS
0750	resting	M	1000	crying	AS	1215	resting	JLC	1425	resting	AS
0754	resting	HL	1006	sitting	AS	1220	resting	AS	1430	resting	AS
0759	resting	HL	1010	Out to medical		1225	resting	JLC	1435	resting	AS
0800	resting	M	1015	Out to medical		1230	awake	JLC	1440	resting	AS
0805	resting	M	1020	out to medical		1235	resting	AS	1445	resting	AS
0810	resting	M	1025	out to medical		1240	resting	AS	1450	resting	AS
0815	resting	M	1030	out to medical		1245	resting	AS	1455	resting	AS
0820	resting	M	1035	out to medical		1250	resting	AS	1500	resting	AS
0825	resting	M	1040	out to medical		1255	resting	AS	1505	resting	AS
0830	resting	M	1045	out to medical		1300	resting	AS	1510	resting	AS
0835	resting	M	1050	out to medical		1305	talking	JP	1515	resting	AS

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

INMATE SUICIDE WATCH OBSERVATION LOG

ME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT	TIME	ACTIVITY	OFC INIT
520	resting	AS	1720	eating	AS						
525	resting	AS	1725	eating	AS						
530	resting	JP	1730	resting	AS						
535	resting	JP	1735	resting	AS						
540	resting	JP	1740	resting	AS						
540	resting	JP	1745	resting	AS						
745	resting	AS	1750	resting	AS						
550	resting	AS	1755	resting	AS						
555	resting	AS	1800	resting	AS						
800	resting	AS	1805	resting	AS						
805	resting	AS	1810	resting	AS						
810	resting	AS	1815	resting	AS						
815	resting	AS	1817	resting	AS						
820	resting	AS	1820	resting	AS						
825	resting	AS	1825	resting	AS						
830	resting	AS	1830	resting	AS						
835	resting	AS	1835	resting	AS						
840	resting	AS									
845	resting	AS									
850	resting	AS									
855	resting	AS									
700	resting	AS									
705	resting	AS									
710	eating	AS									
715	eating	AS									

MEALS		BREAKFAST	LUNCH	DINNER
	SERVED		8am	8am
	CONSUMED		100%	100%

SHOWER	TIME IN	TIME OUT
	n/a	n/a

Comments:

Officers Print Name: Angela Wazney - SwA **Date:** 3.16.2017 **Time:** 0640

Supervisor comments: detainee Kline is awake and laying down.

Supervisors Signature: Sgt [signature] **Date:** 16 March 2017 **Time:** 1228

***"Activity" may include: walking, sitting, standing, talking, sleeping, resting, eating, showering, out of unit, etc.

References: ACA Standards 4-ALDF-4C-32; 4-ALDF-2A-52; and NCCHC Standard J-G-05. Revised 1/21/15

OFFICE OF THE CORONER
Richland County

Coroner's Report

Office of the Coroner
6300 Shakespeare Road
Columbia SC 29223
803-576-1799

Case Number: **2017-000862** Name: **Howard Lee Cline**

Sex: **M** Race: **Caucasian** Age: **058YR** DOB: **July 17, 1958** SSN: **7889**

TIME OF DEATH:

Date: Actual: 03/24/2017 Time: Actual: 0:12

Street #: 5 City: Columbia

State: SC Zip: 29203

Proximity: Room 539

INCIDENT INFORMATION:

Date: Time: To:

Incident Location:

City: State: NA Zip:

CAUSE OF DEATH: CHF due to HASCVD
Contributory: Cocaine Abuse (Pending Final Tox)

AKA:

FKA:

Toxicology Alcohol: Negative

Toxicology Drugs: Admissions serum; Benzodiazepines positive, Tramadol positive, Brain; Tramadol 1.9 mg/kg, O-Desmethyltramadol 0.52 mg/kg, Benzoylecgonine 0.04 mg/kg, Nordiazapam 0.04 mg/kg, Liver; Tramadol 1.6 mg/kg, O-Desmethyltramadol 0.72 mg/kg, Benzoylecgonine 0.08 mg/kg, Lorazepam 0.04 mg/kg, Nordiazepam 0.16 mg/kg

Manner of Death: Natural

Case Summary

On March 23, 2017 Howard Cline was transported to Palmetto Health Richland ER from Alvin S. Glenn Detention Center, after being found unresponsive in his cell. Autopsy results are pending further investigation.

Richland County Coroner's Office

By: Coroner

27-Sep-19

RICHLAND COUNTY
ALVIN S. GLENN DETENTION CENTER
201 John Mark Dial Drive
Columbia, SC 29209

MEMORANDUM

DATE: September 19, 2019

TO: Ann Joe, Supervisor Deputy Coroner

THRU: Ronaldo Myers, Director, MA, CJM, CCT

FROM: Sergeant Teraine Brown, Professional Standards

SUBJECT: **CLINE, HOWARD**

Mr. Cline who was in the custody of the Alvin S. Glenn Detention Center passed away on March 24, 2017. Please provide a copy of the "Death Scene Investigation Form", the Doctor who performed the Autopsy and the preliminary findings of the cause of death for Mr. Cline for our files.

Any assistance in this matter is greatly appreciated. I can be reached at 803 576-3206.

V/R
Sgt. T. Brown

Attn: Ann Joe, Supervisor Deputy Coroner

From:

TERAINE BROWN

Assistant Watch Commander
Professional Standards
Richland County Government
Alvin S. Glenn Detention Center
brown.teraine@richlandcountysc.gov

P 803 576-3206 **F** 803 576-3292

201 John Mark Dial Drive
Columbia, SC 29209

richlandcountysc.gov

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SER.# : BROE8J813628

DATE,TIME	09/20 09:59
FAX NO./NAME	1798
DURATION	00:01:16
PAGE(S)	05
RESULT	OK
MODE	STANDARD