# IN THE UNITED STATES DISTRICT COURT DENVER, COLORADO FOR THE DISTRICT OF COLORADO

FEB 24 2025

Civil Action No.	- 4023
(To be supplied by the court)	JEFFREY P. COLWELI CLERI
KENNITH REID MEADOWS, Plaintiff	described and the second secon
V.	Jury Trial requested: (please check one)
STEPHANIE M. DALTON, Defendant(s).	Yes No
(List each named defendant on a separate line. If you cannot the space provided, please write "see attached" in the space a sheet of paper with the full list of names. The names listed in tidentical to those contained in Section B. Do not include address.	bove and attach an additional
PRISONER COMPLAINT	
NOTICE	
Federal Rule of Civil Procedure 5.2 addresses the privacy and se public access to electronic court files. Under this rule, papers fil contain: an individual's full social security number or full birth oknown to be a minor; or a complete financial account number. A last four digits of a social security number; the year of an individual the last four digits of a financial account number.	ed with the court should not late; the full name of a person
Plaintiff need not send exhibits, affidavits, grievances, witnes materials to the Clerk's Office with this complaint.	s statements, or any other
A. PLAINTIFF INFORMATION	
You must notify the court of any changes to your address where c served by filing a notice of change of address. Failure to keep a c court may result in dismissal of your case.	ase-related papers may be current address on file with the
Kennith Meadows, 143444 Colorado Territorial Correctional Faci Canon City, CO 81215	
(Name, prisoner identification number, and complete mailing ac	ldress)
Ken, Kenny, Kennith	

(Other names by which you have been known)

Document 1

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Case No. 1:25-cv-00613-RMR-TPO

filed 02/24/25

USDC Colorado

#### D. STATEMENT OF CLAIM(S)

State clearly and concisely every claim that you are asserting in this action. For each claim, specify the right that allegedly has been violated and state all facts that support your claim, including the date(s) on which the incident(s) occurred, the name(s) of the specific person(s) involved in each claim, and the specific facts that show how each person was involved in each claim. You do not need to cite specific legal cases to support your claim(s). If additional space is needed to describe any claim or to assert additional claims, use extra paper to continue that claim or to assert the additional claim(s). Please indicate that additional paper is attached and label the additional pages regarding the statement of claims as "D. STATEMENT OF CLAIMS."

CLAIM ONE: <u>Deliberate Indifference to a serious medical need and Cruel and Unusual Punishment in violation of the Eighth Amendment to the United States Constitution.</u>

Claim one is asserted against the Defendant: Stephanie M. Dalton

Supporting facts:

#### I. INTRODUCTION

- 1. Kennith Reid Meadows is a 61-year-old inmate at the Colorado Territorial

  Correctional Facility (CTCF), who was abandoned in a known medical crisis by involved

  Defendant, culminating in him being emergency transported to *two* (2) different hospitals, on *two*(2) different dates, the second (2<sup>nd</sup>) being with life-treating emergencies and near death.
- 2. Mr. Meadows suffered these permanent, disabling injuries because he was denied timely care for the bacterial infection, which could have been easily treated. Instead, his condition worsened and progressed into: Facial abscess; Dysphagia for multiple abscesses of the head, mouth, face, tongue as well as the eye and eyelids; Acute embolism and thrombosis of unspecified vein; and Odontogenic infection of the jaw, which required immediate medical intervention at two separate Hospitals. Had the Defendant not been deliberately indifferent to his obvious dire medical needs, Mr. Meadows would not have had to undergo his surgeries and various treatments.

#### II. JURISDICTION AND VENUE

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- 3. This action arises under the Constitution and laws of the United States, including Article III, Section 1 of the United States Constitution and 42 U.S.C. § 1983 and 42 U.S.C. § 1988. The jurisdiction of this Court is further invoked pursuant to 28 U.S.C. §§ 1331, 1343, 2201 and 2202.
- 4. This case is instituted in the United States District Court for the District of Colorado pursuant to 28 U.S.C. § 1391 as the judicial district in which all relevant events and omissions occurred and in which Defendant maintain offices and/or reside.

#### III. PARTIES

- 5. At all times relevant hereto, Plaintiff Kennith Reid Meadows was a resident of the State of Colorado and a citizen of the United States of America.
- 6. At all times relevant hereto, Stephanie M. Dalton, RN, (a former Health Services Administrator (HSA)), was an employee of CDOC working at CTCF and a resident of Colorado and citizen of the United States of America. This defendant was responsible for providing medical care to plaintiff during his detention. At all material times, this defendant was acting under color of state law.

#### IV. STATEMENT OF FACTS

- 7. On April 27, 2024, while at CTCF, I had to have tooth #18 extracted by the CTCF Dentist, Dr. Michael K. Kevlyn, due to it being decayed.
  - Dr. Kevlyn had later moved on, and a "Dr. Owen" has since taken his place here.
  - 8. On May 21, 2024, I sent a Kite to Dental, requesting "HELP-Again".
- 9. On May 22, 2024, I was then seen by Dental for the "HELP". This time Dr. Owen had noted "some swelling" but nothing more, and said he would see me after the Holidays.

- 10. On May 24, 2024, I had to declare a "Medical Emergency" at CTCF, from Cell House 1, for the pain and swelling I had going on in my mouth, from tooth #18 being pulled.
- 11. Upon arrival at the Medical clinic, RN Dalton, approached me and asked me "What are you doing here?"
- 12. I replied to her that, I'm here for the Emergency that I just declared. I further stated that, "I can't take it anymore. Either send me to a Hospital or send me to the Infirmary."
- 13. Dalton then said that "we (herself and Dr. Owen), had already seen you the other day (May 22, 2024), and that Dr. Owen told you it was just 'some swelling' and that he would see you after the Holidays."
- 14. I then said, "The swelling and pain is too much for me to handle anymore" and further stated, "I can't take it!"
- 15. Dalton then told me that she *would "not"* see me for this Emergency, but that she "would not charge me for the visit either."
  - 16. Dalton never did *look* into my mouth or even attempt to do so while I was there.
  - 17. Dalton then told me to "Go sit down in the waiting room."
- 18. While heading to that room, Dalton then said, "I will get your vitals in a bit."

  Dalton never did return to get my vitals, which would have shown that my blood pressure was up, along with my body temperature, and that my heartbeat was faster than it usually is.
  - 19. This is just *one* of the "Emergencies" which had been called by me on this issue.
    - 20. I had also been on two other bouts of Antibiotics *before* this time, for this issue.
- 21. On May 26, 2024, I declared another Emergency at CTCF, for the same issues as above, yet this time Shirley stated that she noticed a "foul odor" coming from my mouth now.

It was while in Medical this time, that I told them "I just can't do it anymore!" Meaning;

I no longer could wait for the Holiday to get over with, in order to see Dr. Owen.

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- Staff also saw how I had worsened, and seeing me now, they cleared me too be sent me at St. Thomas Moore ("STM") Hospital Emergency Room, in Canon City, Colorado.
- 22. Arriving now at STM, their medical staff also saw how bad I was, and they immediately started giving me pain and swelling medications and Intravenous Fluids (IV's).STM also gave me a CT scan, (My first one), which showed an abscess in that first extracted tooth area, #18. (\*This CT scan *did not show* any blood clots in me at this time).

\*This blood clot is a **Secondary claim**, resulting from the issues noted above.

- 23. On May 26, 2024, when I was stabilized to travel from STM, I was then sent to the Penrose Emergency Room, located in Colorado Springs, Colorado. This had been pre-arranged.
- 24. When I arrived at the Penrose E.R., I met with Dr. Lim Jinseup and Dr. Jason Raymond Younga, who sent me directly to surgery to clear the abscess that was in my gum area.
  - 25. On May 26, 2024, I was then returned to CTCF, thinking "All is good now."
  - 26. Here, I was then put on yet another round of Antibiotics by the CTCF Staff.
- 27. On May 29, 2024, early in the morning, I could feel that the left side of my face, jaw, and eye were completely swollen, and I was in more pain now than I had yet experienced.
  - 28. Once again, I declared another "Medical Emergency" like I had done before.
- 29. This time when I arrived at Medical, I told them that I woke up this morning with a lump on my temple (swollen). RN Karen L. Salomonson, and LPN Shirley A. Lauer, upon seeing me now, saw how bad I was and they called the "on call" Dental Provider, Dr. Michael G. Hale, DDS, where they explained my appearance too him at that time.
  - 30. Shirley said that Dr. Hale had told her to get me to the Emergency Room. For the

- Arriving at STM, I was treated with IV's for the pain and swelling.
- They then gave me my second CT scan for my head and jaw area.
- STM had said nothing about seeing any blood clots at this time in this CT scan.

- STM then told me, that the Penrose Hospital had been advised of my condition.
- STM was then told by the Penrose Hospital, to transport me to them, as they had DMD Dr. Nathan Mont Ringer, a Dental Surgeon, waiting by for me there.
- Once stabilized at STM, I was then transported to the Penrose Hospital, by way of a DOC van, for my <u>second</u> Emergency surgery.
- 31. Arriving at Penrose, I met this Dr. Ringer, who then sent me upstairs for surgery. It was while there that the following occurred:
  - I woke up in the Intensive Care Unit (ICU), finding that a second tooth (#19), had to be removed also, due to "Periapical Abscess." (Discussed this prior to surgery).
  - It was also while in the ICU that I now found myself with two (2) drain tubes ("true drains"), in my head and throat and completely wrapped in gauze and bandages. See "true drains" on Plaintiffs "Hospital Discharge Summary" dated 6/3/2024, at p.3 of 11.
  - The first tube was fitted into my left temple area. I now have a scar there.
  - The second one was in my left throat below my jaw area. I have a scar here too.
  - While here, I had to have numerous types of medications put in me by way of IV's, which at times, were in both my arms.
  - Penrose also informed me at this time, that the previous CT scan that was just done
    earlier that day at STM, showed "something" on the top of my brain, and that they

wanted to do another CT scan on it now, to see what was going on.

• This time, this CT scan showed a blood clot on my brain, which had not been there on the May 26, 2024, CT scan.

- They next told me that they had to notify the Infectious Diseases Office ("IDO"), as they needed to be "consulted for antibiotic management."
- Later on, MD Elizabeth Anne Kleiner from the IDO visited with me, and informed
  me that they were going to fabricate an Antibiotic that should help me.
   For the next "5 days" I was given this Antibiotic in an IV form both day and night.
- While here, MD Wajahat Ullah Khan (Dr. Khan) ordered an "XR Modified
   Barium Swallow MBS [616288915]" test to be done, to see what type of foods I could swallow, due to the swelling and the tubes being in my head and throat now.
- The results of that were, that I could only eat "Puree" foods, until further notice.
- I was also seen at Penrose by a Physical Therapist, who would determine how the infection in my head, was handling the dizziness and disorientated sensations I was having from all this. (\*His report nor his name is found at this time.).
- He noticed that I had problems with me walking straight lines, and that I was having some problems with my breathing. He gave me advice to help me with this.
- I was also seen at Penrose by "speech pathology service" where she helped me to re-learn how to swallow my new diet foods without choking on them, and how to talk with the tube in my throat. (\*Her report nor her name is found at this time).
- Bandage changes were a 24-hour thing for me while at the Penrose Hospital.
- It was also while I was at Penrose, and even STM, that the Doctors that I spoke with had all told me that had I "waited any longer this could have killed you, as

this infection would have eventually gotten into your brain."

After five (5) days at Penrose, I was then "Discharged" and sent back to CTCF...

- 32. Upon returning to CTCF, I had daily bandage changes for nearly a month due to the drainage areas still draining, and I continued with the Antibiotics, as prescribed by Penrose.
- 33. On June 21, 2024, I was sent on another day trip to Colorado Springs, again to see Dr. Ringer. While there, he did an x-ray on me and determined that I had not yet cleared of my infections, so he prescribed "10 more days" of Antibiotics, which I continued with.
  - 34. Follow-up care was given to me both verbally and in writing, which included:
    - One. That I be seen by the "dentist at infirmary in 2 weeks." This was not done.
    - Two. That I see "infectious diseases at infirmary in two weeks." This was not done.
- 35. As of the date of this filing, I still have a loss of normal feeling from my left side bottom lip area, down to the left side of my face, caused by a pinched nerve from all of this. It is after talking to all the above different Dental and Medical staff, that I have been told that I may "permanently lose" the feeling in my jaw and face area altogether. Both Dr. Buchanon of CTCF and Dr. Ringer, have told me that the pain in my jaw is from the possibility of a torn nerve. Both stated that at the most that could be done for this, is to have a Surgeon go into my jaw, and try to re-connect the damaged nerve so where I once again have somewhat normal feeling again here.
- 36. On July 16, 2024, Dr. Buchanon at CTCF, prescribed me Tegratol (?), which would possibly help me with the intolerable and ongoing "tingling" sensation I have on my jaw.
- 37. On July 28, 2024, I put in a Medical "Kite" asking CTCF if an upcoming CT scan that I was told about, (scheduled for in August), was for the tooth area that was worked on.
  - 38. On July 29, 2024, Medicals response to this was, "Yes, it is a CT scan for that."
  - 39. On July 30, 2024, I was then re-examined by Dr. Buchanon for the tingling

sensation. I was told of an option to increase my Tegratol Medication, which I agreed to do.

- 40. On August 19, 2024, I had that "August" day trip to STM. As this CT scan was being done, I asked if it was for my tooth and jaw area or for the blood clot. They said this was for the blood clot, and that they did not have an "Order" for my jaw to be looked at on this visit.
  - 41. I also sent a Kite to "Misty" at HSA, asking her to help me with all this.
    - No reply was ever received by her.
- 42. This August 19, 2024, Follow-up CT scan on the blood clot, showed the results of being an: "<u>Acute embolism and thrombosis of unspecified vein. [182.90].</u>"
- 43. On August 23, 2024, I sent in a Kite to Medical, informing them about a burst eye vessel, which had happened earlier. I stated that it was now giving me "blurry" vision.
- 44. On August 24, 2024, I was seen about the August 23, Kite. Shirley looked at me and did an eye chart test there. She noted that I was healing, and sent me back to my Unit, 3.
- 45. On September 18, 2024, Provider Kimberly A. Crapeau ("Kim"), saw me and told me that she saw my Kite of June 11, 2024, and that "Yes" I had been denied a Follow-up with Dr. Ringer. She said that she would resubmit a "consult" to Dr. Ringer now. Days later, I heard that Kim was no longer working at CTCF Medical.
- 46. On September 26, 2024, I had a Medical appointment to address the continuing swelling of my cheek from the recent tooth being pulled. A new Nurse, Sue Bird, (she is no longer at CTCF), said that she would talk to Dr. Owen, about getting me in now, which he did. He found a broken piece of jaw bone from the tooth extraction that was still in the socket. He then removed that piece at that time and sent me on my way. Dr. Owen then "recommended" that I make a follow-up appointment with Dr. Ringer, in Penrose. Also at this time, and upon hearing this by Provider Jane Gooding ("Jane"), she said she wanted to talk to me. She examined my

cheek, but said that she could "not see" any such signs of an infection. As far as she was concerned, my Kite for Antibiotics "was not" justified at this time. *However* when I returned to my cell, I and others in my pod, could see that this infection <u>WAS</u> there. This infection was red with white all around it and was *about* 1 inch long and ¼ inch wide. I then asked Jane about Kim. This was asked by me, because Kim had said she put me in for another consult with that Dr. Ringer *before* she left CTCF. Jane looked on her computer and did not find any such consult that Kim said she had done on my behalf. Jane said that she would now check with their "carrier" and put me in for a consult if needed.

- 47. On October 2, 2024, I saw a Provider, Dr. Andrews, who said that <u>he</u> didn't think it was too much for me to worry about the results of the August 19, 2024, CT scan. He also told me that "NO" follow-up was scheduled on this. \*Note- I was later told that RN Dalton, was not at CTCF now. After about two months, RN Dalton re-appeared at CTCF and is working again here.
- 48. On October 10, 2024, I was seen again by Dr. Andrews, regarding my August 19, 2024, CT scan, and the continued use of the medication, Elliquil for me. He also suggested that *I* now put in a Kite to see Dr. Khan for follow-up care, and to address the results of that CT scan with him. That very night, I put in a Kite for follow-up care to see Dr. Khan, in Colorado Springs. \*As of the date of filing this Complaint, I have NOT been seen for this follow-up care.
- 49. On October 18, 2024, Jane sent a Kite back to me, which I wrote to her on October 13, 2024, which said that she had gotten Dr. Ringer "approved and scheduled" for me.
- 50. On October 25, 2024, I was seen by Dr. Ringer for my follow-up. He said that he would put in a request for a new CT scan to be done on my jaw, and for another follow-up on this.
- 51. On or about November 1, 2024, I was notified, that the request for the CT scan on my jaw, and a follow-up with Dr. Ringer, had been "Approved."

- 52. On November 22, 2024, I was sent to STM for a CT scan on my jaw and head. As of November 26(?), 2024, Dr. Buchanon was no longer working at CTCF.
- 63. On December 12, 2024, I saw a new Provider at CTCF, a Mrs. MaryPat Dwyer ("MaryPat"). There she asked me about my Follow-up appointments and why they had not yet been done. I said I didn't know why. She said that she would contact "the scheduler" and try to find out why these were not done yet, and send me a response to these questions later. She also read me the results from the November, 22, 2024, CT scan of my jaw, and said that there was "No" infection in the jaw bone at this time. However, at this time she said that she DID SEE that my jaw area was swollen now.
- 54. On December, 26, 2024, I sent a Follow-up Kite to MaryPat, asking her if she had found out anything about the December 12, 2024 meeting with me.
- 55. On January 7, 2025, my Follow-up kite to MaryPat, returned to me. She wrote on this Kite that she "Needs appt please."
  - 56. On January 8, 2025, I put in that Kite to see her, as she had requested me to do.
- 57. On January 10, 2025, the above Kite was returned to me, stating that there was an "Appointment Pending" for me.
  - As of the date of this filing, no one has yet seen me on this or responded further.
- 58. On February 9(?), 2025, I sent Jane a Kite, requesting her to increase my Tegratol medication one more time. This was later approved by her.
  - 59. As of February 18, 2025, NO ONE has seen me on any of these "Appointments."
- 60. Because of this incident I have experienced all of the following symptoms and conditions:
  - I still cannot open my jaw all the way as I use to be able too;

• I have had a loss of eating, due to me not being able to open my jaw all the way;

- I experience difficulty in swallowing, due to the infection affecting my throat area;
- I have lost weight due to the above claims;
- My headaches are more intense and frequent (I had a head injury while I was at
  Arkansas Correctional Facility in 2009. I have experienced continuous headaches
  since, and I am on the prescribed medicine of Excedrin Migraine med's for it still);
- My Blood pressure may be *presumed* high at the start of this, as no "vitals" were taken on the May 24, 2024, Self-Declared Emergency in the Medical Building;
- Fevers and sweating from this infection continue on my jaw and head at this time;
- It's hard to sleep, as I cannot rest my head too long on one side or the other;
- A worsening left side Ear and jaw ache. (I have Tinnitus due to Military Service);
- My CPAP can't be used, as the straps and face pieces rest on my infected areas;
- I have difficulty talking at times, due to my lip, tongue and face being swollen;
- I was later put on Meds for "reflux" due to me swallowing my infectious liquids;
- I continue with pain on the left side of my face, head, cheek, jaw, and tongue;
- I even felt it was necessary to "Kite" Dr. Thiele at Psychiatry, to ask him for an increase in my Sleep medications for this. He "Approved" this on June 26, 2024.
- My balance is off, as occasionally I now have a slight disorientation upon my walking, and I feel like I'm in a "Deja Vu" state of mind.
- I am now experiencing some more memory loss as compared to my diagnosed with by Dr. Thiele at CTCF, earlier in 2024. Possibly caused by this blood clot.
- I am excessively tired at all times now.

#### V. <u>CLAIM FOR RELEIF</u>

# Violation of 42 U.S.C. §1983: Deliberately Indifference to proper medical care (Against Defendant STEPHANIE M. DALTON)

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- 61. Plaintiff hereby incorporates all other paragraphs of this Complaint as if fully set forth herein. Mr. Meadows is a citizen of the United States and defendant to this claim is a persons for the purposes of 42 U.S.C. § 1983.
  - 62. 42 U.S.C. § 1983 provides that:

Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory . . . subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress . . .

- 63. Mr. Meadows had a clearly established right under Eighth Amendment to be free from deliberate indifference and reckless disregard for a known serious medical need.
- 64. At all times herein, Mr. Meadows, Prisoner No. 143444, has been an inmate in the custody of the Department of Corrections. Plaintiff complains that he suffered injury on May 24, 2024, when he was forced to suffer a known, and existing medical condition, without prompt treatment. Plaintiff alleges that such conduct constitutes a deliberate indifference to a serious medical condition.
- 65. The complaint and plaintiff's medical record indicate that plaintiff had been diagnosed with Dysphagia. This condition leads to difficulty swallowing.
- 66. The medical record reveals that plaintiff sought out emergency procedures by declaring several Medical Emergencies.

67. The Supreme Court, in *Estelle v. Gamble*, 429 U.S. 97, 97 S. Ct. 285, 50 L. Ed. 2d 251 (1976), established the general standard by which claims of medical mistreatment under 42 U.S.C. § 1983 are measured. The court stated:

In order to state a cognizable claim a prisoner must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs. It is only such indifference that can offend "evolving standards of decency" in violation of the Eighth Amendment.

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429 S. at 106, 97 S. Ct. at 292.

- 68. It is clear from the discussion in *Estelle v. Gamble*, that the Supreme Court has recognized deliberate indifference in cases like this.
- 69. The failure of Defendant Dalton to provide medical care to Plaintiff, as alleged in paragraphs 7 through 55 above, constitutes deliberate indifference to his serious medical need in violation of the right to be free from cruel and unusual punishment under the Eighth Amendment.

# IV. Legal Standard for Eighth Amendment Claim Alleging Inadequate Medical Care

- 70. Where a prisoner's Eighth Amendment claim arises in the context of medical care, the prisoner must allege and prove "acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs." *Estelle v. Gamble*, 429 U.S. 97, 106, 97 S. Ct. 285, 50 L. Ed. 2d 251 (1976). An Eighth Amendment medical claim has two elements: "the seriousness of the prisoner's medical need and the nature of the defendant's response to that need." Id.
- 71. A medical need is serious "if the failure to treat the prisoner's condition could result in further significant injury or the 'unnecessary and wanton infliction of pain." (quoting *Estelle*, 429 U.S. at 104). Indications of a serious medical need include "the presence of a medical condition that significantly affects an individual's daily activities."
  - 72. By establishing the existence of a serious medical need, a prisoner satisfies the

objective requirement for proving an Eighth Amendment violation. *Farmer v. Brennan*, 511 U.S. 825, 834, 114 S. Ct. 1970, 128 L. Ed. 2d 811 (1994).

- 73. The deliberate indifference standard contains both an objective and subjective component. First, under the objective component, an inmate must show a sufficiently serious medical need. Second, under the subjective component, an inmate must show both that an official knew of her serious medical need and that, despite this knowledge, the official disregarded or responded unreasonably to that need.
  - 74. In defining the deliberate-indifference standard, the Supreme Court has stated:

[A] prison official cannot be found liable under the Eighth Amendment for denying an inmate humane conditions of confinement unless the official knows of and disregards an excessive risk to inmate health or safety; the official must both be aware of facts from which the inference could be drawn that a substantial risk of serious harm exists, and he must also draw the inference.

Farmer v. Brennan, 511 U.S. 825, 837 (1994).

# EIGHTH AMENDMENT CRUEL AND UNUSUAL PUNISHMENTS CLAUSE

The Cruel and Unusual Punishments Clause of the Eighth Amendment provides that "nor [shall] cruel and unusual punishments [be] inflicted." U.S. Constitution Amend. VIII.

In a similar case, the plaintiff, who had been incarcerated as a post-conviction detainee for nearly six months at the county jail, alleged that prior to his incarceration he had been diagnosed with a sinus infection that caused him painful headaches, drainage of pus from his nostrils, hearing and vision loss, and dizziness. The source of the infection was plaintiff's gums and rotten teeth, and plaintiff's primary care provider told plaintiff that he needed to have all of his teeth pulled to treat the sinus infection—a process that was begun prior to his incarceration. Plaintiff further alleged that he had alerted the individually named defendants to his medical needs at least

25 times, and that they did nothing to provide or procure treatment for him in violation of the Eighth Amendment. *Rogacki v. Jefferson Cnty.*, 2022 U.S. Dist. LEXIS 197757, at \*2–7 (D. Colo. Oct. 31, 2022).

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In denying each individual healthcare professionals' motion to dismiss, the district court applied to each the objective and subjective factors of a deliberate indifference Eighth

Amendment Cruel and Unusual Punishments Clause analysis. In a medical care context, the court phrased the test as:

- 1) Whether the plaintiff alleged facts demonstrating that his medical need was sufficiently serious; and
- 2) Whether the plaintiff alleged facts showing that the medical professional (or other jail official) acted with deliberate indifference to the plaintiff's serious medical needs.

The district court noted that to satisfy the objective component, "a medical need is 'sufficiently serious' if the need is one that has been diagnosed by a physician as mandating treatment or is 'so obvious that even a lay person would easily recognize the necessity for a doctor's attention.' A delay in medical care satisfies the objective component if a plaintiff alleges facts showing the delay 'resulted in substantial harm.'" Id. at \*10.

The district court also noted that to satisfy the subjective component, "a plaintiff must allege facts demonstrating the prison official's 'culpable state of mind.' The subjective component is satisfied if the plaintiff alleges facts showing the prison official knows of or disregards an 'excessive risk' to their health or safety .... A prisoner may adequately allege that a medical official knew that a detainee faced a substantial risk of harm from the fact the risk was obvious." Id. at \*10–11 (citations omitted).

The district court first found that the objective component was satisfied because the plaintiff alleged facts demonstrating that his medical need was sufficiently serious. The plaintiff alleged that throughout his incarceration at the jail his sinus infection caused him painful

headaches; pus-drainage from his nostrils; hearing and vision loss; and dizziness. In addition, the sinus infection posed the risk of permanent sinus damage, heart disease, and even potential death. Id. at \*11–12.

Second, the district court found that the subjective component was satisfied for each of the individual health professionals because plaintiff alleged that each knew of plaintiff's medical condition that his condition posed a substantial risk of harm, and the medical professionals individually failed to take any action to provide or procure treatment for his condition. Id. at \*12 See also ARTICLE: Why Prison Dental Care Matters: Legal, Policy, and Practical Concerns, 29 Ann. Health L. 101. Stating: Persons, such as prison guards and prison health care providers, who operate "under color of state law" cannot act with "deliberate indifference" to inmates' knowable, identifiable, and sufficiently serious medical and dental conditions. Id., at 105. (citing Estelle v. Gamble).

The above article goes on to state: "Subjective, deliberate indifference to the need for treatment. If the court finds that the first two prongs are satisfied, then the third step of analysis under Estelle/Bon/Hoptowit asks whether, subjectively, the correctional personnel were deliberately indifferent to that serious dental condition. Id at 108. "It also requires consideration of intent, either actual or constructive. As noted above, an intentional refusal to provide dental care would obviously meet this third prong."

Here, Mr. Meadows easily meets all the prongs because he shows willful disregard and thereby satisfies deliberate indifference. See ¶ 11-13. The defendant not only could have done more, but the fact that she did nothing amounts to deliberate indifference to a serious medal need.

#### E. PREVIOUS LAWSUITS

Have you ever filed a lawsuit, other than this lawsuit, in any federal or state court while you were incarcerated? Yes \_\_\_ No (check one).

If your answer is "Yes," complete this section of the form. If you have filed more than one previous lawsuit, use additional paper to provide the requested information for each previous lawsuit. Please indicate that additional paper is attached and label the additional pages regarding previous lawsuits as "E. PREVIOUS LAWSUITS."

Name(s) of defendant(s): <u>Lieutenant Judith Knight</u>

Docket number and court: Meadows v. Knight, 2012 U.S. Dist. LEXIS 105610

U.S. District Court of Colorado

Claims raised:

<u>Deliberate Indifference from Cruel and Unusual</u>

Punishment, under the Eighth Amendment.

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Disposition: (is the case still pending?) No.

Has it been dismissed?; was relief granted?) A jury trial was held, and Defendant was found

Not guilty of the Deliberate Indifference claim.

Reasons for dismissal, if dismissed: N/A

Result on appeal, if appealed:

No appeal was done.

### F. ADMINISTRATIVE REMEDIES

WARNING: Prisoners must exhaust administrative remedies before filing an action in federal court regarding prison conditions. See 42 U.S.C. § 1997e(a). Your case may be dismissed or judgment entered against you if you have not exhausted administrative remedies.

Is there a formal grievance procedure at the institution in which you are confined?

\_**☑** Yes \_\_\_ No (check one)

Did you exhaust administrative remedies?

Yes \_\_\_ No (check one)

75. On October 21, 2024, my Step 3 Grievance was returned to me and it is stated as:

"You have not exhausted your administrative remedies in this matter based upon your failure to satisfactorily request allowable relief. This is the final administrative action in this matter." By Responder Russell, Julie (5821).

Plaintiff states that the DOC has defaulted, starting with subsections IV, G, 1, in the grievance of AR 850-04 (02/01/2022). Though Plaintiff is not required to explain his reasoning's for any defaults at this time, he would like to do so anyways. The following shows where *DOC has defaulted* during this process. Had AR IV, G.(2)(a), been done at the start of all this, DOC would have been responsible for developing "a remedy will be devised and implemented.", thus my Exhaustion requirement would have been met.

#### IV. Procedures.

### G. Emergency Grievance Procedures.

- G. (1). The executive director or designee <u>will implement</u> these emergency procedures when there are <u>indications</u> of potential and substantial risk to the life or safety of the offender, or when irreparable harm to the offender's health is imminent. (All Emphases added).

  [This procedure was completely violated by DOC, as it was never done.]
- G. (2). The administration head or designee <u>after consulting with the appropriate department</u>, <u>will determine</u> <u>if an emergency exists</u>. (Partial reading. (Emphases added).

[This procedure was completely defaulted by DOC, as it was not ruled on, until Step 3.]

- G. (2)(a). <u>If an emergency exists</u>. <u>A remedy will be devised and implemented</u>. A written response documenting the remedy must be rendered within three business days and provided to the offender. (All emphases added, as this was not done for Plaintiff).
- 76. If DOC had followed their own AR's here, then Plaintiff would have had both his remedy and exhaustion requirements met, as it is DOC who is required to do this *for him*, for his Emergency. Mr. Meadows claims that the *procedures* in the AR's, are defaulted by the "response centers" (DOC), from the very start, and not by the Plaintiff. See "response centers" at *Moore v*. *Tresch*, 2022 U.S. App. LEXIS 5516 at 11-12 (10<sup>th</sup> Cir. 2022). There were other factors stated in Plaintiffs Step 1, 2, and 3 Grievances as for why they were denied, and the DOC kept changing

their responses for other reasons.

These can all be answered at a Hearing later on this issue, if needed.

#### IV. Procedures.

#### C. Filing a Grievance.

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C. (2). If a grievance is procedurally deficient the offender will be asked to cure any deficiencies and resubmit for processing". I was not afforded this "procedure" in ANY of my Steps 1, 2 or 3. (Emphases added).

This was defaulted in procedure by DOC.

### E. Responding to a Grievance.

E. (4). A printed copy of the response with electronic signature will be provided to the offender. (Emphases added). None of my Responses have a "signature" on them.

This was defaulted in procedure by DOC.

#### F. Time Limits.

• F. (1)(b). The offender will receive a written response to each Step 1 and 2 grievance within 25 calendar days of its receipt by the case manager and/or CPO. Step 2 was procedurally defaulted by DOC, as they were 3 days late in their response.

Plaintiff wishes to point out an issue with him, trying to get a piece of evidence from DOC. I have done what I can, in getting a copy of a "Report" that a Department of Corrections Medical Security Officer, Nicholas Hoover ("Hoover"), said he had typed up, about him, over hearing RN Dalton, tell Mr. Meadows, that she would "not" see him on May 24, 2024, for his "Emergency." As of the filing of this Complaint, Mr. Meadows has never gotten this report, even after months of his attempts of trying to get it for the "proof" of his claim raised now. See the following:

- On June 11, 2024, I talked to a Nurse Three, Ms. Vani ("Vani"), about Hoovers 77. Report. She said that she would call the ("HSA"), Health Services Administration now and ask them, how could Mr. Meadows get a copy of this Report? HSA, told Vani at that time, to have Mr. Meadows write a "Kite" to the Shift Commander, Mr. Lieutenant Flores ("Flores"), and request from them that copy. I did just this on this same day.
  - No reply was returned to me.

- 78. On June 24, 2024, a second Kite was sent to the Shift Commander, for the same.
  - No reply was returned to me.
- 79. On July 4, 2024, I sent in a third Kite to the Shift Commander Flores.
  - No reply was returned to me.
- 80. On July 9, 2024, I saw, and met with this Lt. Flores during my Lunch hour. He said that he would "look" for this Report.
  - No reply was returned to me.
- 81. A few days later, I saw and met with Lt. Flores, and Hoover, while I was again eating lunch. *They* again said, that *they* would "look" for Hoovers Report.

I have now sent in three Kites, and had two personal talks with Lt. Flores about this.

- No reply has ever been returned to me from Hoover, Lt. Flores, or the DOC.
- 82. On or about July 18, 2024, my Case Manager ("Ms. Gabriel"), came to my cell, where I informed her of what was done by me so far, as for the recovery of Hoover's Report.

  Ms. Gabriel told me, that I needed to contact the Office of Legal Services at DOC Headquarters, not HSA, regarding that Report. I wrote and sent out a letter to them that same night, about this.
- 83. On or about July 25, 2024, Legal Services replied saying they could "not find his" report. I sent this "reply" to Hoover, who told me later that he would get me a copy of his report.
- Officer Hoover kept this Legal Services letter that I gave him, and I have not seen that letter since then.
- 84. On August 13, 2024, I met Hoover during a Medical Appointment I had, and once again, I asked him if he had found his Report yet? He again replied with "NO."
- On August 19, 2024, while waiting on a day trip, I asked Hoover if he had yet
  85. "found his report?" He said, "Yes but I'm waiting for his guy to return it."

  (Who's this "guy"?).

86. On or about August 27, 2024, I then sent a Kite to Vani, notifying her of what had recently been going on with Hoover, and told her that, I needed a copy of that report.

- 87. On September 18, 2024, during my Flu shot appointment, Vani told me that she had talked to Hoover about "his guy" and Hoovers report. Vani said that Hoover had told her, that the "higher ups" were reviewing his report, to see if it was releasable to me.
- 88. On September 26, 2024, Hoover was working during one of my medical appointments, and I asked him again about his Report on me. He said that "his guy" had not returned his report to him, and it was possibly due to me not be entitled to have access to it.
- 89. On October 18, 2024, due to my state of confusion, frustration with DOC giving me the run-a-round, and my influence my Medications, I had my Power of Attorney, Mr. Ronald W. Rutz, contact DOC Headquarters for me. A person named Mr. Austin Ayers, helped Mr. Rutz regarding how Hoover's report could be released to Mr. Rutz. Mr. Ayers forwarded a Colorado Open Records Act request to a Ms. Kimberly Hughes, and Ms. April Ortiz, asking them to release anything they had on Hoover's report. Three documents were sent to Mr. Rutz, who then sent them to me. None of these said anything about this report of Hoover's.
- 90. On November 10, 2024, Mr. Rutz sent an "E-message" to me (something New that CTCF has approved), and stated that he would call CTCF's Office Manager for Warden Jennifer Hansen, a Lisa McClanahan ("Lisa"), to try to find where this report of Hoover's is at.
- 91. On December 13, 2024, Mr. Rutz' Office E-messaged me, saying that his office had called the Wardens Office on both December 11, 2024, and December 13, 2024, and left messages for Lisa to contact them about Hoover's report.
- 92. On December 23, 2024, Mr. Rutz' Office E-messaged me again, saying that they "haven't heard from anyone" from the CTCF Office Manager Lisa or Warden Jennifer Hansen.

## G. REQUEST FOR RELIEF

State the relief you are requesting or what you want the court to do. If additional space is needed to identify the relief you are requesting, use extra paper to request relief. Please indicate that additional paper is attached and label the additional pages regarding relief as "G. REQUEST

# WHEREFORE, Plaintiff prays that this Court:

- 1. Award to Plaintiff compensatory damages in an amount to be determined at trial, but not less than the amount of \$100,000.00, against Defendant for the matters alleged in this
- 2. Award to Plaintiff punitive damages in an amount to be determined at trial against Defendant;
- 3. Award to Plaintiff reasonable costs and attorney's fees;
- 4. Grant such other and further relief as this Court deem just and proper.

# H. DEMAND FOR TRIAL BY JURY

Pursuant to Rule 38(b) of the Federal Rules of Civil Procedure, Plaintiff hereby demands trial by jury in this action for all issues so triable.

### PLAINTIFF'S SIGNATURE

I declare under penalty of perjury that I am the plaintiff in this action, that I have read this complaint, and that the information in this complaint is true and correct, to the best of my knowledge. See 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Under Federal Rule of Civil Procedure 11, by signing below, I also certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

February 18, 2025

(Date) (Revised November 2022)

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