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Arkansas
State Claims Commission
MAY 06 2014Please Read Instructions on Reverse Side of Yellow copy
Please print in ink or typeBEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

☐ Mr.
☐ Mrs.
☒ Ms.
☐ Miss Jeanetta Porter

Claimant

vs.

State of Arkansas, Respondent
UA Medical Sciences

Do Not Write in These Spaces		
Claim No.	14-0884-CC	
Date Filed	May 20, 2014 (Month) (Day) (Year)	
Amount of Claim \$	50,000.00	
Fund	UAMS	

Personal Injury, Pain & Suffering
Refund of Expenses

Jeanetta Porter (Name) the above named Claimant, of 1301 N. 16th Street (Street or R.F.D. & No.) North Little Rock (City)
 AR 72116 (501) 372-7733 (State) (Zip Code) (Daytime Phone No.) County of Pulaski represented by Attorney Sheila F. Campbell (Legal Counsel, if any, for Claim)
 of 2510 Percy Machin (Street and No.) North Little Rock AR 72115 501-374-0700 501-372-5375 (City) (State) (Zip Code) (Phone No.) (Fax No.) says:
 State agency involved: UAMS (University of Arkansas Medical School) Amount sought: \$ 50,000

Month, day, year and place of incident or service: April 12, 2013 UAMS E4 ICU

Explanation: On April 12, 2013 Jeanette Porter was visiting her father in the ICU at UAMS. When she got up from her seat to ask the hostess how long it would be before she was able to see her father Ms. Porter slipped on water that was on the floor where she placed her feet and under her chair. Ms. Porter fell to the ground, injuring her left wrist and both hips.

Arkansas
State Claims Commission

MAY 20 2014

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As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?
 No (Yes or No) ; when? (Month) (Day) (Year) : to whom? (Department)
 : and that the following action was taken thereon:

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? ; if so, state name and address

and that the nature thereof is as follows: (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

: and was acquired on : in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verify believes that they are true.

Sheila F. Campbell

(Print Claimant/Representative Name)

Sheila F. Campbell
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at North Little Rock AR

(SEAL)

on this 1st day of May, 2014
(Date) (Month) (Year)TAMARA JACKSON
(Notary Public)

My Commission Expires:

2 14 2023
(Month) (Day) (Year)

SP1- R7/99

TAMARA JACKSON
NOTARY PUBLIC - STATE OF ARKANSAS
PULASKI COUNTY
My Commission Expires: February 14, 2023
Commission # 12202129

Arkansas
PROPERTY DAMAGE/PERSONAL INJURY INCIDENT REPORT FORM
State Claims Commission
MAY 19 2014

SECTION I

CLAIMANT Janetta Porter ADDRESS 1301 N. 16th street RECEIVED
CITY & STATE North Little Rock, AR ZIP CODE 72114

DATE OF INCIDENT: April 12 19 2013 TIME Approx. 10:15 a.m.

Give a brief description of incident, showing how incident happened, exact loss and extent of damage to property and/or injury to person:

On April 12, 2013 J. Proter got up from her seat in the ICU waiting area
at UAMS, there was water on the floor where she placed her feet and
under her chair and she slipped fell injuring her left wrist and both
hips. She has approximately \$7000 in medical bills.

(If personal injury claim only, move on to Section IV)

SECTION II

Has this property been repaired? Yes () No () If repairs have been made, give the following information: Amount: \$ _____ Have you paid for the repairs? Yes () No ()

NOTE: Attach a copy of repair bill.

If repairs have not been made, list three estimates below and attach copies of each of them.

NAME	ADDRESS	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

SECTION III

Was property covered by insurance? Yes () No ()
If yes, what is the deductible? \$ _____

NAME OF INSURANCE CARRIER ADDRESS

SECTION IV

Is injured covered by medical insurance? Yes (x) No () If yes, is medical insurance:

If yes, what is the deductible? \$ 200

A. Job-based Yes () No ()
B. Uninsured Motorist Yes () No ()
C. Private Pay Yes () No ()

NAME OF INSURANCE CARRIER

ADDRESS

Medicare
MSPRC - NHGP

P.O. Box 138832 Oklahoma City, OK 73113

SECTION V

If incident was investigated by the police or by some other agency, give name and title of officer/person making the investigation: _____

SECTION VI

The undersigned states on oath that he/she is familiar with the matters and things set forth in the above statement, and that he/she verily believes that they are true.

Janetta Porter
Signature of Claimant

Sworn to and subscribed before me at _____

City & State

NOTARY TAMARA JACKSON
NOTARY PUBLIC - STATE OF ARKANSAS
PULASKI COUNTY
My Commission Expires: February 14, 2023
Commission # 12392167

his 14 day of May, 19/2014
day month year

My Commission Expires 2-14-23

Tamara Jackson
Signature of Notary Public

Arkansas
State Claims Commission
JUN 12 2014
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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JEANETTA PORTER

CLAIMANT

V.

NO. 14-0884-CC

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

RESPONDENT

ANSWER

Comes now the respondent, University of Arkansas for Medical Sciences (UAMS), by and through its undersigned counsel, and for its Answer to the Complaint, states as follows:

1. Respondent admits that Claimant reported a fall on August 12, 2013.
2. Respondent denies that Claimant suffered a injury.
3. Respondent specifically denies that it or any of its employees, agents, officials or representatives took any action or inaction that was the proximate cause of Claimant's alleged injuries as stated in the Complaint.
4. Respondent specifically denies that it or any of its employees, agents, officials or representatives is liable for any damages as alleged by Claimant in the Complaint.
5. Per the Commission's request,

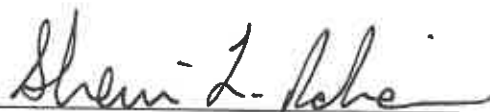
Account Number:	531650
Fund Code:	113
Cost Center:	1001656
6. Respondent reserves the right to plead further in this case as may become necessary.

WHEREFORE, having fully answered Claimant's Complaint, Respondent prays that said Complaint be denied and dismissed in its entirety, and for all other relief to which it may be entitled.

Respectfully submitted,

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES,
Respondent

By:


SHERRI L. ROBINSON, #97194
Associate General Counsel
University of Arkansas for Medical Sciences
4301 West Markham, Slot 860
Little Rock, AR 72205
(501) 686-7608
Srobinson3@uams.edu

Attorney for Respondent

CERTIFICATE OF SERVICE

I, Sherri L. Robinson, do hereby certify that a copy of the foregoing pleading has been served on claimant herein by mailing a copy of same, by U.S. Mail, postage prepaid, this 10th day of June, 2014, addressed to the following:

Sheila F. Campbell
2510 Percy Machin
North Little Rock, AR 72115


Sherri L. Robinson

JUN 18 2014

RECEIVED

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JEANETTA PORTER

CLAIMANT

V.

NO. 14-0884-CC

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

RESPONDENT

**RESPONDENT'S FIRST SET OF INTERROGATORIES
AND REQUESTS FOR PRODUCTION OF DOCUMENTS**

COMES now Respondent, University of Arkansas for Medical Sciences, by and through the undersigned counsel, who propounds the following Interrogatories and Requests for Production of Documents on the Claimant pursuant to Rules 33 and 34 of the Arkansas Rules of Civil Procedure.

I. INSTRUCTIONS and DEFINITIONS

1. These discovery requests shall be *continuing in nature* so as to require the filing of supplemental answers and responses without any further request(s) to do so should additional information or information inconsistent with any of your answers hereto become available. This request is continuing up to the entry of final judgment in this cause.
2. If you consider privileged any communication or information requested herein, please state in your response(s) both the legal and factual bases for such privilege claimed. Any objection raised shall apply only to the specific communication or information allegedly privileged, and will not excuse you from answering the remainder of the interrogatory or request for production of documents to any extent possible.
3. If your refusal to answer any interrogatory or request for production of documents is based upon grounds of undue burden or hardship, please identify in your response a good-faith estimate of the number and nature of documents that need to be searched to comply with the request, the location of such documents, and a good-faith estimate of the number of man-hours or costs associated with such a search.
4. Requests relating to information not in your possession, custody, or control shall be answered by stating completely and precisely the identity of the custodian of such information and the nature of the information itself. If any information called for in these interrogatories or requests for production was previously in existence

but no longer exists for whatever reason, explain in your response completely and precisely the information or documentation no longer in existence, and the reason(s) therefore.

5. "You" and "your" means and refers to the Claimant in this matter.
6. "Document" means any written, printed, typed, or other graphic matter of any kind or nature; electronic, mechanical, or electronic/digital recording; photograph, motion picture, digital video, transparency, still picture, videotape, drawing, sketch, negative, or other material in a tangible form and shall include all marginal notations and highlighting placed on the document, and all facsimile transmission lines, and copies of all documents by whatever means made.
7. The term "communication(s)" means any and all manners of transmitting or receiving information, including orally, electronically, digitally, physically, or via document.
8. "Doctor" or "physician" means a medical doctor, doctor of osteopathy, psychiatrist, psychologist, chiropractor, spiritual healer or any other practitioner of the healing arts.
9. "And" shall mean and/or.
10. "Or" shall mean and/or.
11. "Person" means an individual, corporation, partnership or other entity.
12. The plural shall include the singular and the singular shall include the plural.
13. "Identify" when used in connection with the term "correspondence" or "communication" means to state the identity of the persons involved, the date, the location of the correspondence or communication, whether the correspondence or communication was oral, written, or in another form, and the substance of the correspondence or communication.
14. "Identify" when used in connection with the term "documents" means to state the name, address and telephone number of the author, the date, the identity of each addressee of the documents and each person to whom it was provided, and the general nature of the document. If the document has been lost or destroyed, you should describe with particularity the circumstances relating to the loss or destruction of the document, the approximate date of the loss or destruction, all persons who have knowledge concerning the loss or destruction, and provide a detailed statement of the contents of the document.

15. "Identify" when used in connection with the term "person" or "entity" means to state, to the extent possible, the person's name, home address and phone number, place of employment, business address and phone number, occupation, and title.

II. INTERROGATORIES

INTERROGATORY NO. 1: Identify all persons you believe have knowledge of any facts concerning the allegations in your Complaint including those with whom you have discussed the allegations in your Complaint or the facts related to your alleged fall at UAMS on or about April 12, 2013. For each person, state the facts about which you believe he or she has knowledge.

INTERROGATORY NO. 2: Please state whether you, or any members of your family have, to your knowledge, made any statement or statements in any form, whether verbal, written, electronic, or otherwise, to any person other than your attorney regarding your alleged fall at UAMS on or about April 12, 2013, or any of the facts or allegations set forth in your Complaint. If so, please state:

- (a) the identity of the person(s) who made such statements, and the identity of the person(s) to whom such statements were made;
- (b) the date such statements were made;
- (c) the content of all such statements;
- (d) the form of the statement(s), whether written, verbal, electronic, or otherwise by recording device or to a stenographer;
- (e) if written, whether such statements were signed; and
- (f) the identity of all persons present when the statements were made.

INTERROGATORY NO. 3: Identify each person who you may call to testify at a hearing of this matter, specifically designating whether he or she is an expert or a lay witness, and state the general nature of each such person's anticipated testimony.

INTERROGATORY NO. 4: As to all persons whose names are set forth in your answers to the preceding interrogatories, have you, your agents, investigators, attorneys or anyone else acting on your behalf obtained statements of any kind, whether written, recorded, electronically transmitted, stenographically transcribed or otherwise, from any of those persons?

INTERROGATORY NO. 5: If your answer to the preceding interrogatory is in the affirmative, please state separately for each such person:

(a) the name, address and telephone number of each person from whom a statement was obtained;

(b) the type of statement which was taken (whether written, recorded, transcribed, etc.);

(c) the name, address, employer and telephone number of the person who took the statement;

(d) the name, address and telephone number of the present custodian of each statement so taken; and

(e) the date on which each statement was taken.

INTERROGATORY NO. 6: List all lawsuits and legal actions in which you have been involved as a party or a witness, include in your response the date and place where the action was filed and the complete case style.

INTERROGATORY NO. 7: Identify every doctor, therapist, counselor, psychologist, advanced practice nurse and/or health care provider who has seen, diagnosed, treated, counseled or provided you with any care regarding any emotional, mental and/or physical condition which you claim to have experienced or suffered as a direct and proximate result of your alleged fall at UAMS on or around April 12, 2013 or other matters alleged in your Complaint. For each doctor, therapist, counselor, psychologist, advanced practice nurse and/or health care provider, please state the following:

- (a) the date(s) you were seen, diagnosed, treated, counseled or provided with any care;
- (b) the diagnosis or diagnoses given;
- (c) the treatment ordered;
- (d) whether such treatment was followed; and
- (e) any costs from said visits that you attribute to UAMS.

INTERROGATORY NO. 8: Please explain in detail the complete treatment rendered to your left wrist following the alleged injury at UAMS on or about April 12, 2013. Include in your response whether any physical therapy was ordered and completed and the date you were released by the doctor.

INTERROGATORY NO. 9: Please explain in detail any current limitations that you have, if any, with regard to your left wrist.

INTERROGATORY NO. 10: Please explain in detail the complete treatment rendered to your hips following the alleged injury on or about April 13, 2013. Include in

your response whether any physical therapy was ordered and completed and the date you were released by the doctor.

INTERROGATORY NO. 11: Please explain in detail any current limitations that you have, if any, with regard to your hips.

INTERROGATORY NO. 12: Please list your employment history in detail from January 1, 2010 to present. Include in your response

- (a) the name, address and telephone number of each employer;
- (b) your job title with each employer;
- (c) your dates of employment with each employer; and
- (d) your salary with each employer.

If you were not employed for a specific period from January 1, 2010 to present, please state the source of your income and the amount of that income.

INTERROGATORY NO. 13: In your complaint, you request \$50,000 in damages. Please explain in detail how you arrived at that amount including in your response what any portions of that amount represents (e.g., whether any part represents lost wages, medical bills, etc.).

INTERROGATORY NO. 14: In the Property Damage/Personal Injury Incident Report Form attached to your complaint, you state that you have approximately \$7,000 in medical bills. Please state what portion of that amount was not covered by insurance.

INTERROGATORY NO. 15: Please describe how UAMS caused you to slip and fall.

INTERROGATORY NO. 16: Please explain where the water came from that was on the floor under your chair.

INTERROGATORY NO. 17: Did you spill water on the floor?

INTERROGATORY NO. 18: Did you have water in a container that was placed on the floor near your chair?

INTERROGATORY NO. 19: Did anyone with you have water in a container that was placed on the floor near your chair?

INTERROGATORY NO. 20: Did anyone with you spill water on the floor?

INTERROGATORY NO. 21: Did you see the water on the floor prior to slipping on it? If so, did you bring it to anyone's attention at UAMS? If so, to whose attention did you bring it and when?

INTERROGATORY NO. 22: Please describe in detail and in your own words the nature and extent of the injuries that you allege occurred at UAMS on April 12, 2013.

INTERROGATORY NO. 23: When did you first seek medical attention for the injuries that you allege occurred at UAMS on April 12, 2013? From whom did you seek medical attention?

INTERROGATORY NO. 24: If you did not seek medical attention at UAMS immediately following the alleged injury, please explain why.

III. REQUESTS FOR PRODUCTION OF DOCUMENTS

REQUEST FOR PRODUCTION NO. 1: Produce copies of all correspondence, communications, documents, and other tangible items that you believe support any allegation in your Complaint.

REQUEST FOR PRODUCTION NO. 2: Produce copies of all correspondence, communications, documents, exhibits or other tangible items that you may refer to or offer into evidence at a hearing in this matter.

REQUEST FOR PRODUCTION NO. 3: Produce copies of all correspondence, communications, documents, declarations, affidavits or statements, whether recorded, written, oral, stenographically transcribed or otherwise, that you or anyone else acting on your behalf has obtained from any person(s) pertaining to the allegations in your Complaint.

REQUEST FOR PRODUCTION NO. 4: Produce a copy of each written, electronic, transcribed or otherwise recorded statement identified in your answers to these interrogatories, or in the alternative, to make arrangements to provide respondent's attorney access to any recorded statements so they may be reviewed and/or copied.

REQUEST FOR PRODUCTION NO. 5: If you contend that UAMS, any representative of UAMS or any other individual has made any statements or admissions which have any relevance to this matter, please produce copies of such statements or admissions, or identify such statements or admissions if you believe they are in the possession of UAMS.

REQUEST FOR PRODUCTION NO. 6: Produce copies of all bills, receipts, statements, medical or otherwise, that resulted from the injuries you allege occurred at UAMS on April 12, 2013.

REQUEST FOR PRODUCTION NO. 7: Produce copies of all reports, treatment plans, summaries, evaluations, examinations, analyses, tests, diagnoses, letters, records, notes or other documents generated or prepared by any doctor, therapist, counselor, health care professional, psychologist, nurse or other practitioner of the medical or healing arts concerning their examination, treatment or conferences with you regarding any emotional, mental and/or physical condition which you may claim to have

experienced or suffered as a direct and proximate result of your treatment at UAMS or other matters alleged in your Complaint.

REQUEST FOR PRODUCTION NO. 8: For each expert you plan to call as a witness, please provide, or make available to respondent's counsel for inspection and copying:

- (a) the current curriculum vitae of the expert;
- (b) any written report prepared by the expert witness containing his/her opinion and conclusions relating to the matters about which he/she may testify at the hearing; and
- (c) any underlying data, resource materials, written documents, computer programs or disks, or other materials, produced by or utilized by the expert in reaching his/her conclusion, preparing his/her written report or preparing for his/her testimony at the hearing.

REQUEST FOR PRODUCTION NO. 9: Produce copies of any and all documents, records, communications, correspondence or recordings you have identified or relied upon in answer to any Interrogatory.

REQUEST FOR PRODUCTION NO. 10: Produce copies of all documents not specifically requested above, but which were used to answer these interrogatories or that support your claim for damages in this action.


REQUEST FOR PRODUCTION NO. 11: Complete and sign the attached *Authorization for Disclosure and Release of Medical Records* and return it with your responses.

REQUEST FOR PRODUCTION NO. 12: Produce copies of all of your federal and state income tax returns and supporting documents for tax years 2010 to present.

Respectfully submitted,

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES,
Respondent


By:


SHERRI L. ROBINSON, #97194
Associate General Counsel
University of Arkansas for Medical Sciences
4301 West Markham, Slot 860
Little Rock, AR 72205
(501) 686-7608
Srobinson3@uams.edu

CERTIFICATE OF SERVICE

I, Sherri L. Robinson, do hereby certify that a copy of the foregoing Interrogatories and Requests for Production has been served on claimant herein by mailing a copy of same, by U.S. Mail, postage prepaid, this 17th day of June, 2014, addressed to the following:

Sheila F. Campbell
2510 Percy Machin
North Little Rock, AR 72115


Sherri L. Robinson

**AUTHORIZATION FOR DISCLOSURE AND RELEASE OF
MEDICAL INFORMATION**

Re: _____

DOB: _____

SS#: _____

I, _____, hereby authorize the disclosure and release of all my individually identifiable health information, as described below:

All information and records concerning my Protected Health Information as defined by the HIPAA regulations, including but not limited to, information and records concerning my physical and mental condition and treatment, any and all x-rays, cardiograms, test results or other material in graphic form, abstracts, operative reports, admission records, examinations, test results, treatment plans, summaries, evaluations, examinations, analyses, tests, diagnoses, progress notes, nurses' progress notes, histories and physicals, discharge summaries, clinical records or any other documents pertaining to medical consultation, evaluation or treatment rendered by the provider to which this Authorization is presented. I understand and agree that if the records and documents requested to be released include information relating to sexually transmitted diseases, HIV or AIDS-related illnesses, substance abuse or treatment, or mental health treatment, such information may be released pursuant to this Authorization. This Authorization is further intended to cover all records of other medical care providers which are in the possession of the person or entity to whom this Authorization is presented, and all medical billing records in the recipient's possession.

I authorize the following persons or entities to disclose the above-described information: All physicians, hospitals, medical centers, clinics or other health care providers or treatment centers who have provided consultation, evaluation or treatment to _____, or who have in their possession medical records concerning _____, and any of their clinics or other affiliated entities.

I authorize the above-described information to be released to and received by the following:

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
OFFICE OF GENERAL COUNSEL
4301 WEST MARKHAM STREET, SLOT 860
LITTLE ROCK, AR 72205-7199**

The purpose of access to and release of my health information as described herein is at my request in connection with a legal proceeding instituted by myself. The University of Arkansas Office of General Counsel is authorized to release my medical records to other individuals or entities (e.g., legal assistants, paralegals, law clerks, and medical or legal consultants) who are providing legal and/or consultant services in connection with this matter. I understand that once the above-described information is disclosed, there is potential for the designated recipient or recipients to re-disclose the information and the information may no longer be protected by federal privacy laws and regulations. This Authorization will expire when the information is no longer needed for the litigation.

I understand that my receiving treatment or payment for medical services is not conditioned upon my signing this authorization. I may revoke this Authorization at any time by giving written notice to the person or persons authorized to receive this information as designated above, except that a revocation of this Authorization will not apply to records and information already released in reliance upon the Authorization. A photocopy of this signed Authorization shall constitute a valid Authorization.

NAME

DATE

WITNESS: _____

RECEIVED

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JANNETTA PORTER

CLAIMANT

V.

NO. 14-0884-CC

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

RESPONDENT

**CLAIMANTS FIRST SET OF INTERROGATORIES AND
REQUEST FOR PRODUCTION OF DOCUMENTS**

COMES now the Claimant, Janetta Porter, by and through her attorney, and propounds the following Interrogatories and Request for Production of Documents on the Respondent pursuant to Rule 33 and 34 of the Arkansas Rules of Civil Procedure.

INTERROGATORY NO. 1: With respect to the person answering these interrogatories, state his or her name, address, business address, telephone number, job title, and occupation, name of immediate supervisor, length of employment with the defendant, and length of time in current position.

INTERROGATORY NO. 2: Identify all documents referred to by the individuals who prepared these interrogatory responses in the course of preparing these responses.

INTERROGATORY NO. 3: If there are persons who work for the Respondents who have knowledge about the facts relative to this case, state the name, address, telephone number, job title and job description of each such person.

INTERROGATORY NO. 4: Please identify each and every person that was on duty in the ICU waiting room of UAMS who performed maintenance and/or cleaning on April 12, 2013 between the hours of 8 am and noon, at the time the claimant fell, giving their name, address, telephone number, position with the Respondent and job duties.

INTERROGATORY NO. 5: Please state the name and address of each person on duty in the ICU of UAMS on April 12, 2013 that was (a) a witness to the Claimant falling; (b) rendered assistance to the Claimant after she fell; (c) that cleaned the area where prior to the claimant's fall; (d) that cleaned the area where the Claimant fell after she fell; (e) prepared any incident reports or statements; (f) that took an incident report from the Plaintiff.

INTERROGATORY NO. 6: Did the Respondant have any procedure for checking for spills in place on April 12, 2013? If so, please describe that procedure and state the person responsible for implementing the procedure on the date of the accident that is the subject of this litigation.

INTERROGATORY NO. 7: Did the Respondant have any procedure for cleaning the ICU waiting area? If yes please state the times when it would be cleaned on a daily basis.

INTERROGATORY NO. 8: Please state what procedures the Respondent followed in inspecting, and cleaning the area where the Claimant sustained her injuries. If such procedures are in writing, please quote the exact language of the written procedures and give the name and location of the documents containing them.

INTERROGATORY NO. 9: Please describe any changes that were made to the area where the claimant slipped and fell and that is the subject of this litigation.

INTERROGATORY NO. 10: Identify all witnesses, by name, address and telephone number, whom the defendant intends to call to testify in this matter and provide a summary of the testimony to be given by each such witness.

INTERROGATORY NO. 11: Identify all experts that the Respondent intends to call as witnesses at the trial of this matter or who have been used as a consultant and provide the substance of each opinion that the expert will express in this matter.

REQUEST FOR PRODUCTION NO. 1: Please produce all investigation records, inspection reports, and cleaning logs that were produced regarding the accident that is subject to this lawsuit.

REQUEST FOR PRODUCTION NO. 2: Please produce any and all statements, written or oral, transcribed or not transcribed provided by the Claimant regarding the accident that is the subject of this litigation.

REQUEST FOR PRODUCTION NO. 3: Please produce any video or other electronic recording of the Claimant's slip and fall that is the subject of this litigation.

REQUEST FOR PRODUCTION NO. 4: Please produce any color copies or copies from the negatives of any photographs and copies of any video tapes that have been taken or are related to the accident that is the subject of this litigation.

REQUEST FOR PRODUCTION NO. 5: Please produce the policy and procedures for checking spills and cleaning the ICU waiting room and the general policy that pertains to keeping the floor clean in the hospital.

REQUEST FOR PRODUCTION NO. 6: Please produce the cleaning log, book, or record (written or electronic) for the date of the incident that is the


subject of this litigation.

REQUEST FOR PRODUCTION NO. 7: Please produce a copy of each and every exhibit that Respondent intends to use in the trial of this matter either as direct evidence or for the purpose of impeaching or illustration.

REQUEST FOR PRODUCTION NO. 8: Please produce a copy of insurance policies that provide coverage for the injuries alleged in this accident.

INTERROGATORY NO. 12: Will you consider the foregoing interrogatories and request for production as continuing and furnish by way of supplemental responses such additional information that is received in sufficient time prior to the trial of this matter?


Attorney Sheila F. Campbell
2510 Percy Machin
North Little Rock, AR 72114
(501) 374-0700

By: 
Sheila F. Campbell
Attorney for Claimant

CERTIFICATE OF SERVICE

I, Sheila F. Campbell, do hereby certify that a copy of the foregoing Interrogatories and Request for Production has been served on claimant herein by mailing a copy of the same, by U.S. Mail, postage prepaid, this 23rd day of July, 2014, addressed to the following:

Sherri L. Robinson
Associate General Counsel
University of Arkansas for Medical Sciences
4301 West Markham, Slot 860
Little Rock, AR 72205


Sheila F. Campbell

Arkansas
State Claims Commission
AUG 25 2014
RECEIVED

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JEANETTA PORTER

CLAIMANT

V.

NO. 14-0884-CC

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

RESPONDENT

**RESPONDENT'S RESPONSES TO CLAIMANT'S FIRST SET OF
INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS**

Comes now the respondent, University of Arkansas for Medical Sciences (UAMS), by and through its undersigned counsel, and for its Responses to Claimant's First Set of Interrogatories and Requests for Production of Documents, states as follows:

INTERROGATORY NO. 1: With respect to the person answering these interrogatories, state his or her name, address, business address, telephone number, job title, and occupation, name of immediate supervisor, length of employment with the defendant and length of time in current position.

RESPONSE TO INTERROGATORY NO. 1: Sherri L. Robinson, Associate General Counsel, information previously provided; Tequila Nichols, Guest Services Supervisor, may be contacted through Respondent's counsel; Barbara Coakley, Patient Ambassador, may be contacted through Respondent's counsel, Sherrie Olivarez, Housekeeping Supervisor, may be contacted through Respondent's counsel.

INTERROGATORY NO. 2: Identify all documents referred to by the individuals who prepared these interrogatory responses in the course of preparing these responses.

RESPONSE TO INTERROGATORY NO. 2: Incident report.

INTERROGATORY NO. 3: If there are persons who work for the Respondents [sic] who have knowledge about the facts relative to this case, state the name, address, telephone number, job title, and job description of each such person.

RESPONSE TO INTERROGATORY NO. 3: (a) Tequila Nichols, Guest Services Supervisor, may be contacted through Respondent's counsel. Ms. Nichols' supervises Patient Ambassadors and other guest services employees. Ms. Nichols did not witness the event but received the information from the hostess and entered it into the incident reporting system. (b) Barbara Coakley, Patient Ambassador (also known as hostess), may be contacted through Respondent's counsel. Ms. Coakely provides information to visitors in the waiting area and escorts them back to the patient area following procedures. Ms. Coakley did not witness the event but heard Ms. Porter yell and call for help. When she responded, Ms. Porter was already sitting in a chair and stated that she fell. Ms. Coakley reported it to her supervisor, Ms. Nichols, who made a report. (c) John Ryals, Fire & Life Safety Officer, Chemical Hygiene Officer, may be contacted through Respondent's counsel. Mr. Ryals checked the waiting area after Ms. Porter fell. (d) Rebecca Tutton, former Risk Manager, may be contacted through Respondent's counsel. Ms. Tutton received the incident report.

INTERROGATORY NO. 4: Please identify each and every person that was on duty in the ICU waiting room of UAMS who performed maintenance and/or cleaning on April 12, 2013 between the hours of 8 a.m. and noon, at the time the claimant fell, giving their name, address, telephone number, position with the Respondent and job duties.

RESPONSE TO INTERROGATORY NO. 4: While not an assigned job duty, Ms. Coakley would occasionally check the area for trash or spills between visits from

housekeeping staff. Respondent is still trying to determine whether there are any personnel assignment records for that time. Respondent will supplement this response if additional information becomes available.

INTERROGATORY NO. 5: Please state the name and address of each person on duty in the ICU of UAMS on April 12, 2013 that was (a) a witness to the Claimant falling; (b) rendered assistance to the Claimant after she fell; (c) that cleaned the area where prior to the claimant's fall; (d) that cleaned the area where the Claimant fell after she fell; (e) prepared any incident reports or statements; (f) that took an incident report from the Plaintiff.

RESPONSE TO INTERROGATORY NO. 5: (a) No UAMS employee witnessed Ms. Porter fall but Barbara Coakley, Patient Ambassador, heard Ms. Porter yell and call out for help. (b) Ms. Porter was in a chair when Ms. Coakley came around the wall to check on her. Ms. Porter stated that she had fallen on some water but she did not need any help. (c) Housekeeping serviced the area at approximately 9:00 a.m. Respondent is still trying to determine whether there are any personnel assignment records for that time. Respondent will supplement this response if additional information becomes available. (d) It is not clear who cleaned up the water. (e) Tequila Nichols, Guest Services Supervisor, took the information from Ms. Porter and entered a report into the incident system. (f) Tequila Nichols.

INTERROGATORY NO. 6: Did the Respondant [sic] have any procedure for checking for spills in place on April 12, 2013? If so, please describe that procedure and state the person responsible for implementing the procedure on the date of the accident that is the subject of this litigation.

RESPONSE TO INTERROGATORY NO. 6: Housekeeping serviced the area on a regular basis. Also, if someone reported a spill to the Patient Ambassador or if the Patient Ambassador saw a spill, he or she would ensure that the spill was promptly cleaned up.

INTERROGATORY NO. 7: Did the Respondant [sic] have any procedure for cleaning the ICU waiting area? If yes please state the times when it would be cleaned on a daily basis.

RESPONSE TO INTERROGATORY NO. 7: Housekeeping serviced the area on a regular basis. Respondent is still trying to determine whether there are records documenting specific times that an area is serviced. Respondent will supplement this response if additional information becomes available.

INTERROGATORY NO. 8: Please state what procedures the Respondent followed in inspecting, and cleaning the area where the Claimant sustained her injuries. If such procedures are in writing, please quote the exact language of the written procedures and give the name and location of the documents containing them.

RESPONSE TO INTERROGATORY NO. 8: Respondent is still trying to determine whether the contracting agency for housekeeping maintains written procedures that would be responsive to this request. Respondent will supplement this response if additional information becomes available.

INTERROGATORY NO. 9: Please describe any changes that were made to the area where the claimant slipped and fell and that is the subject of this litigation.

Arkansas
State Claims Commission
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RESPONSE TO INTERROGATORY NO. 9: Objection. This interrogatory requests information regarding subsequent remedial measures which is prohibited by Rule 407 of the Arkansas Rules of Evidence.

INTERROGATORY NO. 10: Identify all witnesses, by name, address and telephone number, whom the defendant intends [sic] to call to testify in this matter and provide a summary of the testimony to be given by each such witness.

RESPONSE TO INTERROGATORY NO. 10: Respondent has not yet determined who it will call as witnesses at a hearing on this matter. Any individual identified in discovery responses of Claimant or Respondent may be called. Respondent will supplement this response as additional information becomes available.

INTERROGATORY NO. 11: Identify all experts that the Respondent intends to call as witnesses at the trial of this matter or who have been used as a consultant and provide substance of each opinion that the expert will express in this matter.

RESPONSE TO INTERROGATORY NO. 11: Respondent does not anticipate calling an expert witness in this matter. Respondent reserves the right to designate an expert witness should additional information arise that requires expert testimony.

REQUEST FOR PRODUCTION NO. 1: Please produce all investigation records, inspection reports, and cleaning logs that were produced regarding the accident that is subject to this lawsuit.

RESPONSE TO REQUEST FOR PRODUCTION NO. 1: See attached incident report. Respondent will supplement this response if additional information becomes available.

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REQUEST FOR PRODUCTION NO. 2: Please produce any and all statements, written or oral, transcribed or not transcribed provided by the Claimant regarding the accident that is subject of this litigation.

RESPONSE TO REQUEST FOR PRODUCTION NO. 2: Please see attached incident report.

REQUEST FOR PRODUCTION NO. 3: Please produce any video or other electronic recording of the Claimant's slip and fall that is the subject of this litigation.

RESPONSE TO REQUEST FOR PRODUCTION NO. 3: None.

REQUEST FOR PRODUCTION NO. 4: Please produce any color copies or copies from the negatives of any photographs and copies of any video tapes that have been taken or are related to the accident that is the subject of this litigation.

RESPONSE TO REQUEST FOR PRODUCTION NO. 4: Please see attached photos that were taken of the waiting area after Ms. Porter's fall.

REQUEST FOR PRODUCTION NO. 5: Please produce the policy and procedures for checking spills and cleaning the ICU waiting room and the general policy that pertains to keeping the floor clean in the hospital.

RESPONSE TO REQUEST FOR PRODUCTION NO. 5: Respondent is still trying to determine whether the contracting agency for housekeeping maintains written procedures that would be responsive to this request.

REQUEST FOR PRODUCTION NO. 6: Please produce the cleaning log, book, or record (written or electronic) for the date of the incident that is the subject of this litigation.

Arkansas
State Claims Commission

AUG 25 2014

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RESPONSE TO REQUEST FOR PRODUCTION NO. 6: Respondent is still trying to determine whether the contracting agency for housekeeping maintains written procedures that would be responsive to this request. Respondent will supplement this response if additional information becomes available.

REQUEST FOR PRODUCTION NO. 7: Please produce a copy of each and every exhibit that Respondent intends to use in the trial of this matter either as direct evidence or for the purpose of impeaching or illustration.

RESPONSE TO REQUEST FOR PRODUCTION NO. 7: Respondent has not determined what items will be used as exhibits in the hearing of this matter. However, any document, record, video, photograph, etc. produced in discovery is a potential exhibit. Respondent will supplement this response as more information becomes available.

REQUEST FOR PRODUCTION NO. 8: Please produce a copy of insurance policies that provide coverage for the injuries alleged in this accident.

RESPONSE TO REQUEST FOR PRODUCTION NO. 8: None.

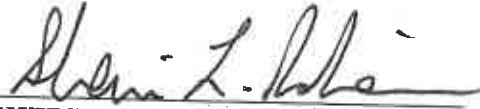
INTERROGATORY NO. 12: Will you consider the foregoing interrogatories and request [sic] for production as continuing and furnish by way of supplemental response such additional information that is received in sufficient time prior to the trial of this matter?

RESPONSE TO INTERROGATORY NO. 12: Respondent agrees to comply with the Arkansas Rules of Civil Procedure and the Rules of the Arkansas State Claims Commission as they pertain to discovery.

Respectfully submitted,

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES,
Respondent

By:




SHERRI L. ROBINSON, #97194
Associate General Counsel
University of Arkansas for Medical Sciences
4301 West Markham, Slot 860
Little Rock, AR 72205
(501) 686-7608
Srobinson3@uams.edu

Attorney for Respondent

CERTIFICATE OF SERVICE

I, Sherri L. Robinson, do hereby certify that a copy of the foregoing pleading has been served on claimant herein by mailing a copy of same, by U.S. Mail, postage prepaid, this 22nd day of August, 2014, addressed to the following:

Sheila F. Campbell
2510 Percy Machin
North Little Rock, AR 72115


Sherri L. Robinson

Manage Event Report #45684

Visitor->Injury

EVENT REPORT ID# 45684

Event Type : Visitor->Injury

Submitted by FLR on 04/12/2013



Start

* Who was affected by the event? Visitor
* Last Name Porter
* First Name Jannetta

Event Basics

* Event Type: Visitor->Injury
* Event discovery date: 04/12/2013
* Event Discovery Time (military): Unknown
* Event occurrence date: 04/12/2013
* Event Occurrence Time (military): Unknown
* Primary location where event occurred: Hospital->E4
Was the event related to a handover/hand-off? No
Was health information technology (HIT) implicated in this event? No

Harm Score

* Extent of harm: 6 Temporary harm
How long after the incident was harm assessed? Within 24 hours

Misc Info

Who else was involved (patient, staff, visitor)?

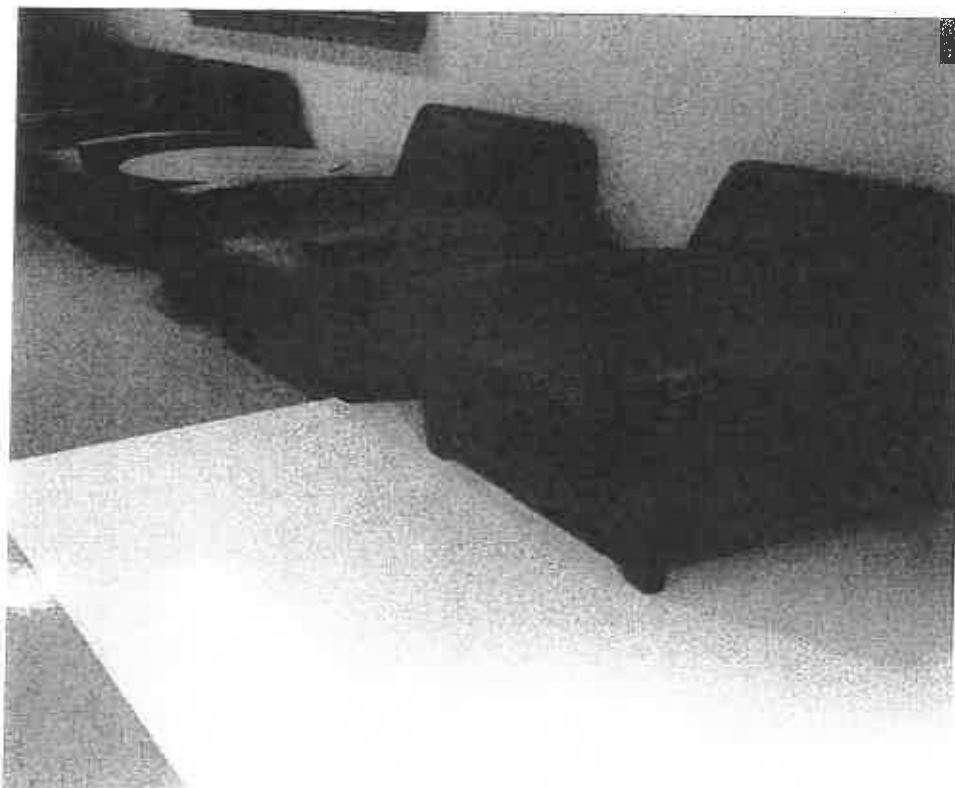
Last Name	First Name	Phone or E-mail	Department
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Who was notified? Manager/Supervisor

Reporter Info

Reporter role: Manager
Reporter name: Porter Jannetta

Reporter Phone	501-603-1523
Reporter Email	TNichols@uams.edu
Would you like feedback from your manager and confirmation of report submission by e-mail	Yes
Staff/Visitor Event Detail	
Describe the event in your own words:	Wasnt a witness to the accident but the visitor reported she was in the E4 ICU waiting area she was getting up to ask the hostess how long will it be before she could visit her father, as she got up she slipped on some water that was under the seat and hurt her left wrist, twist my ankle and hips, and hit her hand on the chair. She stated she feel pain all over from hips on down to ankles. She left and went home didn't receive any medical attention she did state she had two hip replacement recently.
Body parts affected:	Left wrist, Ankle, and Hip
Received treatment?	No



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State Claims Commission
AUG 25 2014

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OCT 03 2014

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

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JANNETTA PORTER

CLAIMANT

VS.

CASE NO. 14-0884-CC

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

RESPONDENT

**SUPPLEMENTAL RESPONSE TO RESPONDENT'S FIRST SET OF
INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS**

Comes the Claimant, Jannetta Porter, by and through her attorney, Sheila F. Campbell,
And for her Supplemental Response to Respondent's First Set of Interrogatories and Requests
For Production of Documents, states:

REQUEST FOR PRODUCTION NO. 2: Produce copies of all correspondence,
communications, documents, exhibits, or other tangible items that you may refer to or offer into
evidence at a hearing in this matter.

RESPONSE: Letter of Dr. William Hefley, Jr. dated September 24, 2014.

Respectfully submitted,

Sheila F. Campbell
Attorney at Law
P.O. Box 939
North Little Rock, AR 72115
(501) 374-0700
(501) 372-5375 (fax)
campbl@sbcglobal.net

/s/Sheila F. Campbell

/s/Sheila F. Campbell
Sheila F. Campbell

CERTIFICATE OF SERVICE

I, Sheila F. Campbell, do hereby certify that a copy of the foregoing Supplemental Answers to Interrogatories and Requests For Production has been served on the Respondent herein by mailing a copy of the same, by U.S. Mail, postage prepaid, this 2nd day of October 20, 2014, addressed to the following:

Ms. Sherri L. Robinson
Associate General Counsel
University of Arkansas for Medical Sciences
4301 West Markham, Slot 860
Little Rock, AR 72205


Sheila F. Campbell

ORTHO SURGEONS

ORTHOSURGEONS.COM

LITTLE ROCK OFFICE

Arthroscopic &
Reconstructive Surgery
of the Hip, Knee & Shoulder
W. Scott Bowen, M.D.
William F. Hefley, Jr., M.D.
Kenneth Weaver, P.A.-C
Christian C. Perry, P.A.-C
Reino Henderson, P.A.-C

Hand & Upper Extremity
Surgery
David M. Rhodes, M.D.

Foot & Ankle Surgery
Jesse B. Burks, D.P.M.

Rheumatology
Alina Voinea, M.D.

General Orthopedics
Foot & Ankle Surgery
Larry L. Nguyen, M.D.

General Orthopedics
Samuel A. Moore, D.O.

NORTH LITTLE ROCK OFFICE

General Orthopedics
Joe W. Crow, M.D.
Jason Stewart, M.D.
Christopher Casey, P.A.-C

Administrator
Teresa Stewart

Asst. Administrator
Joy Sharp

Directors, Physical Therapy
& Rehab Services
Steve Longinotti, MSPT
Matt Thornton, MSPT

September 24, 2014

Shelia Campbell, Attorney at Law
P. O. Box 939
North Little Rock, AR 72115

RE: Jannetta S. Porter
Our chart #22181AO
DOB: 02-16-1961

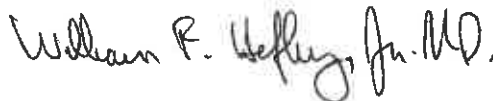
Dear Ms. Campbell:

I'm writing in response to your letter of September 23, 2014.

It is my opinion within a reasonable degree of medical certainty that the slip and fall that Mrs. Porter sustained on April 19, 2013 aggravated a pre-existing condition.

Please let me know if you need additional information.

Sincerely,



William F. Hefley, Jr., M.D.
WFH/jh

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

Arkansas
State Claims Commission
OCT 24 2014

JEANETTA PORTER

RECEIVED
CLAIMANT

V.

NO. 14-0884-CC

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

RESPONDENT

**RESPONDENT'S SUPPLEMENTAL RESPONSE TO CLAIMANT'S FIRST SET
OF INTERROGATORIES AND REQUESTS FOR PRODUCTION OF
DOCUMENTS**

Comes now the respondent, University of Arkansas for Medical Sciences (UAMS), by and through its undersigned counsel, and for its Supplemental Response to Claimant's First Set of Interrogatories and Requests for Production of Documents, states as follows:

INTERROGATORY NO. 11: Identify all experts that the Respondent intends to call as witnesses at the trial of this matter or who have been used as a consultant and provide substance of each opinion that the expert will express in this matter.


RESPONSE TO INTERROGATORY NO. 11: Respondent intends to call Paul K. Edwards, M.D., Orthopaedic Surgeon at Arkansas Specialty Orthopaedics, to testify regarding Ms. Porter's condition prior to April 12, 2013, the effect the alleged fall had on her condition, and the treatment rendered. Specifically, Dr. Edwards will testify that Ms. Porter had arthritis prior to the alleged fall on April 12, 2013, and based on the x-rays taken on April 19, 2013, the arthritis had progressed significantly since earlier images. Based on the April 19, 2013 office notes and x-rays at Ortho Surgeons, Dr. Edwards will testify that if Ms. Porter was injured as a result of the alleged fall on April 12, 2013, she suffered a muscle strain or sprain but the alleged fall did not contribute to the

advancement of her arthritis. Dr. Edwards will testify that the fluoroscopic injections and the total hip replacement surgery were treatments for Ms. Porter's arthritis and not for the inflammation of her hips that may have been caused by the alleged fall.

Respectfully submitted,

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES,
Respondent

By:

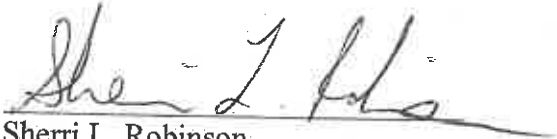

SHERRI L. ROBINSON, #97194
Associate General Counsel
University of Arkansas for Medical Sciences
4301 West Markham, Slot 860
Little Rock, AR 72205
(501) 686-7608
Srobinson3@uams.edu

Attorney for Respondent

CERTIFICATE OF SERVICE

I, Sherri L. Robinson, do hereby certify that a copy of the foregoing pleading has been served on claimant herein by e-mailing and mailing a copy of same, by U.S. Mail, postage prepaid, this 22nd day of October, 2014, addressed to the following:

Sheila F. Campbell
2510 Percy Machin
North Little Rock, AR 72115
campbl@sbcglobal.net


Sherri L. Robinson

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JANNETTA PORTER

PLAINTIFF

VS.

Case No. 14-0884CC

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

DEFENDANT

CLAIMANT'S SUMMARY OF EVIDENTIARY DEPOSITION TESTIMONY
OF BARBARA A. COAKLEY

Comes now the Claimant, by and through the undersigned counsel, and submits the following Summary of Evidentiary Deposition Testimony of Barbara A. Coakley

Examination of Barbara A. Coakley by Sheila F. Campbell for Claimant Jannetta Porter

I am Barbara Coakley. My address is 4301 West Markham. I am employed at UAMS. I am employed in hospitality. (pg. 1) I was working on April of 2013. My job duty is to take names down in the book. I sign them in and out of the unit, of the ICU unit. I make calls back and forth to the nurses, as well as the doctors, for the visitors, if they have any questions or concerns.

Back in April of 2013 the desk was behind the wall against the window to the far right. I'm turning around to the other way, it's to my right. It was back on the all and the side. The waiting room was here. My desk was over here. No, I could not see everyone sitting in the waiting room. (pg. 5) My vision was obstructed where the wall was, between me and the wall, where the wall and the desk was. It's chairs right there where the visitors sit and I couldn't see (pg. 5) Couldn't visually see that. (pg. 6)

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I begin my shift at 6:45 to 3:15. Yes, that was the same shift on April 12, of 2013. My duties when I first get to work at 6:45 a.m. is check everybody in, the primary care people, and that's the people that's over the patient, we put over the patient at that specific time. It's only one person that's assigned to that patient, and it's just one person between the hours of 6:60 to 7:00 o'clock.

Well, normally, I'll go around and pick up, straighten up, scoot back and all other kind of stuff, but that particular morning, it wasn't—I think the housekeepers came before I got there. Because between the hours of 6:00 and 7:00, that's the time that they come to clean up the area before the visitors come, all the visitors come to visit. (pg. 7) Well, at that particular time, that's the time that they come, between 6:00 and 7:00. I mean, the area was clean. (pg. 7) No, it's different times when housekeeping comes to clean. From, my knowledge, it's be sometimes two times a day. (pg. 7) In the morning between 6:00 and 7:00 then between lunch, about between lunch, between 11:00, 12:00, somewhere up in there.

I never meet Ms. Jannetta Porter. I just signed her in. No, I don't remember the time that she signed in. Yes, there is a sign-in-sheet. No ma'am I'm not sure how long she was in the waiting room that morning after I signed here in and before she fell. (pg. 8)

Yes, ma'am, I heard Ms. Porter make some noise that morning. It was like, a yell out. I immediately look around the corner, around the little wall, to see if I could see her, and I didn't see her. So that's when I immediately got up, went around my desk and went to around to where she was. She was sitting in a chair. It had to be this one. (pg. 9)

Once I came around the corner, I asked her was she okay, and said, Yeah, I'll be okay. And then, immediately, I asked her to do she want to go to the ER? And she said, No. No, I'm fine. So I—I was being persistent. I asked her again—consistent. Sorry. I asked her again, and

then she said, No. No, I'm just—then I'd day, Are you sure? You know, I kind of stayed on her a little bit, and then she said, No, I'm fine. And the, at that time I immediately went to my phone and called my supervisor. (pg. 10)

Her name is Tequila Nichols. It took her a minute, but she came. (pg. 10)

Yes, ma'am, I glanced around the area where Ms. Porter fell. No I didn't see anything on the floor. No I didn't ask Ms. Porter any questions. She was there, in and out of the unit, visiting her—I think whatever family member she had in there, after the fall, yes, ma'am. I was the one assigned to the ICU waiting unit. I would have arrived in the unit at 6:45 a.m. and I signed her in—no, I come—we come, like, five minutes before our shift. We clock-in five minutes before, so I was there. (pg. 11) Yes, ma'am, I actually signed in Ms. Porter. I cannot remember anything about what she was wearing. She was having problems with her wrist or arm or something, from y recall. No, I did not ask her anything about the event that led up to the fall. I can't remember after Ms. Porter fell was anyone from housekeeping called to do any cleaning in that area.

There were no other people in the same area, but over across from her. (pg. 12) She had a foam cup in her hand. Yeah, She had a cup in her hand. She had a cup in her hand. I didn't see any other cups around. I'm not sure how long my encounter was with Ms. Porter. I didn't see anyone with her. No ma'am my supervisor never spoke with Mr. Porter. (pg. 13) I glances around the area of the fall. I was standing a distance from Ms. Porter. I didn't walk over to her. I was standing, like, a distance from her. No ma'am there was no leaks in the ICU waiting room. No, ma'am, I don't know who was assigned to clean up the ICU waiting room the morning of April 12. Yes Ma'am different people would have that assignment on different days. No, I have not had any other conversation with Ms. Porter. (pg. 14)

Cross-examination by Sherri Robinson for UAMS

The visitation hours are from 9:00 to 11:00, 2:00 to 4:00 and 8:00 to 10:00, at that time. From my knowledge, just only two that I saw across from her. No, ma'am, I didn't see anybody. No ma'am neither of those other two individual came over to Ms. Porter to check on her. Yes, ma'am, she was already sitting in the chair. Yes, she had a foam cup in her hand—the arm of the chair.

But no other bottles, cups, cans were around.(pg.15) Yes, she appeared to be okay when she walked. She was, you know, walking like a—it wasn't actually a limp. You know, it was like –a sway. Yes Ma'am, she stayed to see her family member after she fell. No, I don't know how long she stayed. (pg. 15)

Immediately, we'll call housekeeping to get it up when there's liquid on the floor. Yes, Ma'am, I have done it in the past. No Ma'am, I didn't see any liquid on the floor. No Ma'am, no one told me any liquid was on the floor prior to Ms. Porter falling. (pg. 16)

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JANNETTA PORTER

PLAINTIFF

VS.

Case No. 14-0884CC

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

DEFENDANT

**CLAIMANT'S SUMMARY OF EVIDENTIARY DEPOSITION TESTIMONY
OF KENNETH WEAVER, PHYSICIAN ASSISTANT**

Comes now the Claimant, by and through the undersigned counsel, and submits the following Summary of Evidentiary Deposition Testimony of Kenneth L. Weaver, Physician Assistant

Examination of Kenneth L. Weaver, P.A. by Sheila F. Campbell for Claimant Jannetta Porter

My name is Kenneth L. Kenneth L. WEAVER, Physician's Assistant. My address and place of work is Suite 100 Number Five St. Vincent's Circle. I have a degree as a Physician Assistant through the Interservice Military Physician Assistant Program. I have a bachelor's degree. The Physician's Assistant Program is a mid-level care provider program to treat patients under the direct supervision of a physicians. I have been a qualified Physician's Assistance for fourteen (14) years. (pg. 6) I have been employed at Bowen Hefley, Rhodes, Stewart Orthopaedics since January of 2000. I treated Orthopaedic patients of the shoulder, hip and knee. (pg. 7)

Arkansas
State Claims Commission

MAY 12 2015

I saw Ms. Jannetta Porter for the very first visit on June 8, 2011 when she presented to us. At that time, she was a pleasant 50-year-old female, after she had evidently had been pinned between an open car door in a vehicle by another vehicle backing out, and then she presented with bilateral hip pain after that. Well, by physical examination, I then determined that she may have impingement of her hips and ordered an arthrogram of both hips. The arthrogram of the left hip revealed some mild bone marrow edema of the acetabulum, which is the socket, and the superior acetabular labrum had hypertrophy and increased signal intensity with fraying, which could have led to degenerative type tearing at that point, or a possible tear.

Well eventually, after failing conservative measures, we performed hip arthroscopies, bilaterally, and at that time, she did have tearing in the labrum, both hips. Let's see, let me be specific. Let's see, the left hip was done first. Postoperative diagnosis, was labrum, torn anterior labrum, torn ligament impairee, pincher-type femoracetabular impingement, CAM-type femoracetabular impingement, and a Grade-II condromalacia. It wasn't so much a repair as it was a debridement, but it should have, her impingement should have been resolved in the acetabulum of the labrum. (pg. 8) It did resolve her symptoms.

On her visit on May the 30th of 2012, this was after both hip replacement were performed, she was two month out. Her right total hip replacement, which was done March 26, 2012, and six months out from her left hip, or not total hip... I'm sorry, arthroscopy, and six months out from her left arthroscopy, which was November the 8th of 2011, and at the time, she stated that her hips were feeling well, and she was not having any problems. She was happy with it. At that time she was released from Dr. Hefley. He did not make any other follow-up appointments. (pg. 9)

She presented back to our office on April 19, 2013. Pg. 10) I did take a history from Ms. Porter on April 19, 2013. She states that she is here for a follow-up for her bilateral hip arthroscopy. She states that her hips had finally gotten well. We have not seen her since May of 2012, and then seven days ago she went to UAMS, at University of Arkansas Medical Sciences, to see her father in the ICU, and she slipped on a wet floor, fell, landing on her buttocks and right side. And since then, she had increased groin pain bilaterally. (pg. 11)

Physical examination that day revealed some discomfort with extremes of internal-external rotation with a hip flexed at 90 degrees. Attempts at hyperflexion internal-external rotation caused increased discomfort. Mild to moderate tender to palpation over the greater trochanters bilaterally that her leg lengths were equal. She did not have any calf tenderness. Pulses are palpable, and her strength was five-out-of-five. I think these symptoms are consistent with the mechanism of her injury. (pg. 12)

Diagnostic to X-rays, we performed X-rays of the hips that did reveal subchondral cysts of the femoral head, but she had preservation of the joint space and osteophyte formation of bilateral of both hips.

Well, at that time, my diagnosis was synovitis and osteoarthritis, with acute pain of both hips, and I ordered a fluoroscopic-guided steroid injection of both hips. At that time, she couldn't take anti-inflammatories anyway. Synovitis is an inflammatory process of the caps or the lining of the joint space. (pg. 12) Synovitis can be caused by many different things, non-specific. It could be acute trauma. It could be from walking or getting out of a squatted position, you know.

Well, I made a determination that she had osteoarthritis because of hip arthroscopy, she had a Grade-II condromalacia, which is moderate on direct visualization. And then on X-rays, from April the 19th, 2013, she had osteophyte formation, which is usually a byproduct of wear.

I think an injury from a fall could contribute to the inflammatory process. (pg. 13)

Well, I said, the fluoroscopic-guided steroid injection for both hips and then physical therapy after gait training, hip girdle stabilization, and then as I said, she could not take anti-inflammatories at that time. The steroid injection are anti-inflammatories. They are for inflammation. (pg. 14) She was having pain with walking when I examined her on April 19, 2013. I recommended physical therapy for four weeks as a result of the problems that she presented with on April 19th of 2013.

She had a follow-up examination on May 22, 2013 and I did an examination and she had a good range of motion of her bilateral hips. She had some discomfort with extreme of motion bilaterally. Her leg lengths were equal, and her negative calf tenderness and her pulses were palpable. It was a fairly stable exam. (pg. 15)

Well, at that point, she had undergone a fluroscopic-guided steroid injection. She was on an anti-coagulant. So we continued, which she was scheduled for June the 10th to have those done, so at that point, we just kind of re-discussed doing the physical therapy or exercises and getting the injections. I did not continue her therapy. I had ordered her injections. I don't have documentation from her physical therapy. I saw her back on July the 24th of 2013. She said she was doing much better since the injections. (pg. 16)

Well, her Impressions and her diagnosis on July 24, 2013 was statue post bilateral hip arthroscopy, and she had degenerative changes which had improved and the inflammatory process improved with the fluoroscopic-guided injections. (pg. 17)

I did mention the possibility of total hip arthroplasty in the future. Well, one because of her recurrent inflammatory processes, and two, X-ray findings with osteophytes, and three, the previous surgery with the diagnosis of condromalacia.(pg. 17)

Ms. Porter was released from treatment on July 24 of 2014. She was not given any restrictions as to her physical activity. When I released her on July 24, 2013, I had the opinion that she was back at a stable level as she had been prior to her seeing me on April 19, 2013. (pg. 17)

Yes, I discussed with Dr. Hefley the symptoms that Ms. Porter presented with on April 19, 2013 and the aggravation of her preexisting condition. (pg. 18) Yes, I generally rely upon his assessment after he reviewed the chart with me about whether a person has an aggravation of a condition. I do rely on his opinion. (pg. 18)

In the case of Ms. Porter, it was his opinion that she had an aggravation of a pre-existing condition. My testimony has been stated to a reasonable degree of certainty today.

Cross-examination by Sherri Robinson for UAMS

The pre-existing condition would have been part of the diagnosis of condromalacia, yes.

Yes there are other pre-existing conditions of the hip. It would have been degenerative changes of the labrum, and, of course, the femoroplasty and acetabular plasty, which is debridement of the head of the femur and the cup itself. (pg. 19)

And those conditions were diagnosed at her initial appointment in June of 2011. (pg. 20)

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 50,000.00

Claim No. 14-0884-CC

<u>Jannetta Porter</u>	<u>Claimant</u>	<u>Attorneys</u>	<u>Sheila Campbell, Attorney</u>	<u>Claimant</u>
<u>vs.</u>				
<u>University of Arkansas for Medical Sciences</u>	<u>Respondent</u>	<u>Sherri Robinson, Attorney</u>		<u>Respondent</u>
<u>State of Arkansas</u>				
<u>Date Filed</u>	<u>May 20, 2014</u>	<u>Type of Claim</u>	<u>Personal Injury, Pain & Suffering,</u> <u>Refund of Expenses</u>	

FINDING OF FACTS

This claim was filed for personal injury, pain and suffering and refund of expenses in the amount of \$50,000.00 against the University of Arkansas for Medical Sciences.

Present at a hearing May 14, 2015, was the Claimant, represented by Shelia Campbell, and the Respondent, represented by Sherri Robinson, Attorney.

In this claim Jannetta Porter, Claimant, alleges that on April 12, 2013, she slipped on water in the UAMS ICU waiting room when she stood from a chair to ask the hostess about her father. Prior to sitting down in the ICU waiting room, Claimant did not see water or any other substance on the floor. Claimant provided no proof that water or any other substance was on the floor as a result of UAMS's negligence. Claimant provided no proof that anyone reported water or any other substance on the floor to UAMS personnel prior to Claimant's alleged fall. Claimant provided no proof that UAMS knew or should have known that there was water or any other substance on the floor and failed to clean it up. To prevail, Claimant must establish that negligence on the part of UAMS proximately caused her fall and that she was damaged as a result of that negligence.

The Claims Commission hereby **unanimously denies and dismisses this claim for Claimant's failure to meet the burden of proof with respect to causation as required by law.**

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby **unanimously denies and dismisses this claim for Claimant's failure to meet the burden of proof with respect to causation as required by law.**

Date of Hearing May 14, 2015

Date of Disposition May 14, 2015

[Signature]
Chairman
[Signature]
Commissioner
[Signature]
Commissioner

JUN 26 2015

RECEIVED

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

JANNETTA PORTER

CLAIMANT

VS.

CLAIM NO. 14-0884-CC

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

RESPONDENT

NOTICE OF APPEAL


Comes, the Claimant, Jannetta Porter , by and through her attorney, Sheila F. Campbell,
and for her Notice of Appeal of the decision of May 26, 2015, states:

1. That the decision of the Commission was contrary to the evidence.
2. The Claimant proved by a preponderance of the evidence that the duty of the
ambassador at U.A.M.S. was to inspect the area between 6:45 a.m. to 10:00 a.m. and she failed
to inspect the area to find the cup with water that was running from underneath the chair where
the Claimant was sitting.
3. That the decision of the Commission was contrary to the evidence.

WHEREFORE, Claimant, Jannetta Porter, hereby appeals the decision of the
Commission rendered on May 26, 2015.

Respectfully submitted,


Sheila F. Campbell
Attorney at Law
P.O. Box 939
North Little Rock, AR 72115
(501) 374-0700


s/Sheila F. Campbell
Sheila F. Campbell
Ark. Bar # 83-239

CERTIFICATE OF SERVICE

I, Sheila F. Campbell, hereby certify that I have served a copy of the foregoing
Notice of Appeal on the following attorney of record by depositing same in the United States
mail with sufficient postage affixed on this 26th day of May, 2016:

Ms. Sherri L. Robinson
Associate General Counsel
University of Arkansas for Medical Sciences
4301 West Markham, Slot 860
Little Rock, AR 72205


s/Sheila F. Campbell
Sheila F. Campbell