

PART B - RESPONSE

WILLIAMS, ELMER	086916	22-6-04645	SUWANNEE C.I. ANNEX	N2149S
NAME	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Appeal Denied:

Your request for administrative remedy was received at this office and it was carefully evaluated. Records available to this office were also reviewed.

It is the responsibility of your health care staff to determine the appropriate treatment regimen for the condition you are experiencing.

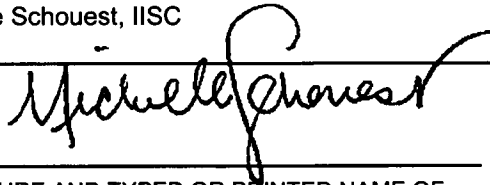
It is determined that the response made to you by the Institution on 01/14/2022 appropriately addresses the issues you presented.

Records reviewed indicate that you were seen by the Physician on 02/23/2022, where you could address your medical concerns at that time.

Should you experience problems, sick call is available so that you may present your concerns to your health care staff.

CONFIDENTIAL HEALTH RECORD/CARE INFORMATION INTENDED FOR ADDRESSEE(S) ONLY.  
UNAUTHORIZED RELEASE OR DISCLOSURE MAY VIOLATE STATE AND FEDERAL LAW.

Michelle Schouest, IISC



SIGNATURE AND TYPED OR PRINTED NAME OF  
EMPLOYEE RESPONDING



SIGNATURE OF WARDEN, ASST.  
WARDEN, OR SECRETARY'S  
REPRESENTATIVE



DATE

Med

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

RECEIVED  
FEB 11 2022  
Department of Corrections  
Inmate Grievance Appeals

Third Party Grievance Alleging Sexual Abuse

TO:  Warden  Assistant Warden  Secretary, Florida Department of Corrections

From or IF Alleging Sexual Abuse, on the behalf of:

WILLIAMS, ELMER                      086916                      Swannee C. I. Annex  
Last                      First                      Middle Initial                      DC Number                      Institution  
22-6-04645

Part A - Inmate Grievance

THIS IS AN APPEAL TO GRIEVANCE log# 2112-231-083 IN THAT THE RESPONDENT DID NOT PROPERLY INVESTIGATE AND/OR ADDRESS MY COMPLAINT. WHATEVER NURSE WAS ON SHIFT DECEMBER 2<sup>ND</sup> 2021 REFUSED TO DO MY BLOODWORK WHILE I WAS IN P-DORM CELL 11-1101 "AND" THE RECORDS WILL REFLECT THAT I DID NOT SIGN A REFUSAL "AND" I MADE IT CLEAR TO THE CONFINEMENT OFFICERS ON THE MIDNIGHT SHIFT THAT I DESPERATELY NEEDED TO HAVE MY BLOODWORK DONE BECAUSE I HAVE PROSTATE CANCER IN REMISSION, "AND" THE LAST BLOODWORK INDICATED THAT MY PSA LEVEL HAD JUMPED FROM 0.2 TO 5.2 AND I NEED TO GET MY BLOODWORK DONE TO SEE IF ITS INCREASING OR NOT BECAUSE "IF" MY PSA LEVEL IS INCREASING THEN THAT'S AN INDICATION THAT MY CANCER HAS RETURNED "AND" I'M ON THE CLOCK FOR NEEDING TREATMENT, BECAUSE WITHOUT TREATMENT "OR" PROLONGING MY TREATMENT CAN "AND" WILL LEAD TO DEATH. TO DATE MY PSA LEVEL IS APPROX. "22," WHICH ALTHOUGH I'VE BEEN PUT IN TO SEE MY ONCOLOGIST / PRIMARY PROSTATE DOCTOR, THAT DOES NOT JUSTIFY WHAT HAS BEEN DONE TO ME IN THE PAST. THIS MEDICAL DEPARTMENT AT SWANNEE C. I. ANNEX, SPECIFICALLY THE NURSE THAT WAS ON DUTY DECEMBER 2<sup>ND</sup> 2021 REFUSED TO DO MY BLOODWORK WITHOUT A JUSTIFIABLE REASON EXCEPT TO BE UNINDICTIVE AND RETALIATING AND I WANT THEM HELD ACCOUNTABLE FOR DELAYING MY MEDICAL NEEDS AND PUTTING MY HEALTH AND LIFE AT RISK, BECAUSE FOR EVERYDAY THIS CANCER IS LIVING INSIDE MY BODY WITHOUT TREATMENT(S) IS ANOTHER DAY MY ORGAN(S) ARE DETERIORATING AND WHO KNOWS AT WHAT RATE?? I REPEAT, REGARDLESS OF ME BEING IN THE INFIRMARY 24/7 NOW AT PRESENT IT DOESN'T JUSTIFY THE WRONG DOING OF THIS NURSE ON DECEMBER 2<sup>ND</sup> 2021 WHEN THEY REFUSED TO DO THEIR JOB ACCORDING THE LAW / POLICY AND PROCEDURES OF MEDICAL AND THE FLORIDA HEALTH DEPARTMENT.

1-27-2022  
DATE

Elmer Williams #086916  
SIGNATURE OF GRIEVANT AND D.C. #

\*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS:

1  
#                      Signature  
PL000062

INSTRUCTIONS

This form is used for filing a formal grievance at the institution or facility level as well as for filing appeals to the Office of the Secretary in accordance with Rule 33-103.006, Florida Administrative Code. When an appeal is made to the Secretary, a copy of the initial response to the grievance must be submitted.

FLORIDA DEPARTMENT OF CORRECTIONS  
REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

7A  
HS.

Third Party Grievance Alleging Sexual Abuse

TO:  Warden  Assistant Warden  Secretary, Florida Department of Corrections

From or IF Alleging Sexual Abuse, on the behalf of:

WILLIAM ELMER                      086916                      POWANEE ANNEX  
Last                      First                      Middle Initial                      DC Number                      Institution

Part A - Inmate Grievance

OBVIOUS<sup>14</sup> THERE'S BEEN OVER-SIGHT IN THIS CASE, BECAUSE, AS USUAL I'M FILING AN APPEAL TO ~~THE~~ INFORMAL GRIEVANCE log# 230-2112-0048 FOR THE REASONS THAT MY ISSUE WAS NOT PROPERLY INVESTIGATED AND/OR ADDRESS, IN THAT RESPONDER IS "CONSTANTLY" TELLING ME POLICY AND PROCEDURES WHEN "I KNOW THEM ALL TOO WELL, I HAVE CLOSE TO 40 YEARS EXPERIENCE." MY CLAIM OF BEING DENIED HAVING MY BLOOD TAKEN TO CHECK MY PSA LEVEL TO SEE IF MY CANCER IS STILL IN REMISSION "OR" SPREADING WOULD "AND" COULD BE PROVEN BY JUST SIMPLY LOOKING IN MY MEDICAL FILES. IT'S NOT PROFESSIONAL "OR" APPROPRIATE "OR" D.D.C.'S POLICY AND PROCEDURE TO "ASSUME" THAT MY ALLEGATIONS AND ACCUSATIONS AGAINST YOUR MEDICAL STAFF ARE UNFOUNDED, BECAUSE THEN YOU'RE COSIGNING NEGLIGENCE AND DELIBERATE INDIFFERENCE AND SUBJECTING ME "DENIAL" OF DUE PROCESS AND EQUAL PROTECTION OF THE LAW. I'M BEING RETALIATED AGAINST AND I'M SEEKING JUSTICE. Repeatedly Submitted

SEE ATTACHMENT:  
INFORMAL GRIEVANCE log#  
230-2112-0048

12-24-21  
DATE

Elmer Williams 086916  
SIGNATURE OF GRIEVANT AND D.C. #

\*BY SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS: 1

2112-231-083

INSTRUCTIONS

This form is used for filing a formal grievance at the institution or facility level as well as for filing appeals to the Office of the Secretary in accordance with Rule 33-103.006, Florida Administrative Code. When an appeal is made to the Secretary, a copy of the initial response to the grievance must be attached (except as stated below).

Signature  
PL000063

**PART B - RESPONSE**

WILLIAMS, ELMER	086916	2112-231-083	SUWANNEE C.I. ANNEX	H2102S
NAME	NUMBER	FORMAL GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Your request for Administrative Remedy or Appeal has been received, reviewed & evaluated.

Investigation into your grievance reveals the following:

The responses to your attached informals were addressed appropriately. You are being seen and treated for your medical issues with medication, wound care and have been placed in the infirmary with 24/7 access to medical. The staff are following proper care and treatment procedures. There is no indication that you have been denied access to medical, been treated with deliberate indifference, nor retaliated against or denied medical care. You may not agree with the treatment regimen and you have the right to refuse treatment at any time, but that does not mean that you are not being provided adequate care. It is the responsibility of your health care staff to determine the appropriate treatment regimen for the condition you are experiencing. The clinicians are following your medical needs and care and have a treatment plan that has been addressed with you on round in the infirmary.

Based on the foregoing your grievance has been DENIED.

You may obtain further administrative review of your complaint by obtaining form DC1-303. Request for Administrative Review or Appeal. Completing the form, providing attachments as required by 33-103.007(3)(a) and (b), F.A.C. and forwarding your complaint to the Bureau of Inmate Grievance Appeals, 501 South Calhoun, Tallahassee, FL 32399-2500, within Fifteen(15) days from date of this response.

MAILED 1-17-22

CONFIDENTIAL HEALTH RECORD/CARE INFORMATION INTENDED FOR ADDRESSEE(S) ONLY.  
UNAUTHORIZED RELEASE OR DISCLOSURE MAY VIOLATE STATE AND FEDERAL LAW.

*[Handwritten Signature]*  
 Alexis Figueroa, MD  
 Physician  
 Suwannee CI

*[Handwritten Signature]*  
 B. [Signature]  
 SIGNATURE OF WARDEN, ASST.  
 WARDEN, OR SECRETARY'S  
 REPRESENTATIVE

1-14-22  
 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF  
 EMPLOYEE RESPONDING

# INMATE REQUEST

MEDICAL ADMIN  
SUWANNEE C.I.

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS

Mail Number: \_\_\_\_\_  
Team Number: \_\_\_\_\_  
Institution: Suwannee Annex

TO:  
(Check One)

- Warden
- Asst. Warden
- Classification
- Security
- Medical
- Mental Health
- Dental
- Other

FROM:	Inmate Name <u>Williams, Elmer</u>	DC Number <u>086916</u>	Quarters <u>P1-101-L</u>	Job Assignment <u>U/A</u>	Date <u>12-2-21</u>
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## REQUEST

Check here if this is an informal grievance

THIS IS AN INFORMAL GRIEVANCE ON ME BEING DENIED GOING TO GET MY LABORATORY (BLOODWORK) SAMPLES DONE BECAUSE I'M CRIPPLED AND CAN'T WALK "AND" BEING DENIED A WHEELCHAIR TO GET TO AND FROM WHERE I NEED TO GO. I AM HERE AT SUWANNEE ANNEX FOR MEDICAL REASONS, AND I WOULD "NEVER" REFUSE MEDICAL TREATMENT(S). I'M TOTALLY IN THE CARE, CUSTODY AND CONTROL OF THE FLORIDA DEPT. OF CORRECTIONS AND I'M DEPENDING AND RELYING ON YOU ALL TO PROVIDE ME WITH WHAT I NEED WHILE IN CUSTODY. I'M IN CONFINEMENT BECAUSE "I COULDN'T" GO TO I.C.T., NOW "MY LIFE AND HEALTH IS IN TEOARDY" BECAUSE I'M BEING DENIED A WHEELCHAIR WHEN I CAN'T WALK SO I CAN'T GET MY BLOODWORK DONE TO DETERMINE WHERE MY PSA LEVEL IS AT AND WHAT'S WRONG?

All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All <sup>with</sup> informal grievances will be responded to in writing. <sub>me.</sub>

Inmate (Signature): Elmer Williams DC#: 086916

DO NOT WRITE BELOW THIS LINE

~~RECEIVED~~

## RESPONSE

230-2112-0048

DATE RECEIVED: DEC 06 2021

You are housed in confinement. Lab tech goes to P Dorm to draw blood. If there is an order you will be on her call out. ICT is not medical.

[The following pertains to informal grievances only:

Based on the above information, your grievance is Denied. (Returned, Denied or Approved). If your informal grievance is denied, you have the right to submit a formal grievance in accordance with Chapter 33-103.006, F.A.C.]

Official (Print Name): R. CORBIN ADMINISTRATIVE ASSISTANT SUWANNEE C.I. 04214/04215 Official (Signature): R. Corbin Date: 12/16/21

Original: Inmate (plus one copy)

CC: Retained by official responding or if the response is to an informal grievance then forward to be placed in inmate's file  
This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 15 days, following receipt by staff.

You may obtain further administrative review of your complaint by obtaining form DC1-303, Request for Administrative Remedy or Appeal, completing the form as required by Rule 33-103.006, F.A.C., attaching a copy of your informal grievance and response, and forwarding your complaint to the warden or assistant warden no later than 15 days after the grievance is responded to. If the 15th day falls on a weekend or holiday, the due date shall be the next regular work day.