

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MISSOURI

LADDIE ROEBUCK, )  
 )  
 Plaintiff, )  
 )  
 v. )  
 )  
 CITY OF ST. LOUIS, for and on behalf )  
 of the ST. LOUIS CITY JUSTICE )  
 CENTER; DALE GLASS, individually )  
 and in his official capacity as St. Louis )  
 City Corrections Commissioner; KRISTI )  
 WALTHER, individually and in her )  
 official capacity as Director of Nursing )  
 for CORIZON HEALTH, LLC; and )  
 CORIZON HEALTH, LLC, an out of )  
 state limited liability company registered )  
 and doing business in the State of )  
 Missouri, )  
 )  
 Defendants. )

Case No. 4:18-CV-1498-SNLJ

**AMENDED COMPLAINT FOR INJUNCTIVE RELIEF**

**PRELIMINARY STATEMENT**

On August 9, 2018, counsel for Plaintiff, Laddie Roebuck, inquired with the Director of Nursing, Kristi Walther, about discussing the treatment plan for Plaintiff with Plaintiff present and offered to present a medical release of information executed by Plaintiff Roebuck. Counsel made clear part of the concern was Plaintiff Roebuck’s inability to receive informed care about his medical treatment. Ms. Walther declined.

On August 11, 2018, counsel for Plaintiff, Laddie Roebuck, sent a letter to counsel for Defendants, Julian Bush. This letter advised counsel of the complications with diabetes that Plaintiff Roebuck was experiencing and that without intervention, there was a deep concern for long-term, serious risks, including amputation of Plaintiff’s lower leg. Counsel for Plaintiff Roebuck requested medical intervention, including transportation of the Plaintiff to a medical facility that could provide adequate medical care and manage his diabetes. Defendants declined to do so.

Accordingly, counsel has attempted to navigate Plaintiff Roebuck’s health matters without court intervention. However, the lack of any substantive action on behalf of

Defendants and the continued complications with Plaintiff's diabetes necessitated this filing to prevent further serious medical harm to the Plaintiff.

### **JURISDICTION AND VENUE**

1. Jurisdiction of this court is proper pursuant to 28 U.S.C. § 1331 in that this is a civil action arising under the Constitution of the United States.
2. Jurisdiction of this court is proper pursuant to 28 U.S.C. § 1343(a)(3) in that this action seeks to redress the deprivation under color of state law of rights secured to the Plaintiff by the Constitution and the laws of the United States.
3. Plaintiff's claim for relief is predicated, in part, upon 42 U.S.C. § 1983, which authorizes actions to redress the deprivation under color of state law of rights, privileges, and immunities secured by the Constitution and laws of the United States, and upon 42 U.S.C. § 1988, which authorizes the award of attorneys' fees and costs to prevailing plaintiffs in actions brought pursuant to 42 U.S.C. § 1983.
4. Venue is proper in this district pursuant to 28 U.S.C. §§ 1391(b) and 1391(c), as Defendants do business in this judicial district and division and the events and/or omissions giving rise to the claims occurred in this judicial district.
5. Plaintiff seeks a preliminary and permanent injunction pursuant to Federal Rule of Civil Procedure 65.

### **PARTIES**

6. Plaintiff Laddie Roebuck is incarcerated pre-trial at the St. Louis City Justice Center and has been during all relevant times referenced herein. Plaintiff Roebuck suffers from Type II Diabetes, Major Depressive Disorder, Bi-Polar

Disorder, and recurrent chest pain. He also has a history of hypertension and myocardial infarction (heart attack).

7. Defendant Commissioner Dale Glass is the St. Louis City Corrections Commissioner. As the Commissioner, Mr. Glass is responsible for the overall operations of the city's jail facilities, including the St. Louis City Justice Center (referred to herein as "City Justice Center" or "CJC"). Defendant Glass has a non-delegable duty to provide constitutionally adequate medical care to all persons in his custody. Defendant Glass is sued individually and in his official capacity for injunctive and declaratory relief, and damages.<sup>1</sup>
8. Defendant Kristi Walther is the Director of Nursing for Corizon Health, LLC. Corizon is a vendor that has contracted with the City of St. Louis to provide medical services to persons confined in St. Louis City jails. As the Director of Nursing, Defendant Walther is responsible for the day-to-day decisions and oversight of medical staff regarding inmate medical and mental health care. Defendant Walther is sued individually and in her official capacity for injunctive and declaratory relief, and damages.<sup>2</sup>
9. Defendant Corizon, LLC (herein, "Corizon") is an out of state limited liability company registered and doing business in the State of Missouri. Since the fiscal year of 2012, Corizon has contracted with the City of St. Louis,

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<sup>1</sup> Pursuant to the *Young* doctrine, Plaintiff seeks prospective and injunctive relief and therefore is suing Defendants Glass and Walther in their respective official capacities. Plaintiff has also included respective individual capacities to allow for monetary damages. See, *Fond du Lac Band of Chippewa Indians v. Carlson*, 68 F.3d 253, 255 (8<sup>th</sup> Cir. 1995) ("*Ex Parte Young* recognized that suits may be brought in federal court against state officials for prospective injunctive relief to prevent future violations of federal law.>").

<sup>2</sup> *Id.*

specifically the Division of Corrections, to provide medical care for persons housed in St. Louis city jails. Upon information and belief, all medical professionals (including doctors, nurses, physician assistants, etc.) in the St. Louis city jails have been employed by Corizon since January 2012 and were acting within the scope of their employment. Defendant Corizon is sued for injunctive and declaratory relief, and damages.

10. Defendant City of St. Louis is a political and geographic subdivision of the state of Missouri and organized under state law. The City oversees operations of the Workhouse through the Division of Corrections within the Department of Public Safety.<sup>3</sup>

11. Collectively, Defendants Glass, Walther, and Corizon are responsible for the operation of the St. Louis City Justice Center. They retain the power to approve or deny certain medical care.

12. The actions of Defendants Glass, Walther, and Corizon were performed under color of state law and constitute state action.

## **FACTUAL ALLEGATIONS**

### **Understanding Diabetes**

13. Type II Diabetes is a chronic illness. This type of diabetes occurs when the body retains the ability to make insulin but cannot make enough to meet the body's needs.<sup>4</sup>

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<sup>3</sup> Pursuant to paragraphs 83 and 84 of the Complaint, Plaintiff alleges customs and policies employed by the Defendants. See, *Monell v. Department of Social Services*, 436 U.S. 658, 690-691 (1978) (“To state a claim against a municipality or government official in his or her official capacity, plaintiff must allege that a policy or custom of the government entity is responsible for the alleged constitutional violation.”).

<sup>4</sup> See Guillermo E. Umpierrez et al., *Diabetic Ketoacidosis and Hyperglycemic Hyperosmolar Syndrome* (Jan. 2002). Available at: <http://spectrum.diabetesjournals.org/content/15/1/28.short>

14. Insulin and oral medications can lower glucose levels too much, leading to a potentially dangerous condition known as hypoglycemia. The medical definition of hypoglycemia is a blood sugar reading of 70mg/dL or below.<sup>5</sup> Symptoms often include tremors, sweating, lightheadedness, irritability, confusion, and drowsiness.
15. Hyperglycemia is high blood glucose and can lead to more severe consequences. Hyperglycemia generally begins at 200mg/dL. However, individuals differ at the point at which they begin to show symptoms. Symptoms of hyperglycemia include hunger, thirst and dehydration, headache, fatigue, blurry vision, dry skin, and frequent urination.<sup>6</sup>
16. Chronic hyperglycemia can cause very serious long-term complications including nerve damage, heart disease, blindness, kidney failure, stroke, and death.
17. **Management:** Diabetes management requires dedicated clinicians, as well as the expertise of other specialists. Inmate treatment plans should be individualized, have measureable goals, and emphasize self-management.<sup>7</sup>
18. **Meals:** The use of insulin or oral medications may require snacks to avoid hypoglycemia. These snacks are a part of a patient's treatment plan and should be prescribed by the medical staff. Timing of meals and snacks must be coordinated with the medical staff to avoid risk of hypoglycemia. It should

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<sup>5</sup> See American Diabetes Association Workgroup on Hypoglycemia, *Defining and Reporting Hypoglycemia in Diabetes*; May 2005. Available at: <http://care.diabetesjournals.org/content/28/5/1245.full>

<sup>6</sup> Christopher J. Schofield, et. al., *Diabetes Care Mortality and Hospitalization in Patients After Amputation/ A comparison between patients with and without diabetes* (Oct. 2006). Available at: <http://care.diabetesjournals.org/content/29/10/2252>

<sup>7</sup> Federal Bureau of Prisons, *Clinical Practice Guidelines: Management of Diabetes*. June 2012, p.26

be noted that even modest delays in meal consumption with insulin medication can result in hypoglycemia.<sup>8</sup>

19. **Access:** In a correctional setting, it is important that individuals with diabetes “must have access to prompt treatment of hypo- and hyperglycemia.”

20. **Medication:** Patients at all levels of custody should have access to medication at dosing frequencies that are consistent with their treatment plan and medical direction.

21. **Foot Care:** Persons with insensate foot, an open foot lesion, or a history of such lesion, should be referred for evaluation by an appropriate licensed health professional (e.g. podiatrist). Special shoes should be provided as recommended by licensed health professionals to aid healing of foot lesions and to prevent development of new lesions.<sup>9</sup>

22. Foot ulcers and amputations are complications of diabetes that are frequently related to neuropathy. The risk of amputation is associated with the following conditions: peripheral neuropathy with loss of sensations, evidence of increased pressure, peripheral vascular disease, severe nail disease, and history of foot ulcers. Extra-wide, extra-deep toe boxes will reduce the risk of irritation to feet with deformities and/or impaired sensation. Only rarely will a tennis shoe be the most appropriate choice for a diabetic inmate.<sup>10</sup>

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<sup>8</sup> American Diabetes Association, Diabetes Care, *Diabetes Management in Correctional Settings*. V. 34, S77-S78 (January 2011).

<sup>9</sup> American Diabetes Association, Diabetes Care, *Diabetes Management in Correctional Settings*. V. 34 (January 2011).

<sup>10</sup> Federal Bureau of Prisons, Clinical Practice Guidelines: Management of Diabetes. June 2012, p.22

23. Calluses occur more often and faster on the feet of people with diabetes; if not trimmed they will turn into ulcers. Neglecting ulcers can result in infections, which can lead to loss of a limb.<sup>11</sup>

24. **Hospitalization:** The following indications generally warrant hospitalization for diabetics: 1) Moderate to severe hyperglycemia that is unresponsive to standard therapies or is associated with an acute illness, and 2) severe complications of diabetes that warrant inpatient evaluation and treatment.<sup>12</sup>

### **General Allegations**

25. A complete and full understanding of the relationship between Plaintiff Roebuck's medical *and* mental health is required and necessary for any medical provider who is treating him to be able to accurately and appropriately treat his serious medical conditions.

26. Equally important, Plaintiff Roebuck requires informed medical care without punitive measures to follow should he have questions or not fully understand or comply immediately.

27. Plaintiff, Laddie Roebuck, is a 59-year old African-American male who has been diagnosed with diabetes since approximately his late teens/early twenties.

28. Plaintiff has a history of complications with diabetes including hospitalizations, hyperglycemic episodes, foot ulcers, and medication non-compliance, all of which stem from Plaintiff's socioeconomic status, previous substance abuse,

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<sup>11</sup> Foot Complications: American Diabetes Association, available at: <http://www.diabetes.org/living-with-diabetes/complications/foot-complications/>

<sup>12</sup> *Id.* at 25.

and his inability to successfully manage this chronic illness while dealing with serious mental illnesses.

29. Plaintiff Roebuck's battle with diabetes is suspected to be genetic. Plaintiff's father lost his battle to diabetes at an early age when he died in a diabetic coma.

30. Additionally, Plaintiff Roebuck manages two mental disorders: Major Depressive Disorder and Bi-Polar Disorder.

31. Plaintiff Roebuck's medical history also includes hypertension and a prior suspected heart attack.

32. Plaintiff Roebuck has been in the custody of the City Justice Center since February 10, 2018.

33. He receives both daily injectable insulin (twice) and daily oral insulin tablets (twice). He has had frequent incidents of high blood sugar while in the custody of the Defendants.

34. Plaintiff has submitted eight (8) medical requests for treatment concerning his diabetes and/or insulin. Relatedly, he has submitted six (6) requests for medical treatment related to his foot ulcer.

35. Plaintiff Roebuck's requests for increased glucose monitoring throughout the day have been declined and met with answers from medical staff telling him they do not have the time to "run up and down to see about him all day" and that there are "more inmates than just him."

36. Plaintiff Roebuck's medical records contain twenty-eight (28) refusals for insulin and sixteen (16) refusals for blood sugar level checks.

37. Depending on which medical staff member has completed these forms, a reason may or may not be included.
38. When reasons are included by the staff member, the reasons include: Plaintiff Roebuck's fear of "bottoming out", "fasting" or because he is upset about the way staff is treating him.
39. Plaintiff's definition of "bottoming out", which includes shaking, seizures, passing out, and even death, originates from his fear of dying in the same manner as his father and from previous experiences with these similar symptoms.
40. Plaintiff utilizes fasting as a way to deal with the "bad and depressing thoughts" and to avoid cutting and other self-harm mechanisms in which he has previously engaged. Ex. A, ¶25. (Affidavit).
41. Upon hearing the Plaintiff indicate he is fasting, Defendants often send Plaintiff Roebuck to suicide watch. Records indicate Plaintiff Roebuck has been sent to suicide watch six (6) times.
42. Defendants fail to conduct appropriate inquiries into his mental status, to grasp an appropriate understanding that isolation creates further deterioration of Plaintiff's mental status, or request appropriate support for Plaintiff in a psychiatric facility.
43. To date, Plaintiff Roebuck has submitted eleven (11) requests for mental health services.
44. Plaintiff Roebuck fears relaying the issues he is encountering with his mental health due to a history of Defendants simply tossing him into a suicide cell.

45. Defendants' inability to manage Plaintiff Roebuck's chronic hyperglycemia, as well as the frequent indifference shown toward his overall care, has created many of the medical issues the Plaintiff has encountered while in custody.
46. Plaintiff Roebuck has consistently submitted documentation requesting adequate medical care. Few of his requests are met with consistent improvements or responses.
47. For instance, on March 21, 2018, Mr. Roebuck spoke with the Director of Nursing, Kristi Walther, about not consistently receiving the diabetic diet food tray. To date, receipt of consistent, timely diabetic food trays remains an issue.
48. On March 24, 2018, Nurse Davis left her shift without changing the bandages on Plaintiff Roebuck's left foot which had an infection. He noted this was not the first time a medical staff member left a shift without changing the bandages on this foot. Ex. B.
49. On March 25, 2018, Plaintiff Roebuck submitted a Health Services Request form indicating the following: "my left foot is infected and swole [sic] up. There is pus coming out its yellowish, green, and it smells so bad and there's a core that needs to be surgically removed and I have been asking to be sent out to the hospital to have this take[sic] care of..." Ex. C.
50. During his time in the custody of the Defendants, Plaintiff Roebuck has been to the St. Louis University Emergency Department twice, both times related to hyperglycemia.

51. When Plaintiff Roebuck arrived in custody on February 10, 2018, he had a foot infection and/or ulcer. He indicates the smell of the infection on the bottom of his foot was so bad that the medical staff wore masks when attending to him.
52. City Justice Center records substantiate Defendants' knowledge of Plaintiff Roebuck's chronic condition, Type 2 Diabetes, with a foot ulcer.
53. Notes indicate this was assessed by staff on February 13, 2018.<sup>13</sup> Ex. D.
54. Notes from Ex. D and notes from Ex. E are both records maintained by Defendants.
55. Plaintiff received both sets of documents from a nurse who was concerned about his overall treatment and medical care by other staff members.
56. Neither set of documents were produced in Defendants' production of Plaintiff's request for medical records.
57. On February 20, 2018, Plaintiff Roebuck was transported to St. Louis University Emergency Department for hyperglycemia, otherwise known as high blood glucose levels.
58. On that date, the emergency room physician prescribed three (3) injections of insulin daily; along with an oral insulin tablet for the management of his diabetes and daily intake of the medication warfarin. Ex. F.
59. On June 29, 2018, Plaintiff Roebuck was transported to St. Louis University Hospital Emergency Department for hyperglycemia.

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<sup>13</sup> These records were not included in medical records requested by counsel and submitted by Defendants.

60. The Emergency Room physician, Dr. Michael O'Neill, certified that Plaintiff Roebuck should start taking the following medications while held in confinement: Humulin 70/30 vial- 30 units daily after breakfast; 20 units daily after dinner; metformin 500mg tablet twice daily with morning and evening meal.
61. Dr. O'Neill also dispensed a Blood Glucose monitor and ordered Plaintiff Roebuck to "stop taking other forms of insulin and any metformin greater than 500mg BID." Ex. G.
62. Upon the Plaintiff's return from the hospital on June 29<sup>th</sup>, he observed one of the nurses take out a vial to give him 40 units of insulin, not the 30 units prescribed by Dr. O'Neill.
63. Plaintiff Roebuck inquired about this and informed the nurse that this was not what he was supposed to receive. Nurse Scott told Plaintiff Roebuck to pack his things and go to the suicide cell. Nurse Scott interpreted his inquiries as a refusal to take his medicine as given.
64. The Plaintiff was sent to the suicide cell on June 29<sup>th</sup>. He estimates that he was there for approximately two days.
65. Records obtained from the CJC reflect Plaintiff Roebuck was sent to suicide watch on 6/29/18.
66. Records obtained from the CJC reflect Plaintiff Roebuck has been sent to suicide watch on at least six (6) occasions.
67. The Plaintiff asks about the inconsistent dosages he receives for his insulin because of the adverse effects he often suffers.

68. Specifically, Plaintiff Roebuck has had encounters in which nurses have administered medications in doses that vary from the original prescription prescribed by the physician on staff the CJC.

69. For instance, he sometimes receives mixed insulin or inconsistent dosages varying between 30 and 40 units. These inconsistent dosages and mixes often result in symptoms including: headaches, chest pain, shaking, and fuzziness of thoughts. Ex. A, ¶17.

70. Plaintiff Roebuck has made inquiries to the physician on staff about nurses who sometimes alter his original prescriptions. To date, this practice has not changed.

71. Plaintiff Roebuck continues to suffer with heightened blood glucose levels and foot ulcers.

72. As of the date of this filing, Plaintiff Roebuck was still battling a swollen left leg and left foot with a large, potentially infected callus on the bottom of his left foot.

73. Upon bringing these medical issues to the attention of the Defendants and that he could be at risk of amputation due to his diabetic condition, Mr. Roebuck was repeatedly told he was receiving adequate health care.

74. Currently, Mr. Roebuck has not received special footwear for his feet. He wears the standard flat, white tennis shoes issued to all detainees.

75. Mr. Roebuck has also not received any referrals to a specialist, such as a podiatrist or an endocrinologist, to address the chronic hyperglycemia and foot ulcers, both of which put him at risk for more serious conditions and future amputation.

76. As Director of Nursing, Defendant Kristi Walther is responsible for oversight of the medical staff, including but not limited to, nurses who are required to maintain accurate medical records of patients such as Plaintiff Roebuck, administer medication such as insulin, conduct regular blood sugar level monitoring and report concerns regarding of mental illness.

77. Defendant Walther has personally been involved in the medical care of the Plaintiff and thus is aware of his medical history and status.

78. Defendant Walther has failed to provide proper oversight, training and correction for the medical staff under her supervision and providing inadequate medical care to Plaintiff Roebuck.

79. In her own personal medical treatment of the Plaintiff, Defendant Walther has failed to provide proper medical interventions to ensure adequate medical care is delivered to Plaintiff Roebuck, specifically as it relates to the management of his Type 2 Diabetes.

80. Defendant Dale Glass has been aware of Plaintiff Roebuck's medical history and current status through direct communications from the Plaintiff's friends and family, including through phone calls and requests for medical intervention.

81. As the individual responsible for the operations of the St. Louis City Justice Center and the day to day decisions to be made on behalf of inmates, Defendant Glass retains the authority to intervene and provide medical intervention on behalf of inmates and detainees like Plaintiff Roebuck. However, he has failed to provide any substantive medical resolutions or interventions to ensure Plaintiff Roebuck receives adequate medical care while in the custody of the St. Louis City Justice Center.
82. Upon information and belief, Defendants Corizon and the City of St. Louis, entered into a contract whereby Corizon would provide medical care for persons housed in St. Louis city jails, including the CJC.
83. Upon information and belief, it is the policy and custom of Corizon and the City of St. Louis to deny individuals like Plaintiff the specialized medical care (i.e., referral to a specialist) necessary to treat their underlying condition due to lack of proper training regarding best practices and proper protocol for treatment of chronic health conditions like Type 2 Diabetes, and in order to keep medical costs within the parameters set forth in the parties' contract.
84. Upon information and belief, absent the policy and custom referred to in paragraph 83, Plaintiff would have been referred to an outside hospital (or other medical care facility) and/or a medical provider specializing in Type II diabetes, such as an endocrinologist.

**Medical Records**

85. Prior to this filing, the undersigned obtained Plaintiff's medical records from the CJC.

86. From the time Plaintiff Roebuck entered custody until the date of counsel's request for records, August 10, 2018, 181 days elapsed in which he has remained in the custody and care of the CJC.
87. The medical records provided were 209 pages in total. In those 209 pages for the 181 days Plaintiff Roebuck has been within Defendants' care, Defendants logged only 9 days of blood sugar levels for Plaintiff Roebuck. These logs occurred between August 6, 2018 and August 14, 2018. The two additional days occurred on June 4<sup>th</sup> and February 13, 2018, for intake upon coming into custody.
88. Of note, the records from August 6, 2018 through August 14, 2018 include detailed notes within a system titled "SOAPE"; these notes detail Plaintiff's refusal to take insulin and/or receive blood sugar level checks.
89. None of these detailed notes are included for the remaining 173 days Plaintiff Roebuck remained in custody.
90. Records indicate Plaintiff has refused insulin 28 times and has refused blood sugar level checks 16 times. Several of these refusals note that Plaintiff has indicated he is scared of "bottoming out" due to the medication Defendants are giving him and because of the way he is treated by staff.
91. Assuming Defendants' records are taken as true, even with 16 refusals for blood sugar level checks, Defendants are missing 165 days of medical records reflecting Plaintiff's Roebuck's daily blood sugar levels.
92. The absence of this critical information related to the Plaintiff's medical status reflects, at a minimum, a serious deficiency in training from the staff involved

in the care and treatment of the Plaintiff, or, at worst, it is demonstrative of a significant level of indifference in patient care.

93. Plaintiff Roebuck maintains contemporaneous, detailed notes of his medical treatment and encounters with staff.

94. Plaintiff Roebuck's accurate blood sugar levels reflect **75** times in which his blood sugar levels have reached over 240m/L. This is reflected in Plaintiff's daily blood sugar level logs. Ex. H.

95. The accuracy of Plaintiff Roebuck's blood sugar level logs can be cross-checked with his medical records and the few times the Defendants logged Plaintiff's blood sugar levels which occurred for one week in August. Plaintiff's logs match these records. See Ex. I.

96. Plaintiff Roebuck's most recent elevated blood sugar levels reflect the following:

Date	Blood Sugar Level
7/23	425
7/24	439
7/26	422
7/28	300
7/29	306
7/30	294
7/30	334
7/31	591

8/2	551
8/14	385
8/18	282
8/20	291

97. These records indicate Defendants have been aware of Plaintiff's chronic and dangerously high blood sugar levels for months, further evidencing the lack of training and/or willingness Defendants' possess to provide adequate medical interventions to safely manage Plaintiff's Type 2 Diabetes without risk of long-term harm to Plaintiff's health.

98. Additionally, Defendants appear to either maintain a medical records system that is woefully inadequate of retaining all necessary and relevant information that should be maintained in a medical file or Defendants deliberately withheld certain documents from Plaintiff Roebuck's medical file.

99. To that end, while Exhibits D and E are medical records maintained by Defendants. These medical records were not submitted at the time counsel for Plaintiff requested Plaintiff's medical records.

100. Rather, a member of Defendants' medical staff provided these two exhibits to Plaintiff on two separate occasions to assist him with additional information about his medical care as other staff members have often refused to provide informed medical care to Plaintiff.

101. Additionally, Plaintiff Roebuck attaches an exhibit titled, "Temporary Administrative Segregation Confinement" dated February 14, 2018. Ex. J.<sup>14</sup>
102. Upon entry to custody at CJC, Plaintiff Roebuck requested to be placed in protective custody due to the contents of said Exhibit.
103. During the week of August 12, 2018, an inmate approached Plaintiff Roebuck with a copy of Exhibit J.
104. This inmate requested Plaintiff Roebuck remit payment of \$30.00 to him in order for the contents of the paper not to be distributed amongst the inmate population.
105. Plaintiff Roebuck currently suffers from serious traumatization related to the contents of said exhibit. Plaintiff Roebuck remitted the remaining monies he had at the time to this inmate to secure a copy of this paper.
106. It should be noted Plaintiff Roebuck has a very limited support system outside of jail and even more severely limited finances. Thus, the money that was extorted from him to retain the privacy of his records that should have been stored securely by Defendants' staff is even more appalling.
107. Currently, Plaintiff Roebuck relies on friends who can deposit money on his books so he can place phone calls and purchase items; these items are often food or snacks to assist in managing his blood sugar levels.
108. Exhibit J is an additional example of the lack of care and safety in which Plaintiff Roebuck's medical records have been maintained while in Defendants' custody and the overall indifference shown toward his care.

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<sup>14</sup> Plaintiff Roebuck requests that this Exhibit be placed under seal and the contents removed from public viewing due to the sensitive nature of the contents and Plaintiff Roebuck still remaining in custody at the time of this filing.

**Informal Resolution Requests**

109. On April 14, 2018, Mr. Roebuck submitted an Informal Resolution Request (I.R.R.) relaying that on April 12, 2018, Nurse Baxton did not return that evening to check his glucose levels even though he asked her if she would be returning to do so and she previously answered that she would.
110. Mr. Roebuck's glucose level was not checked until the next shift when Nurse Freeman arrived, between 11:00pm and 11:30pm. He requested something be done about this issue and about not being given medication for chest pain. Ex. K.
111. On April 17, 2018, Mr. Roebuck submitted an I.R.R related to multiple concerns. Ex. L.
112. His concerns included Nurse Bailey, who did not change the bandages on his foot on that date and on previous dates.
113. Additionally, Mr. Roebuck expressed increasing frustration with being sent to the "hole", also known as suicide watch, for refusing to take the increased dosage of insulin which deviated from the original amount prescribed by the emergency room physician on June 29, 2018.
114. Mr. Roebuck explains in his I.R.R. that the increased dosage created adverse effects including "bottoming out" and chest pains.
115. On May 9, 2018, Mr. Roebuck submitted an I.R.R. concerning inadequate medical treatment. Specifically, he outlines the delay in receiving breakfast trays, medical staff's indifference to this when he relayed this issue to them, and his request for adequate medical treatment. Ex. M.

116. On May 23, 2018, out of the three I.R.R.'s Mr. Roebuck submitted, he finally received one response in writing from the jail administration to his April 14, 2018, I.R.R.

117. Administration responded that the matter would be forwarded to the head nurse. His matter was ultimately considered resolved. Ex. N.

118. To date, Plaintiff Roebuck has received no response from the head nurse or Director of Nursing concerning his April 14, 2018, I.R.R, nor has he received responses to his April 17<sup>th</sup> I.R.R. or his May 9<sup>th</sup> I.R.R.

### **Exhaustion of Administrative Remedies**

119. Plaintiff Roebuck has exhausted his administrative remedies by filing grievance forms with the Defendants regarding his medical care, to the extent the grievance process has been available to him. Plaintiff Roebuck either received an inadequate response or no response at all. This is evidenced by the lone response he received to one out of three grievances he submitted; his April 14, 2018 I.R.R. that Defendants responded to on May 23, 2018. (See Ex. N.) The response he received was wholly inadequate as it did nothing to address his concerns about having his glucose levels regularly checked by medical staff.

120. On April 17, 2018, Plaintiff Roebuck submitted an I.R.R. to medical staff. He never received a response to his grievance.

121. On May 9, 2018, Plaintiff Roebuck submitted an I.R.R. to medical staff. He never received a response to his grievance.

**CAUSE OF ACTION**

**42 U.S.C. § 1983**

**Violation of the Fourteenth Amendment-Jail Conditions**

122. Plaintiff incorporates by reference each and every allegation contained in the preceding paragraphs as if set forth fully herein.

123. All Defendants know about and enforce the policies described herein. All Defendants are aware of Plaintiff Roebuck's serious medical needs, including the severe pain and debilitation accompanying a chronic illness like diabetes, the increased risk of long-term, serious complications without adequate treatment and his serious mental illnesses which exacerbate these conditions and make Plaintiff's ability to manage this chronic illness extremely difficult. Yet, knowing this, Defendants have intentionally failed to provide and have intentionally delayed treatment that will address Plaintiff Roebuck's serious medical needs, knowing their actions have resulted and will continue to result in the Plaintiff's suffering. Thus, the Defendants have caused the wanton infliction of pain upon Plaintiff Roebuck and have exhibited deliberate indifference to the serious medical needs of Plaintiff Roebuck in violation of the Fourteenth Amendment.

124. By denying Plaintiff Roebuck his medically required care, including denial of consistent and adequate foot care and supportive diabetic shoes to prevent foot ulcers and infection, denied access to consistent insulin dosages and meal times to prevent hypo-and hyperglycemia, inadequate management of chronic hyperglycemia and denial of access to a specialist to manage Plaintiff

Roebuck's consistent complications with diabetes to avoid the increased risk of lower limb amputation, Defendants violate the standards of decency, contrary to the Fourteenth Amendment.

125. Defendants' actions and lack of treatment with respect to Plaintiff's diabetes is tantamount to nominal medical care that places Plaintiff Roebuck's life at risk.

126. By the policies and practices described herein, Defendants have subjected and continue to subject Plaintiff Roebuck to a substantial risk of serious harm and injury due to inadequate medical care and have violated his right to basic human dignity and to be free from cruel and unusual pretrial detention conditions under the Fourteenth Amendment to the United States Constitution.

127. These policies and practices have been and continue to be implemented by the City and its agents, officials, employees, and all persons acting in concert under color of state law, in their official capacity, and are the proximate cause of the Plaintiff's ongoing deprivation of rights secured under the Fourteenth Amendment.

128. Defendants have been and are aware of all of the deprivations complained of herein, and have condoned or been deliberately indifferent to such conditions and conduct.

129. It should be obvious to Defendants and to any reasonable person that the conditions imposed on Plaintiff Roebuck for many months cause tremendous mental anguish, physical harm, pain, and suffering.

130. Specifically, Defendants have repeatedly been made aware of these conditions through administrative grievances and written complaints generated by Plaintiff Roebuck. Moreover, media accounts and public reports are constantly generated about pre-trial detainees and inmates who have suffered while in the detention of the Defendants and those who have ultimately died.

131. Plaintiff Roebuck, who has received no medical care that adequately and safely manages his diabetes, has no adequate remedy at law to redress the wrongs described herein. Plaintiff has been and will continue to be irreparably injured by the conduct of the Defendants unless this Court grants the declaratory and injunctive relief which Plaintiff seeks.

#### **PRAYER FOR RELIEF**

WHEREFORE, Plaintiff requests the following relief:

- A. A judgment declaring that the Defendants have exhibited deliberate indifference to the serious medical needs of the Plaintiff and have violated Plaintiff's right to be free from Cruel and Unusual Punishment as secured by the Fourteenth Amendment;
- B. A preliminary and permanent injunction enjoining Defendants from remanding Plaintiff to a suicide cell or any other form of isolation as a result of his medication refusals or medication refusals;
- C. A preliminary and permanent injunction enjoining Defendants from providing inadequate and inconsistent medical care to the Plaintiff and for which said care does not meet the best practices promulgated by the American Diabetes

Association; an order requiring Defendants to immediately send Plaintiff to an outside facility for hospitalization or otherwise coordinate with competent medical professionals and specialists for the management and care of Plaintiff's chronic hyperglycemia, and further order for immediate care by a podiatrist for the proper care of his foot ulcer, as well as an independent consultation with an endocrinologist specializing in the care and management of diabetes and to abide by all recommendations;

- D. A preliminary and permanent injunction requiring Defendants to immediately coordinate with proper mental health care providers, including psychiatrists, to have the Plaintiff's mental health needs assessed and addressed, including but not limited to, psychiatric assistance at an off-site facility to aid Plaintiff with the management of his mental illnesses and chronic diabetes and for Defendants to abide by all recommendations.
- E. An award of compensatory and punitive damages against all Defendants;
- F. An award of attorneys' fees, expenses and costs of suit; and
- G. Such other relief as the Court may deem equitable and just under the circumstances.

**Jury Demand**

Plaintiff demands trial by jury on all issues which are triable by a jury.

Respectfully Submitted,

By: /s/ Nicole D. Nelson  
Nicole D. Nelson  
(MBE#69665MO)  
EQUITY LEGAL SERVICES, INC.  
15 N. 1<sup>st</sup> Street  
Belleville, Illinois 62220  
Tel: 618.693.9800  
Fax: 618.693.9800  
[nnelson@equitylegalservices.org](mailto:nnelson@equitylegalservices.org)

Dated: September 11, 2018

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MISSOURI

LADDIE ROEBUCK,	)	
	)	
Plaintiff,	)	
	)	
v.	)	Case No.
DALE GLASS, St. Louis City Corrections)	)	
Commissioner, in his official capacity &	)	
KRISTI WALTHER,	)	
CORIZON HEALTH,	)	
Director Nursing, in her official capacity )	)	
CORIZON HEALTH, LLC, an out of state)	)	
corporation registered and doing business)	)	
in the State of Missouri	)	
	)	
Defendants.	)	

AFFIDAVIT OF LADDIE ROEBUCK

1. My name is Laddie L. Roebuck. I am a 59-year old African-American male.
2. I am a pre-trial detainee at the City of St. Louis Justice Center.
3. I have been in the custody of the City of St. Louis Justice Center since February 10, 2018.
4. I have Type 2 Diabetes. I have had diabetes since I was an older teen/ young adult.
5. I have a history of complications with my diabetes including, hospitalizations, hyperglycemic episodes and ulcers on my foot.
6. My father also had diabetes. He passed away in a diabetic coma due to complications of this disease.
7. I manage two serious mental illnesses: Major Depressive Disorder and Bi-Polar Disorder. I have also been told I have Schizophrenia.

8. To maintain awareness of my health and manage my diabetes, since I have been in custody, I have kept detailed, contemporaneous logs of my daily blood sugar levels.
9. Since I have been in custody, I have encountered issues with the management of my diabetes and my medical care by the medical and correctional staff at the St. Louis City Justice Center.
10. I have been transported to the emergency room twice since I have been in the custody of the St. Louis City Justice Center. Both times were for hyperglycemia.
11. I have had at least two ulcers on my left foot resulting from complications from diabetes since I have been in custody.
12. I have not been issued any special foot wear, supportive shoes or compression sock that have aided in the mitigation or prevention of the ulcers on my foot or the swelling in my legs. The one compression sock I wore, I purchased for \$12.00 from my cellmate.
13. My left leg and left foot are often significantly swollen. Sometimes my left leg and left foot feel numb and cold.
14. Regarding my insulin and medication, if I have questions or concerns about my diabetes treatment or medications or if I refuse the insulin medications, medical and/or correctional staff will often place me in a suicide cell or threaten to do so.
15. I am often scared to take the insulin that the medical staff administers to me here.

16. The staff sometimes mixes different types of insulin instead of the insulin prescribed. When they mix different types of insulin, I sometimes feel ill and I become concerned about what will happen to me.
17. As a result of combining different insulin, I often suffer side effects such as: shaking, headaches, my mind feels fuzzy, and it gets hard to see. I fear I will die in my sleep.
18. Sometimes, these side effects do not go away over time.
19. When I explain these side effects to the medical and correctional staff, staff tells me that I will be sent to the suicide cell if I do not comply and take the medication that is being offered.
20. In June of this year, while I was in the infirmary, I questioned my dosage and medication. An African-American nurse refused to answer my questions and instructed me "to take my black ass back up to my cell."
21. On several occasions, I have asked medical and correctional staff for increased daily blood sugar level monitoring. I have been told by the nurses that I am not the only one in here and specifically by one nurse, "They don't have time to run up and down to check insulin all day."
22. There have been times I have come down to the infirmary to inform a medical staff member that I am not feeling well and that my blood sugar level feels very low.
23. I am consistently instructed to just find a snack or something to eat. If it is not meal time, this requires that I have money on my books to purchase an item to eat to stabilize my blood sugar level.

24. Sometimes I just feel like dying because of the way I am treated in here. When I go to the suicide cell, it is just me and my thoughts.

25. Sometimes I rock back and forth or fast as a way of dealing with the bad thoughts. This keeps me from self-harming.

26. I have made multiple requests for mental health services.

27. Someone from mental health may come around for a five to ten minutes. This usually results in me being sent to suicide cell or me being told there isn't much they can do.

28. At least two nurses have mentioned to me their disagreement with the policies of the medical personnel and the way I am treated. One of these nurses mentioned that she is afraid she will come to work and find me dead in my cell. The other gave me copies of documents from my medical file, but is too afraid of losing her job to speak up.<sup>1</sup>

29. I am afraid if I do not receive proper intervention and control over my hyperglycemia and reoccurring foot ulcer from the appropriate specialists, my leg will be amputated or worst, I will die while I am in custody.

Further affiant sayeth not.

---

<sup>1</sup> Plaintiff has deliberately not revealed the identities of these two nurses so as not to jeopardize their employment.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9-4-18  
Date

Laddie Rockick  
Affiant

SWORN TO AND SUBSCRIBED before me this 4th day of September, 2018

My commission expires:

J.S.K.  
Notary Public

01-15-2022



3-21-18

I talk to Ms. Kristin Walther - DON

I also talk to MS Johnson - Mental Health  
Fuentes

March 20, 2018 DR. ~~Mohamed~~ did cut around the sore that's infected on the left foot on March 20<sup>th</sup> 2018

March 21, 2018 I Spoke to THE D.O.N. AND she stated THAT I AM suppose to GET A DIET TRAY But I haven't been getting THE DIET TRAY I AM A DIABETIC AND THE Medical staff knows THIS, it is in My Medical file AND I have papers to prove that I AM suppose to be on A diabetic diet, AND THE corrections officer ASK for THE paper THAT'S in My possession TO GET A COPY OF THE paper THAT shows that I AM suppose to GET A diabetic TRAY AND TOOK it TO the kitchen AND returned THE original TO Me.

MARCH 24, 2018 THE Medical staff, Mr. Davis the Nurse left out of work, without changing the bandage that's on My left foot due to the infection that I have, and this is not the First time that this Medical staff member has done this, there has been A Couple of Times in the past that he has done this.  
He Has looked at My left foot in the past

Exhibit B

AND He stated that; that the bandage that  
is on My left foot didn't need to be changed  
And he also stated that <sup>THERE</sup> wasn't nothing wrong  
with me, and told the C/O-I THAT THERE wasn't  
nothing wrong with me, and that I could go back.

In the date of March 2, 2018 I have a  
order for a special Diet from FE FUENTES M.D.  
AND Another order for a special Diet on March  
15, 2018 because I AM A Diabetic AND I have  
not been getting My diet tray, AND I haven't  
been getting A Snack bag or Anything.

I am on warfarin a blood thinner, and a  
antibiotic for the infection in My left foot  
and the blood thinner to thin My blood AND I'm  
suppose to get A Snack bag, because the  
combination of the blood thinner, along with the  
antibiotic, and the insulin hurts My stomach,  
besides the insulin dropping My blood-sugar level  
below exceptable limits, AND I need the Snack to  
bring My blood/sugar level back up to exceptable limit  
AND also to coat My stomach.

March 26, 2018, My lawyer SEAN Milford came to see  
Me on Monday Morning March 26, 2018

April 20, 2018

My Blood sugar level was (330) At 4:00 p.m. AND (Nurse Stepp) gave me 10 units of ~~the~~ insulin AND when (Nurse Stepp) came to pass evening meds Between 8-8:30 p.m. My blood sugar level was (303) AND Nurse Stepp R.N. Administered 1,000mg of THE Medication Metformin.

April 21<sup>st</sup>, 2018

Nurse Stepp R.N. checked my blood sugar level it was (299) and I was administered (8 units of insulin. and i was telling her that i wasn't feeling too good, and I told her that I need to stop taking some of this Medication, or slow down and Nurse Stepp R.N. threaten to send me upstairs if i stop taking my meds, but i said I would have to slow down or stop taking some of my meds.

I know I have right to refuse by law, and Nurse Stepp R.N. give me Reg insulin, and I'm not on Reg-insulin, I'm suppose to take (70-30) insulin. THE OTHER insulin THAT THE Medical Dept. gives me have my heart, chest hurting and THEY don't want to send me out to the hospital to get a MRI To find out whats going on with my heart and chest, and the pain I feel in both organs.

April 22, 2018 5-530 A.M. Nurse Freeman R.N. gave me (7) UNITS METFORMIN (1,000mg) of reg insulin My blood sugar level was (341)

April 21, 2018 At 10:15 p.m. My blood-sugar level was (208)

BETWEEN 7:15-7:30 I bottomed out bloodsugar level was (74) THE Nurse Ms. Bailey R.N. and one of the other nurses came and



FOR MEDICAL USE ONLY	
Date Received:	_____
Time Received:	_____

### HEALTH SERVICES REQUEST FORM (Formulario de Solicitud de Servicios de Salud)

Print Name (Imprimir nombre): Laddie Roebuck

Date of Request (Fecha de solicitud): 03/25/2018

ID #: 55852 Date of Birth (Fecha de nacimiento): 1-25-59

Housing Location (Ubicación de la Vivienda): Medical RM#4

Nature of problem or request (Naturaleza del problema o solicitud): My heel / Foot is infected &

Swollen up THERE is pus coming out it's yellowish, green, and  
it smells so bad & there's a core that needs to be surgically  
removed and I have been asking to be sent out to the hospital to have this take care  
See Continues Statement of claim.

I consent to be treated by health staff for the condition described. (Da su consentimiento para ser tratada por el personal de salud para la condición descrita.)

\_\_\_\_\_  
PATIENT SIGNATURE (Paciente Firma)

PLACE THIS SLIP IN MEDICAL REQUEST BOX OR DESIGNATED AREA (Pon este artículo en la caja médica u otra área designada)

DO NOT WRITE BELOW THIS AREA (No escriba debajo de esta área.)

(Original - Medical Record Copy- Per Site Policy)

(THE AREA BELOW IS NOT TO BE USED FOR EDUCATION, COUNSELING, OR DOCUMENTING A CLINICAL ENCOUNTER)

Triaged by: (nurse signature) \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am pm (circle one)

Referred to: (Circle ONE) NSC Mid-level SC Physician SC MH Dental

Called Down at: \_\_\_\_\_ (for urgent issue)

Other: \_\_\_\_\_

Exhibit C

(Continued Statement of Claim)

but every time I ask to be sent out to the Hospital, they say they can't send me out because it cost too much money, to send me out to the Hospital, I keep asking, and the Dr. she said, she don't do feet, and the Doctor — Mallard said: that it was a Callous and that it would heal, but Dr. Mallard agreed with me, Laddie Reebuck that there is a Core in the infected sore on my left foot that — needs to be surgically removed, because this facility is not the right facility to surgically removed the Core in the infected sore on my left foot, there is blood along with greenish & yellowish pus constantly draining from the sore, on March 20<sup>th</sup> 2018 Dr. Mallard cut — around the sore that's infected on my left foot and 4 or 5 Nurses said that they could smell the infection in my left foot, and some Nurses don't even want to change the bandage because it — smells so bad.

I would appreciate it if something can be done concerning the infection that's in my left foot before gainqueen set up, and my foot wind up having to be amputated, and the Medical Department will have no choice but to send me out.

Thank you!

Respectfully Submitted,

Ms. Laddie Reebuck #55857 Rm #4 Media

CHSS041A

## Health Problems/Conditions

Sunday April 01, 2018 09:28:30 AM CDT

Show Active Problems/Conditions Only: 

Health Problems/Conditions (1 - 11 of 11)

Prepare to Add

ID Number	Category	Type	Diagnosis Code	Onset Date	National HIE Code(s)	Status	Status Date
001	Allergies - Medication	NKDA (No Known Drug Allergies)				Patient Reported	02/11/2018
002	Chronic Conditions	Atrial Fibrillation (AF)	Unspecified atrial fibrillation [I48.91]	02/11/2018	SNOMED: 49436004 - Atrial fibrillation (disorder)	Patient Reported	02/11/2018
003	Chronic Conditions	Heart attack	Old myocardial infarction [I25.2]	02/11/2018	SNOMED: 1755008 - Old myocardial infarction (disorder)	Patient Reported	02/11/2018
004	Chronic Conditions	Diabetes Type I	Type 1 diabetes mellitus without complications [E10.9]	02/11/2018	SNOMED: 46635009 - Diabetes mellitus type 1 (disorder)	Patient Reported	02/11/2018
005	Chronic Conditions	Hypertension	Essential (primary) hypertension [I10]	02/11/2018	SNOMED: 59621000 - Essential hypertension (disorder)	Patient Reported	02/11/2018
006	Mental Health	Major Depression	Major depressive disorder, recurrent, unspecified [F33.9]	02/11/2018	SNOMED: 370143000 - Major depressive disorder (disorder)	Patient Reported	02/11/2018
007	Allergies - Medication	Morphine		02/11/2018	RxNorm: 891888 - Morphine Sulfate 30 MG Extended Release Oral Tablet;	Patient Reported	02/11/2018
008	Chronic Conditions	Diabetes Type II	Type 2 diabetes mellitus with foot ulcer [E11.621]	02/13/2018	SNOMED: 414906009 - On examination - right chronic diabetic foot ulcer (finding)	Assessed	02/13/2018
009	Mental Health	Mental Health	Major depressive disorder, recurrent, unspecified [F33.9]	02/22/2018	SNOMED: 191616006 - Recurrent depression (disorder)	Assessed	02/22/2018
010	Other Diagnosis	Other Diagnosis	Chest pain, unspecified [R07.9]	02/27/2018	SNOMED: 105606008 - Injury of musculoskeletal system (disorder)	Assessed	02/27/2018
011	Other Diagnosis	Other Diagnosis	Corns and callosities [L84]	03/29/2018	SNOMED: 201037000 - Corns and callus (disorder)	Assessed	03/29/2018

Print this Screen

Exhibit D

Ordered Date	Effective Date	Prescription/Medication	National HIE Code(s)	Dosage	Frequency	Expiration Date	Status
		NAPROXEN (UD) TABS 500 Mg Tabs	Naproxen 500 MG Delayed Rele...		TWICE DAILY AS NEEDED		
02/25/2018	02/25/2018	INSULIN HUM NPH VL (10ML) INJ 100 U/MI Inj	RxNorm: 311026 - HumuLIN N 100 UNT/ML Injectable Suspension;	30	EVERY MORNING	03/26/2018	Discontinued - Other
02/23/2018	02/23/2018	IBUPROFEN (BULK) TABS 200 Mg Tabs	RxNorm: 310965 - ibuprofen 200 MG (as ibuprofen sodium 256 MG) Oral Tablet;	3	THREE TIMES DAILY	03/01/2018	Discontinued - Other
02/22/2018	02/22/2018	INSULIN HUM REG VL (10ML) INJ 100 U/MI Inj	RxNorm: 311036 - HumuLIN R 100 UNT/ML Injectable Solution;	20	NOW	02/22/2018	Order Discontinued at Pharmacy Vendor (DR)
02/22/2018	02/22/2018	INSULIN HUM REG VL (10ML) INJ 100 U/MI Inj	RxNorm: 311036 - HumuLIN R 100 UNT/ML Injectable Solution;	4-12 units	THREE TIMES DAILY	03/23/2018	Order Discontinued at Pharmacy Vendor (DR)
02/22/2018	02/22/2018	MAG/ALUM HYD/SIMETH (360ML) SUSP 200/200/20 Susp	RxNorm: 307746 - aluminum hydroxide 200 MG / milk of magnesia 200 MG / dimethicone 20 MG per 5 ML Or...	1	NOW	02/21/2018	On Hold at Pharmacy. Pharmacy faxed message with detail (OH)
02/21/2018	02/21/2018	GLUCAGON (EACH) INJ 1 Mg Inj	RxNorm: 153095 - GlucaGen 1 MG Injection;	1	NOW	02/21/2018	Order Discontinued at Pharmacy Vendor (DR)
02/21/2018	02/21/2018	INSULIN HUM REG VL (10ML) INJ 100 U/MI Inj	RxNorm: 311036 - HumuLIN R 100 UNT/ML Injectable Solution;	30 units	EVERY MORNING	05/21/2018	Discontinued - Other
02/21/2018	02/21/2018	CITALOPRAM (UD) TABS 20 Mg Tabs	RxNorm: 200371 - citalopram 20 MG (as citalopram hydrobromide 24.99 MG) Oral Tablet; & nbs...	1	EVERY BEDTIME	03/06/2018	Order Discontinued at Pharmacy Vendor (DR)
02/21/2018	02/21/2018	INSULIN HUM NPH VL (10ML) INJ 100 U/MI Inj	RxNorm: 311026 - HumuLIN N 100 UNT/ML Injectable Suspension;	30 units	EVERY MORNING	05/21/2018	Discontinued - Other
02/21/2018	02/21/2018	INSULIN HUM REG VL (10ML) INJ 100 U/MI Inj	RxNorm: 311036 - HumuLIN R 100 UNT/ML Injectable Solution;	24 units	EVERY EVENING	05/21/2018	Discontinued - Other
02/20/2018	02/20/2018	WARFARIN SOD (UD) TABS 7.5 Mg Tabs	RxNorm: 855348 - Jantoven 7.5 MG Oral Tablet;	1	EVERY BEDTIME	03/21/2018	Order Discontinued at Pharmacy Vendor (DR)
02/20/2018	02/20/2018	AMLODIPINE. BESY (UD) TABS 5 Mg Tabs	RxNorm: 197361 - amLODIPine (as amLODIPine besylate) 5 MG Oral Tablet;	1	EVERY DAY	03/21/2018	Order Discontinued at Pharmacy Vendor (DR)
02/20/2018	02/20/2018	INSULIN HUM REG VL (10ML) INJ 100 U/MI Inj	RxNorm: 311036 - HumuLIN R 100 UNT/ML Injectable Solution;	4-12 units	THREE TIMES DAILY	03/21/2018	Discontinued - Other
02/13/2018	02/13/2018	INSULIN HUM REG VL (10ML) INJ 100 U/MI Inj	RxNorm: 311036 - HumuLIN R 100 UNT/ML Injectable Solution;	8 units	TWICE DAILY	03/14/2018	Discontinued - Other
02/11/2018	02/12/2018	CIPROFLOXACIN HCL TABS 500 Mg Tabs	RxNorm: 309309 - ciprofloxacin (as ciprofloxacin HCl) 500 MG Oral Tablet;	1	TWICE DAILY	02/20/2018	Order Discontinued at Pharmacy Vendor (DR)
02/11/2018	02/11/2018	METFORMIN HCL TABS 500 Mg Tabs	RxNorm: 861007 - metFORMIN HCl 500 MG Oral Tablet;	1	TWICE DAILY	03/12/2018	Order Discontinued at Pharmacy Vendor (DR)
02/11/2018	02/11/2018	INSULIN HUM NPH VL (10ML) INJ 100 U/MI Inj	RxNorm: 311026 - HumuLIN N 100 UNT/ML Injectable Suspension;	40	EVERY MORNING	03/12/2018	Order Discontinued at Pharmacy Vendor (DR)
02/11/2018	02/11/2018	INSULIN HUM REG VL (10ML) INJ 100 U/MI Inj	RxNorm: 311036 - HumuLIN R 100 UNT/ML Injectable Solution;	4-12	TWICE DAILY	03/12/2018	Order Discontinued at Pharmacy Vendor (DR)
02/11/2018	02/11/2018	CIPROFLOXACIN HCL (UD) TABS 500 Mg Tabs	RxNorm: 309309 - ciprofloxacin (as ciprofloxacin HCl) 500 MG Oral Tablet;	1	TWICE DAILY	02/20/2018	Approved/Approval
02/11/2018	02/11/2018	INSULIN HUM NPH VL (10ML) INJ 100 U/MI Inj	RxNorm: 311026 - HumuLIN N 100 UNT/ML Injectable Suspension;	40	EVERY MORNING	03/12/2018	Discontinued - Other
02/11/2018	02/11/2018	INSULIN HUM REG VL (10ML) INJ 100 U/MI Inj	RxNorm: 311036 - HumuLIN R 100 UNT/ML Injectable Solution;	4-12	TWICE DAILY AS NEEDED	03/12/2018	Approved/Approval

Print this Screen

*Insulin Regular 4-12 units twice daily (morning and bedtime)*

CHSS037B

Drug Prescription Order

Wednesday August 01, 2018 21:48:17 PM CDT

Ordered Date: 07/31/2018

Time: 09:20:44 (CT)

Encounter Type: Practitioner - Medication Renewal

[View Condensed Version](#)

Location: St. Louis City Justice Center [CTJ]

Staff: Fuentes, Fe, MD

Order Number: 0072070

Rx Number: 41415409

Ordering Practitioner\*: Fuentes, Fe, MD

Sequence Number: 01

**Prescription**

Diagnosis Code\*: Type 2 diabetes mellitus with foot ulcer [E11.621]

Formulary  Non-Formulary

Drug Type: METFORMIN HCL SA TB24 500 Mg Tb24

National HIE Code(s)

RxNorm: 860975 - 24 HR Metformin hydrochloride 500 MG Extended Release Oral Tablet;

Effective Date: 07/31/2018

Generic Acceptable

Profile Only:

Dosage\*: 1

Dosage Form: Tb24

Strength\*: 500 Mg

Frequency\*: BID-TWICE DAILY

for\*: 90 days (Total duration)

Route of Administration\*: PL-By Mouth Float

Method\*: Normal Dose

Pill Call\* AM:  Noon:  PM:  HS:

Expiration: 10/28/2018

Keep on Person?\*: No

Delivery Tm Frame\*: Routine

Drug on hold until:

↓  
**BEDTIME**

**Order Information**

Pharmacy Indicated # 5  
Refills:

# Refills Issued: 0

Received Fm Pharmacy:

Status\*: Profile Only For Pharmacy. Request Refill When Needed. (HR)

As of Date\*: 08/01/2018

[Status History](#)

**Comments**

None

**Medication Administration Record (1 - 4 of 4)**

Date	Time	Quantity Dispensed	Source	Outcome	Comments/Addendums
08/01/2018	19:44(CT)	1.00	Clinic Stock	Administered	
08/01/2018	08:23(CT)	1.00	Clinic Stock	Administered	
07/31/2018	20:38(CT)	1.00	Clinic Stock	Administered	
07/31/2018	11:44(CT)	0.00	Patient Specific	No Show	

**Medication Receipt History**

Receipt Date/Time	Dispensed Qty	Received By	Status	Status Date	Substitution
No Rows Found					

[Prepare to Update](#) [Order Refill](#) [Prior Page](#)

[Show Last Updated Information](#)

**Exhibit E**

CHSS037B

Drug Prescription Order

Wednesday August 01, 2018 21:48:29 PM CDT

Ordered Date: 07/26/2018

Time: 15:18:44 (CT)

Encounter Type: Practitioner - Medication Renewal

[View Condensed Version](#)

Location: St. Louis City Justice Center [CTJ]

Staff: Fuentes, Fe, MD

Order Number: 0071695

Rx Number: 41395681

Ordering Practitioner\*: Fuentes, Fe, MD

Sequence Number: 01

**Prescription**

Diagnosis Code\*: Type 2 diabetes mellitus with foot ulcer [E11.621]

Formulary  Non-Formulary

Drug Type: INSULIN HUM 70/30 VL (10ML) INJ 100 U/MI Inj

National HIE Code(s)

RxNorm: 106892 - HumuLIN 70/30 Injectable Suspension;

Effective Date: 07/26/2018

Generic Acceptable

Profile Only:

Dosage\*: 40

Dosage Form: Inj

Strength\*: 100 U/MI

Frequency\*: AM-EVERY MORNING

for\*: 90 days (Total duration)

Route of Administration\*: SC-Subcutaneous

Method\*: Normal Dose

Pill Call\* AM:  Noon:  PM:  HS:

Keep on Person?: No

Expiration: 10/23/2018

Delivery Tm Frame\*: Routine

Drug on hold until:

**Order Information**

Pharmacy Indicated #

*INSULIN TO BE GIVEN EVERY DAY AFTER EATING BREAKFAST.*

# Refills Issued: 0

Refills: 2  
Received From Pharmacy:

Status\*: Profile Only For Pharmacy. Request Refill When Needed. (HR)

As of Date\*: 07/26/2018

[Status History](#)

**Comments**

every morning after breakfast

**Medication Administration Record** (1 - 7 of 7)

Date	Time	Quantity Dispensed	Source	Outcome	Body Location	Comments/Addendums
08/01/2018	08:55(CT)	40.00	Clinic Stock	Administered	Right abdomen	
08/01/2018	08:23(CT)	0.00	Clinic Stock	Held per Practitioner Order		
07/31/2018	07:02(CT)	0.00	Clinic Stock	Patient Refused		
07/30/2018	06:43(CT)	40.00	Clinic Stock	Administered		
07/29/2018	06:06(CT)	30.00	Clinic Stock	Administered		
07/28/2018	14:53(CT)	0.00	Patient Specific	No Show		
07/27/2018	06:44(CT)	40.00	Clinic Stock	Administered		

**Medication Receipt History**

Receipt Date/Time	Dispensed Qty	Received By	Status	Status Date	Substitution
No Rows Found					

[Prepare to Update](#) [Order Refill](#) [Prior Page](#)

[Show/Hide Drug Interactions](#)

[Show Last Updated Information](#)

CHSS037A

## Drug Prescription Orders

Wednesday August 01, 2018 21:47:26 PM CDT

Show Active Medication Only: 

Drug Prescription Orders (1 - 5 of 5)

[View MAR Summary](#)

Ordered Date	Effective Date	Prescription/Medication	National HIE Code(s)	Dosage	Frequency	Expiration Date	Status
<a href="#">07/31/2018</a>	07/31/2018	METFORMIN HCL SA TB24 500 Mg Tb24	RxNorm: 860975 - 24 HR Metformin hydrochloride 500 MG Extended Release Oral Tablet; ...	1	TWICE DAILY	10/28/2018	Profile Only For Pharmacy. Request Refill When Needed. (HR)
<a href="#">07/26/2018</a>	07/29/2018	WARFARIN SOD (UD) TABS 3 Mg Tabs ⓘ	RxNorm: 855322 - Jantoven 3 MG Oral Tablet;	1	EVERY BEDTIME	08/27/2018	Profile Only For Pharmacy. Request Refill When Needed. (HR)
<a href="#">07/26/2018</a>	07/26/2018	INSULIN HUM 70/30 VL (10ML) INJ 100 U/MI Inj ⓘ	RxNorm: 106892 - HumuLIN 70/30 Injectable Suspension;	40	EVERY MORNING	10/23/2018	Profile Only For Pharmacy. Request Refill When Needed. (HR)
<a href="#">06/27/2018</a>	07/03/2018	HYDROXYZINE PAMOATE CAPS 25 Mg Caps ⓘ	RxNorm: 995253 - Hydroxyzine Pamoate 25 MG Oral Capsule;	1	EVERY BEDTIME	09/30/2018	Profile Only For Pharmacy. Request Refill When Needed. (HR)
<a href="#">06/04/2018</a>	06/04/2018	AMLODIPINE. BESY (UD) TABS 5 Mg Tabs ⓘ	RxNorm: 197361 - amLODIPine (as amLODIPine besylate) 5 MG Oral Tablet;	1	EVERY DAY	09/01/2018	Approved/Approval

[Print this Screen](#)

**SLH Emergency Department**

3635 Vista Avenue  
St. Louis MO 63110  
Phone: 314-577-8777  
Fax: 314-577-8775

**Laddie L Roebuck**

MRN: M001050279

Department: **SLH Emergency Department**

Date of Visit: 2/20/2018

You were seen by Matthew Treaster, MD and Scott C Birdwell, MD.

**Follow-up Information**

Follow up with **Myrtle Hilliard Davis Health.**

Specialty: Clinic or Group Practice

Contact information:

5471 DR MARTIN LUTHER KING DR  
St Louis MO 63112  
314-367-5820

**Diagnoses**

**Hyperglycemia - Primary**  
**Medically noncompliant**

Codes  
R73.9  
Z91.19

Comments

**Medication List**

**CHANGE how you take these medications**

\* insulin regular 100 UNIT/ML

Commonly known as: HUMULIN,NOVOLIN

6 Units by Subcutaneous route 3 times daily (before meals).

What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**

*70/30*

\* insulin regular 100 UNIT/ML

Commonly known as: HUMULIN,NOVOLIN

24 Units by Subcutaneous route Every evening.

What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**

*30 units afternoon 24 units*

\* insulin regular 100 UNIT/ML

Commonly known as: HUMULIN,NOVOLIN

30 Units by Subcutaneous route Daily (with breakfast).

What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**

**metFORMIN 500 MG tablet**

Commonly known as: GLUCOPHAGE

Take 1 tablet by mouth 2 times daily (with meals).

What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**

*(only suppose to take 2 tablets a day)*

**warfarin 7.5 MG tablet**

Commonly known as: COUMADIN

Take 1 tablet by mouth Daily.

What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**

*(giving me too many) (3 a day is too much)*

\* Notice: This list has 3 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.

**CONTINUE taking these medications**

*Exhibit F*



SSMHealth

SLH EMERGENCY DEPARTMENT  
3635 Vista Avenue  
St. Louis MO 63110  
314-577-8000

6/29/2018

Fit For Confinement

RE: Laddie L Roebuck

To Whom It May Concern:

This is to certify that Laddie L Roebuck was seen in the Emergency Department on 6/29/2018.

He is found to be fit for confinement on 6/29/2018.

The patient needs to start taking the following medications while being held in confinement.

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• HUMULIN 70/30 vial	Inject 30 Units subcutaneously once daily after breakfast	10 mL	5
• HUMULIN 70/30 vial	Inject 20 Units subcutaneously once daily after dinner	10 mL	5
• metFORMIN (GLUCOPHAGE) 500 MG tablet	Take 1 tablet by mouth 2 times daily with morning and evening meal	60 tablet	5
• Blood Glucose Monitoring Suppl (BLOOD GLUCOSE MONITOR SYSTEM) W/DEVICE KIT	Use 1 kit as instructed.	1 kit	0

Please continue other medications as previously prescribed. Please stop taking other forms of insulin and any metformin greater than 500mg BID.

Please feel free to contact the Emergency Department if you have any questions or concerns. Thank you for your assistance in this matter.

Sincerely,

Michael O'Neill, MD

Laddie L Roebuck



# SSMHealth®

## Discharge Instructions

Roebuck, Laddie L (MR # M001050279)

### Visit Information

Date & Time	Provider	Department
6/29/2018 1207	McCormack, Neil David, MD	SLH EMERGENCY DEPARTMENT

#### SLH EMERGENCY DEPARTMENT

3635 Vista Avenue  
St. Louis MO 63110  
Phone: 314-577-8777  
Fax: 314-577-8775

### Diagnoses this visit

Your diagnosis was HYPERGLYCEMIA.  
You were seen by McCormack, Neil David, MD.

### Follow-up information

#### Follow up with Clinicpcpstl, Affinia Healthcare Soulard.

Specialty: General Practice

Contact information

2220 LEMP  
St. Louis MO 63104  
314-898-1700

### Medication List

#### START taking these medications

##### \* HUMULIN 70/30 vial

Generic drug: insulin isophane & reg (human) 70/30  
Inject 30 Units subcutaneously once daily after breakfast

##### \* HUMULIN 70/30 vial

Generic drug: insulin isophane & reg (human) 70/30  
Inject 20 Units subcutaneously once daily after dinner

**\* Notice: This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

#### CHANGE how you take these medications

##### metFORMIN 500 MG tablet

Commonly known as: GLUCOPHAGE

Take 1 tablet by mouth 2 times daily with morning and evening meal

What changed: **Another medication with the same name was removed. Continue taking this medication, and follow the directions you see here.**

#### ASK your doctor about these medications

##### acetaminophen-codeine 300-30 MG tablet

Commonly known as: TYLENOL #3

##### amLODIPine 5 MG tablet

Commonly known as: NORVASC

**amoxicillin-clavulanate 875-125 MG tablet**

Commonly known as: AUGMENTIN

**ARIPiprazole 5 MG tablet**

Commonly known as: ABILIFY

**Blood Glucose Monitor System W/DEVICE Kit**

Use 1 kit as instructed.

**blood glucose test strip****citalopram 20 MG tablet**

Commonly known as: CeleXA

**cyclobenzaprine 10 MG tablet**

Commonly known as: FLEXERIL

**\* HUMULIN R 100 UNIT/ML injection**

Generic drug: insulin regular human

Inject 30 Units subcutaneously daily with breakfast.

**\* HUMULIN R 100 UNIT/ML injection**

Generic drug: insulin regular human

Inject 6 Units subcutaneously 3 times daily before meals.

**\* HUMULIN R 100 UNIT/ML injection**

Generic drug: insulin regular human

Inject 24 Units subcutaneously Every Evening.

**HYDROcodone-acetaminophen 5-325 MG tablet**

Commonly known as: NORCO

**Lancet Devices Misc****lisinopril 40 MG tablet**

Commonly known as: PRINIVIL; ZESTRIL

**metoprolol succinate XL 24hr 50 MG tablet**

Commonly known as: TOPROL XL

**pregabalin 75 MG capsule**

Commonly known as: LYRICA

**terazosin 10 MG capsule**

Commonly known as: HYTRIN

**traZODone 100 MG tablet**

Commonly known as: DESYREL

**warfarin 7.5 MG tablet**

Commonly known as: COUMADIN

Take 7.5 mg by mouth DAILY.

**\* Notice: This list has 3 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

**Where to Get Your Medications**

You can get these medications from your preferred pharmacy

*Bring a paper prescription for each of these medications*

- HUMULIN 70/30 vial
- HUMULIN 70/30 vial
- metFORMIN 500 MG tablet

**Information about Pain Treatment**

If you have been prescribed pain medicine, or have been instructed to use over the counter medicines such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin) or naproxen (Aleve), be sure to take exactly as directed.

Be careful with cold medicines as many also contain acetaminophen, and too much acetaminophen can lead to liver damage. A side effect of ibuprofen or naproxen can be stomach

5/4/18 My Sugar were - 205 - Friday at 9:35 - p.m. <sup>scott</sup>

5/5/18 my sugar were - 278 - Saturday morning - 2-Metformin <sup>1,000 M.G</sup>

5/5/18 My sugar were - 446 - Saturday night - 9.15 P.m Ms. Scott  
2-METFORMIN - 1000.00. M.G

5/6/18 My sugar were - 218 - Sunday morning - 4-unit Insulin  
2-METFORMIN - 1,000 M.G Ms. Stepp

5/6/18 My sugar were - 196 - Sunday at Lunch <sup>time</sup> ~~at~~ INSULIN

5/6/18 My sugar were - 235 - Sunday at Dinner - 6-unit <sup>step</sup>

5/6/18 My sugar were - 179 - Sunday night at 10:45 P.m <sup>step</sup>  
2-METFORMIN.

5/7/18 <sup>Monday</sup> My sugar were - 191 - Morning - 2-METFORMIN - MS. <sup>stepp</sup>

5/7/18 My sugar were - 370 - at 4:00 - or 4:30 p.m - MS. Stepp  
10-unit. ↓

5/8/18 My sugar were - 155 - this morning <sup>4</sup> unit NEW Nurse

5/8/18 My sugar were - 326 - at Dinner time - 8-unit <sup>MS head</sup>

5/9/18 My sugar were - 258 - this morning - 8-unit Insulin <sup>Nurse Hoff</sup>

5/9/18 { I bottom out. Pain in my heart. Dray DID do  
anything about it could have die, LOW

5/9/18 My sugar were 438 - Dinner time - 12-unit INSULIN

5/10/18 My sugar - were - 217 - this morning  
5-unit INSULIN, NEW Nurse - Exhibit H

5/10/18 my sugar were - 193 - At Dinner time. 4-unit insulin  
NEW Nurse,

5/11/18 my sugar were - 345 - this morning, 10-unit insulin  
NEW Nurse,

5/12/18 my sugar were - 409 - this morning - 10-unit insulin  
NEW Nurse 4:35 A.M.

5/12/18 my sugar were - 323 - Dinner time - 6-unit insulin

5/13/18 my sugar were - 342 - this morning - 10-unit insulin  
5:55 - A.M.

5/13/18 my sugar were - 342 - At Dinner time - 10-unit  
INSULIN

5/14/18 my sugar were - 145 - this morning - No - INSULIN  
ms. stepp.

5/14/18 my sugar were - 491 - At Dinner time - 12-unit  
INSULIN

5/14/18 After Dinner my sugar were - 399 - At 7:00 p.m.

5/15/18 my sugar were - 259 - this morning, 8-unit, 5:30 A.M.

5/15/18 my sugar were - 370 - At Dinner time, 10-unit  
Nurse - DELMASTRO, INS

5/16/18 my sugar were - 290 - this morning - 10-unit  
5/16/18 my sugar were - 278 - Dinner time - 10-unit insulin

5/19/18 Sugar were - 222 - 10-unit INSULIN  
5:20 - A.M.

5/21/18 Sugar 268 - morning - 8-unit INSULIN  
Mrs Freeman

5/22/18 My sugar were - 323 - this morning  
10-unit INSULIN

5/23/ My sugar were - 255 this morning  
6-unit INSULIN

5/24/18 My sugar were - 294 - 6-unit INSULIN

5/25/18 My sugar were - 230 - this morning  
4-unit INSULIN

5/26/18 My sugar were - 183 - this morning  
NO - INSULIN

5/27/18 My sugar were 205 this morning  
NO INSULIN 4:00 A.M.

5/28/18 My sugar were - 280 - this morning  
8-unit INSULIN - Nurs - DEL

- 5/23/18 My Sugar were - 255 - this morning - 6-unit INSULIN
- 5/23/18 My Sugar were - 274 - At Dinner time - 8-unit INSULIN
- 5/24/18 My Sugar were - 294 - this morning - 6-unit INSULIN
- 5/24/18 My Sugar were - 289 - At Dinner time - 8-unit INSULIN
- 5/25/18 My Sugar were - 230 - this morning - 4-unit INSULIN
- 5/25/18 My Sugar were - 405 - At Dinner time - 15-unit INSULIN
- 5/26/18 My Sugar were - 183 - this morning - NO-Sulin - Nurse - DELMASTRO
- 5/26/18 My Sugar were - 296 - At Dinner time - 8-unit INSULIN
- 5/27/18 My Sugar were - 205 - this morning - 6-unit INSULIN  
4:00 A.M. Nurse - Head
- 5/28/18 My Sugar were - 280 - this morning - 8-unit INSULIN  
Nurse - DELMASTRO
- 5/28/18 My Sugar were - 238 - At Dinner time, 6-unit INSULIN
- 5/29/18 My Sugar were - 184 - this morning - 4-unit INSULIN
- 5/29/18 My Sugar were - 226 - At Dinner time - 2-unit INSULIN
- 5/30/18 My Sugar were - 275 - this morning - 8-unit INSULIN
- 5/30/18 My Sugar were - 325 - At Dinner time - 10-unit INSULIN
- 5/31/18 My Sugar were - 257 - this morning - NO-INSULIN
- 5/31/18 My Sugar were - 197 - At Dinner time - 6-018 unit INSULIN

5:00 A.

- 6/1/18 My sugar were -198- this morning, Nurse DELMASTRO
- 6/1/18 My sugar were -240- At Dinner time - 8-unit INSULIN
- 6/2/18 My sugar were -179- this morning, 4-unit INSULIN
- 6/2/18 My sugar were -273- At Dinner time 8-unit INSULIN  
Start Bottomout 40-77-95-157
- 6/3/18 My sugar were -462-333, NO INSULIN  
WARFARIN pills 7.5. MG TABLET,
- 6/3/18 My sugar were -278- NO INSULIN
- 6/4/18 My sugar were -319- At Dinner time, 10-unit INSULIN
- 6/5/18 My sugar were -195- this morning - NO INSULIN  
Nurse - D
- 6/5/18 My sugar were -322- At Dinner time 10-unit INSULIN  
Nurse - D
- 6/6/18 My sugar were -312- this morning - NO INSULIN  
Nurse - D
- 6/6/18 My sugar were -331- At Dinner time 10-unit INSULIN  
Nurse - D
- 6/8/18 My sugar were -231- this morning - NO INSULIN  
Nurse - D
- 6/8/18 My sugar were -312- At Dinner time - 10-unit INSULIN  
Nurse - D
- 6/9/18 My sugar were -156- this morning - 4-unit INSULIN  
Nurse - P.
- 6/9/18 My sugar were -346- At Dinner time 10-unit INSULIN

INSULIN  
4-unit

6/10/18 My Sugar were -198- this morning,  
Nurse DELMASTRO, TELL me she would bring my  
INSULIN back to me. But she DID NOT bring me  
my INSULIN back at all.

6/10/18 My Sugar were -303- At Dinner time -10-unit INSULIN

6/11/18 My Sugar were -192- this morning, -4-unit INSULIN  
Nurse DELMASTRO.

6/11/18 My Sugar were -238- At Dinner time -6-unit INSULIN

6/12/18 My Sugar were -262- this morning -8-unit INSULIN,

6/12/18 My Sugar were -357- At Dinner time -10-unit INSULIN

6/13/18 My Sugar were -274- this morning -8-unit INSULIN

6/13/18 My Sugar were -339- At Dinner time, 10-unit INSULIN

6/14/18 My Sugar were -215- this morning, 6-unit INSULIN

6/14/18 My Sugar were -352- At Dinner time -10-unit INSULIN

6/15/18 My Sugar were -243- this morning -8-unit INSULIN

6/15/18 My Sugar were -356- At Dinner time -10-unit INSULIN

6/16/18 My Sugar were -111- this morning

6/16/18 My Sugar were -222- At Dinner time, -10-unit INSULIN  
and 4-unit Nurse Head, AND all my pills  
at one time

- 7/7/18 my sugar were - 316 - this morning, Nurse - D  
70/30, 30-unit INSULIN
- 7/8/18 my sugar were - 101 - this morning, 30-unit 70/30  
Nurse - D
- 7/8/18 my sugar were - 297 - At Dinner time 20-unit 70/30  
and 8-unit Reg Insulin
- 7/8/18 my sugar were - 132 - this morning - 30-unit 70/30
- 7/9/18 my sugar were - 253 - At Dinner time - 20-unit 70/30
- 7/10/18 my sugar were - 172 - this morning - 30-unit 70/30
- 7/10/18 my sugar were - 181 - At Dinner time - 20-unit 70/30
- 7/11/18 my sugar were - 116 - this morning, 30-unit 70/30
- 7/11/18 my sugar were - 267 - At Dinner time 20-unit 70/30
- 7/12/18 my sugar were - 193 - this morning - 30-unit 70/30
- 7/12/18 my sugar were - 220 - At Dinner time - 20-unit 70/30  
Nurse - D<sup>7</sup>
- 7/13/18 my sugar were - 122 - this morning - 30-unit 70/30  
Nurse - Stepp
- 7/13/18 my sugar were - 214 - At Dinner time, 20-unit 70/30
- 7/13/18 my sugar were - 101 - this morning, 30-unit 70/30 <sup>Ms. Freeman</sup>
- 7/14/18 my sugar were - 285 - At Dinner time - 20-unit 70/30  
Nurse HEAD DID NOT come back And gave me  
my Warfarin - on 7-14-18. She told me she would  
be back. But never came back"



7/15/18 my sugar were - 106 - this morning - 30-unit 70/30 Nurse Freeman

7/15/18 my sugar were - 288 - At Dinner time - 20-unit 70/30

7/16/18 my sugar were - 184 - this morning, 70/30, ms. Freeman

7/16/18 my sugar were - 221 - At Dinner time, 70/30

7/17/18 my sugar were - 191 - this morning, 70/30 - Nurse - P

7/17/18 my sugar were - 380 - At Dinner time, 70/30

7/18/18 my sugar were - 145 - this morning - 15-unit 70/30 Nurse - P

7/18/18 my sugar were - 364 - At Dinner time - 20-unit 70/30

7/19/18 my sugar were - 176 - this morning, 30 unit 70/30 MS Freeman

7/20/18 my sugar were - 72 - this morning, 15-unit 70/30 Bottom out MS Freeman

7/20/18 my sugar were - 450 - At Dinner time, 20-unit 70/30

7/21/18 my sugar were - 232 - this morning, 30-unit 70/30 MS Freeman

7/21/18 my sugar were - 306 - At Dinner time, 20-unit 70/30 nurse - D

7/22/18 my sugar were - 139 - this morning - 30-unit 70/30 Nurse - D

7/22/18 my sugar were - 346 - At Dinner time 20 unit 70/30

7/23/18 my sugar were - 146 - this morning - 30-unit 70/30 Bottom out

7/23/18 my sugar were - 425 - At Dinner time, 20-unit 70/30

7/24/18 my sugar were - 439 - At Dinner time 20 unit 70/30

Ms. Freeman

7/25/18 my sugar were - 237 - this morning - NO INSULIN

7/26/18 my sugar were - 205 - this morning 30 unit <sup>70/30</sup> <sup>MS Freeman</sup> Bottom out

7/26/18 my sugar were - 422 - At Dinner time, 20-unit <sup>70/30</sup>  
→ The Doctor Change my INSULIN to 40-unit A day <sup>70/30</sup>

Ms. Freeman

7/27/18 my sugar were - 192 - this morning, 20, unit <sup>70/30</sup>

7/28/18 my sugar were - 216 - this morning 30-unit <sup>70/30</sup> <sup>MS. STEPP</sup>

7/28/18 my sugar were - 300 - At Dinner time - 20-unit, <sup>70/30</sup>

7/29/18 my sugar were - 202 - this morning, 30-unit <sup>70/30</sup>

7/29/18 my sugar were - 306 - At Dinner time, NO-INSULIN

7/30/18 my sugar were - 294 - this morning, 30 unit <sup>70/30</sup>

7/30/18 my sugar were - 334 - At Dinner time, I DID not get aint  
INSULIN at that. Nurse HEAD told me day took  
me off of INSULIN. ALSO I DID not get me  
METFORMIN this morning. THE NURSE DID not bring  
it back to me

Ms. Freeman

7/31/18 my sugar were - 225 - this morning NO INSULIN  
NO METFORMIN,

7/31/18 my sugar were - 591 - At Dinner time, NO INSULIN  
Ms. Head gave me 20-unit of REGULAR  
INSULIN,

8/1/18 my sugar were - 177 - At 9: A.M. 40-unit <sup>70/30</sup>

8/1/18 my sugar were - 332 - At Dinner time NO-INSULIN  
Nurse - D

8/18  
L.T

8/2/18 My Sugar were -245- this morning, Refus INSULIN

8/2/18 My Sugar were -551- At Dinner time 40 unit 70/30 <sup>Insulin</sup>

8/3/18 My Sugar were -157- this morning, 40 unit 70/30 <sup>Insulin</sup>

8/3/18 My Sugar were -160- At Dinner time, 40 unit 70/30 <sup>Insulin</sup>

8/4/18 My Sugar were -95- this morning, 40 unit 70/30 <sup>Insulin</sup>

8/4/18 My Sugar were -211- At Dinner time, 40 unit 70/30 <sup>Insulin</sup>

8/5/18 My Sugar were -100- this morning, 40 unit 70/30

8/5/18 My Sugar were -243- At Dinner time, 40 unit 70/30

8/6/18 My Sugar were -79- this morning, 40 unit 70/30

8/6/18 My Sugar were -191- At Dinner time, 40 unit 70/30

8/7/18 My Sugar were -101- this morning, 40 unit 70/30

8/7/18 My Sugar were -171- At Dinner time, 40 unit 70/30

8/8/18 My Sugar were -83- this morning, 40 unit 70/30

8/8/18 My Sugar were -217- At Dinner time, 40 unit 70/30

8/9/18 My Sugar were -206- this morning, 40 unit 70/30

8/9/18 My Sugar were -194- At Dinner time, 40 unit 70/30

8/10/18 My Sugar were -81- this morning, 40 unit 70/30 At 9:05 AM

8/10/18 My Sugar were -178- At Dinner time, 40, 70/30 Nurse-D

8/10/18 My Sugar were -105- this morning, 40, 70/30 Mrs Baxl

8/11/18 NO INSULIN

I SAW Nurse Pfeiler-RN about my feet. she just look at it 8-11-18

11

Bailey

8/12/18 My sugar were - 188 - this morning, 40 unit 70/30

8/12/18 My sugar were - 232 - At Dinner time, 40 unit 70/30

8/13/18 My sugar were - 143 - this morning, 40 unit 70/30

8/13/18 My sugar were - 190 - At Dinner time, 40 unit 70/30

8/14/18 My sugar were - 115 - this morning, - NO - INSULIN

8/14/18 My sugar were - 385 - At Dinner time - 40 unit 70/30 <sup>Nurse - D</sup>

8/15/18 NO INSULIN this morning - Sugar - 128

8/15/18 NO INSULIN. At Dinner time - 466

8/16/18 My sugar were - 120 - this morning 40 unit 70/30

8/16/18 My sugar were - 199 - At Dinner time, 30 unit 70/30

8/17/18 My sugar were - 81 - this morning, 40 unit 70/30 10:20 A.M

8/17/18 My sugar were - 181 - 206, At Dinner time, 30 unit 70/30

8/18/18 My sugar were - 91 - this morning, 40 unit 70/30

8/18/18 My sugar were - 282 - At Dinner time 30 unit 70/30

8/19/18 My sugar were - 89 - this morning, 40 unit 70/30 <sup>Nurse - D</sup>

8/19/18 My sugar were - 106 - At Dinner time 30 unit 70/30

8/20/18 My sugar were - 78 - or 79, this morning, 40 unit 70/30

8/20/18 My sugar were - 291 - At Dinner time, 30 unit 70/30

8/21/18 My sugar were - 88 - this morning 40 unit 70/30

8/21/18 My sugar were - 147 - At Dinner time, 30 unit 70/30

APR 14, 2018  
NEW YORK #4  
Laddie Roebuck

To whom it may Concern:

To the administrator of the Medical Dept.  
Ms. Laciinda Jones!

Dear Ms. Laciinda Jones!

I am writing to inform you concerning one of your  
Nurses, Nurse Baxton S.p.N.

On the Date of 04-12-2018, Nurse Baxton S.p.N.  
Came around to pass out Evening Meds. I ask  
Nurse Baxton S.p.N. was she going to check my  
sugar, she told me that; she would be right  
back, and Nurse Baxton S.p.N. Never Came back, I  
did not get my sugar checked, so i had to wait  
until Nurse freeman R.N. Came to work, it was  
between the Hour of 11:00-11:30 p.m. Nurse freeman R.N.  
checked my blood sugar level, and it was (397) so  
i know that earlier that evening my blood sugar  
level was higher than (397), and Nurse Baxton  
was suppose to check my blood sugar level before  
I eat. Nurse Baxton S.p.N. did not do anything  
and I told Nurse Baxton S.p.N. that i was  
having pain in my chest, and my heart, and  
ribs was hurting real, real bad, she did not  
do anything to help me, and the above action  
places her in violation of Medical Negligence  
because Nurse Baxton S.p.N. Neglected to  
return to check my blood sugar level, and to  
give me something for the pain that i was having  
if it was no more than calling the Dr. and

Exhibit K

Having the Dr. to give the order to give me some pain Medication for the pain that I felt in my ribs, heart, and chest, I have been feeling this pain for quite sometime, and I would like for something to be done concerning this issue that I am addressing in this (I.R.R.) Concerning everything that I have addressed, I have been respectful and I really did not want to write this (I.R.R.) but the Medical Dept. leave me no choice especially when you constantly bring it to the Nurses attention concerning the pain that I'm having, also; the type of insulin that I'm actually suppose to be taking, and I would appreciate it if something could be done concerning Nurse Baxton J.P.N. doing her job more effectively, and for Nurse Baxton J.P.N. to be reprimanded for not doing her job in checking my blood sugar level, and what about calling the Dr. to get a order for some pain Medication for the pain in my chest, and heart.

Thank you! for your time, and patience in this matter.

Respectfully, Submitted  
M/n. Jaddie Roebuck #55852  
Medical Room #4

I hope there's no Retaliation because of this (I.R.R.)

04-17-2018  
Laddie Roebuck  
Medical Rm #4

on the above Date of 04-17-2018 at the approximate time between 2:00-2:30 P.M. Nurse Bailey R.N. Came around to pass afternoon meds, and I Laddie Roebuck #55852 of Medical Rm #4 ask Nurse Bailey R.N. was she going to do my dressing change on my Left, and Right foot per Dr's order after she did Mr. Justin warrens bandage change, I got no reply from Nurse Bailey R.N. and this is not the first time that this has happened with this Medical Dept. I asked Nurse Bailey R.N. before on two occasions if she would change the bandage on my foot, and her response was just wait, I'll do it later, and she never returned, on March 30, 2018 and April 03, 2018 and April 06, 2018, I Laddie Roebuck #55852 of Medical Rm #4 was suppose to get my dressings changed on the dates that I also mentioned, April 03, 2018 was another Date that Nurse Bailey R.N. was suppose to change my bandages, and did not, and the other (2) above dates of March 30, 2018 and April 06, 2018, my bandages was suppose to have been changed and was not, per Dr's order on a Daily basis, there is a Dr's order for my bandages to be changed on a Daily basis, but when I refuse to take my insulin they threaten to throw me in the hole, but they don't do their job

and by Law, I have a right to refuse the insulin that the Medical Dept. is giving me especially when it makes me bottom out, have my heart hurting, and they still want to give me insulin. I'm speaking about the Medical Dept.

so in relation to my bandages not being changed on a daily basis per Dr's order this is negligence on the Medical Dept. part, and also this insulin that I have addressed also in this (I.R.R.) and the way this insulin has me bottoming out, and causes pain in my heart, and they still want to give this insulin to me, inspite of the side effects that I'm having after the Medical Dept. administers the insulin. what if i go into insulin shock because the Medical Dept. have administered too much insulin? I could file a Law suit for Medical Malpractice, so I would appreciate it if I could be sent out to Saint Louis University Hospital so they could regulate my blood sugar level, and get it straightened out because I'm tired of bottoming out after I get a shot of insulin, and I would appreciate it if I could get my dressing changes on a Daily basis per Dr's order. Thank You!

Respectfully, Submitted  
Laddie Roebuck #55852  
Medical Rm #4

I don't want any Retaliation from the Medical Dept.  
because I filed (I.R.R.)

## INformal Resolution Request

From: Roebuck, Laddie # 55852 # 3B-15,

Date: May 9, 2018

Subject: INadequate Medical treatment

I am a diabetic, dependent on INSULIN. I know I am not receiving appropriate medical treatment for my condition because I have repeatedly suffered the adverse health consequences of INadequate treatment.

This date, at approximately 5:30 am, I received eight (8) units of INSULIN. Approximately one (1) hour later I went INTO diabetic shock and had to declare a medical emergency. Medical's only "treatment" was to advise me to eat something. I informed the Nurses that trays had not arrived at 3B (breakfast is always late on Wednesday Mornings). The Nurses stated that it was not their problem and sent me away. I request adequate medical treatment and all other relief to which I may be entitled.

C.O. MS. GARDON

Laddie Roebuck # 55852 # 3B-15

C.O. MS. GARDON

Exhibit M

City of St. Louis  
Lyda Krewson, Mayor

WE STRIVE TOWARDS EXCELLENCE  
*Ad Exelleum Conamur*

Department of Public Safety  
Jimmy Edwards, Director  
Division of Corrections  
Dale Glass, Commissioner

FROM THE DESK OF: Felita Bain, Constituency Service Unit

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## Informal Resolution Request Response

Date: 23 May 2018

To: Roebuck, Laddie  
IMN 55853  
3Bravo Cell 15

Re: SRN#: CJC-04-18-14-E2

I am in receipt of your Informal Resolution Request (IRR) dated 14 April 2018. Within this IRR you contend that you asked the nurse Baxton to check your sugar she replied when she return, but never came back.

I have completed my investigation into your complaint. Response to the remedies requested is as follows:

1. *I would appreciate something to be done concerning Nurse Baxton- Not sure what you would like to happen, but this matter will be forward to the Head Nurse.*
2. *Nurse Baxton L.P.N. be reprimanded for not checking my blood sugar- This request is redundant same as remedy #1*
3. *Getting an order from the doctor for pain medication -Per policy 4.2.19 Medical Pass: prescription practices including requirements that medications are prescribed only when clinically indicated as one facet of program of therapy and a prescribing provider re-evaluates a prescription prior to renewal.*
4. *And that the Medical Department to be more professional not negligent-The St. Louis City Division of Correction requires all staff, contractors and volunteers to behave in a professional manner at all times.*

This matter is considered resolved.

FB  
cc: S. Troupe - Case File

Exhibit N