

17.1

Certificate of Service

NOV 05 2024

**CERTIFICATE OF SERVICE**

Nathan Ochsner, Clerk of Court

I, the undersigned, hereby certify that on this 29 day of October, 2024

I served a true and correct copy of the foregoing: US Bankruptcy

response documentation upon:

<u>US Bankruptcy Court</u> (recipient #1)	<u><del>Jeffrey M. Ser</del></u> (recipient #2)
<u>So. Dist. Houston Div.</u> (address)	_____ (address)
<u>315 Rusk Rm. 401</u> (address)	_____ (address)
<u>Houston, TX, 77002</u> (city) (state) (zip)	_____ (city) (state) (zip)
<u>Tethum Care Serv. Inc.</u> (recipient #3)	_____ (recipient #4)
<u>205 Powell Place, Ste. 104</u> (address)	_____ (address)
_____ (address)	_____ (address)
<u>Brentwood Tenn 37027</u> (city) (state) (zip)	_____ (city) (state) (zip)

by submitting same to a designated civilian employee of the Department of Correction for prompt processing and mailing by authorized prison personnel within the facility mailroom, with sufficient first class postage affixed, and it shall be deemed FILED as of the above date.

*[Signature]*  
(signature)

Kipton Prell, pro se  
(name, printed)

DOC # 265648

255 W. Highway 32  
(mailing address)

Licking Mo. 65542  
(city) (state) (zip code)



United States Courts  
Southern District of Texas  
FILED

NOV 05 2024

KIPTON PRELL, 265648  
SOUTH CENTRAL CORRECTIONAL CENTER  
255 W. HWY, 32.  
LICKING, MISSOURI 65542

Nathan Ochsner, Clerk of Court

October 28, 2024

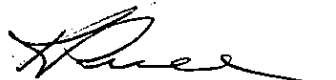
TEHUM CARE SERVICES INC.  
205 POWELL PLACE, SUITE 104  
BRENTWOOD, TENNESSEE 37027

Re: Chapter 11,  
Case No. 23-90086 (CML)  
Related Dkt. Nos. 1740 & 1741

CERTIFICATION OF SERVICE

I, Kipton Prell, #265648, certify that the attached documentation was mailed First Class, Postage paid to: The United States Bankruptcy Court for the Southern District of Texas, HOUSTON Division, Courtroom 401, 515 Rusk, Houston Texas 77002.

Respectfully submitted,



KIPTON PRELL

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

In re:

TEHUM CARE SERVICES, INC.,<sup>1</sup>

Debtor.

Chapter 11

Case No. 23-90086 (CML)

Related Dkt. Nos. 1740 & 1741

**NOTICE OF HEARING TO CONSIDER JOINT MOTION OF THE  
TORT CLAIMANTS' COMMITTEE, OFFICIAL COMMITTEE OF  
UNSECURED CREDITORS, AND DEBTOR FOR ENTRY OF ORDER  
(I) APPROVING DISCLOSURE STATEMENT AND FORM AND  
MANNER OF NOTICE OF HEARING THEREON, (II) ESTABLISHING  
SOLICITATION PROCEDURES, (III) APPROVING FORM  
AND MANNER OF NOTICE TO CLAIM HOLDERS (IV) APPROVING  
FORM OF BALLOTS, (V) APPROVING FORM, MANNER, AND SCOPE OF  
CONFIRMATION NOTICES, (VI) ESTABLISHING CERTAIN DEADLINES  
IN CONNECTION WITH APPROVAL OF DISCLOSURE STATEMENT  
AND CONFIRMATION OF PLAN, AND (VII) GRANTING RELATED RELIEF**

PLEASE TAKE NOTICE THAT on October 2, 2024, the Official Committee of Tort Claimants appointed in the Debtor's Chapter 11 Case (the "Tort Claimants' Committee"), the Official Committee of Unsecured Creditors appointed in the Debtor's Chapter 11 Case (the "Unsecured Creditors' Committee"), and Tehum Care Services, Inc., the above-captioned debtor (the "Debtor" and, together with the Tort Claimants' Committee and the Unsecured Creditors' Committee, the "Plan Proponents") filed:

- the *Joint Chapter 11 Plan of the Tort Claimants' Committee, Official Committee of Unsecured Creditors, and Debtor* [Docket No. 1739] (together with all schedules and exhibits thereto, and as may be modified, amended, or supplemented from time to time, the "Plan");
- the *Disclosure Statement for the Joint Chapter 11 Plan of the Tort Claimants' Committee, Official Committee of Unsecured Creditors, and Debtor* [Docket No. 1740] (together with all schedules and exhibits thereto, and as may be modified, amended, or supplemented from time to time, the "Disclosure Statement"); and
- the *Joint Motion of the Tort Claimants' Committee, Official Committee of Unsecured Creditors, and Debtor for Entry of Order (I) Approving Disclosure*

<sup>1</sup> The last four digits of the Debtor's federal tax identification number is 8853. The Debtor's service address is: 205 Powell Place, Suite 104, Brentwood, Tennessee 37027.

In The United States

Bankruptcy Court for The  
Southern District of Texas

In Re: Chapter 11  
Terhum Care Service Inc.) Case # 23-90086  
Debtor ) Related Dkt. # 1740/1741

Please take notice that Kipton Prell,  
#265648, is responding to the above entitled  
notice, is incarcerated at South Central  
Correctional Center and has no access to the  
Internet to peruse Discovery; Thus~~st~~  
herein approves of Discovery.

Please take further notice that Kipton Prell  
attempted joining the initial class action law  
suit against Terhum Care but was ~~not~~ notified  
of the action against Terhum too late to join.

Therefore, I <sup>submit</sup> ~~submit~~ my original grievance\*

Process hoping to qualify for and receive

The \$2500.00, requested on The Tehum  
care information/application form, for damage  
incurred due to loss of Teeth from Periodontal  
disease.

Respectfully  
K. Prell

Kipton Prell #265648

see

\*copy: Grievance forms

Respond ~~er~~ is visually impaired and does  
apologise for his writing.

## CERTIFICATION OF SERVICE

I, Kipton Prell, #265648, certify That  
the attached documentation was mailed,  
First Class, Postage Paid, to: Tehum Care  
Services Inc., 205 Powell Place, Suite 104  
Brentwood, Tennessee 37027

Respectfully Submitted



Kipton Prell



STATE OF MISSOURI

DEPARTMENT OF CORRECTIONS

INFORMAL RESOLUTION REQUEST

THIS GRIEVANCE WAS OFFICIALLY FILED 9/27/19.

medical-dental

RECEIVED

INSTITUTION USE ONLY

☐ EMERGENCY COMPLAINT

OFFENDER NAME

Pruett, Kipton

OCT 01 2019

DOC NUMBER

21051048

DATE STAFF MEMBER RECEIVED IRR

9-26-19

COMPLAINT NUMBER

19-1083

CATEGORY

6A

HOUSING UNIT

5

## STATE YOUR COMPLAINT/PROBLEM BRIEFLY - ONE ISSUE - BE SPECIFIC

1. On September 4, 2019, at 2:15 P.M., this inmate had a dental appointment with Dr. Goodhand, re: loose painful teeth and gums. Dr. Goodhand confirmed this inmate's suspicion that periodontitis infection had infected the teeth and gums.

2. However, Dr. Goodhand advised that he could not treat the periodontitis and Corizon would not allow him to refer this case to a periodontist for treatment before the disease became disabling.

&lt;SEE REVERSE&gt;

## ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING

TO BE REFERRED TO AN OUTSIDE PERIODONTIST BY EITHER CORIZON HEALTH OR THE STATE OF MISSOURI OR IT'S DEPARTMENT OF CORRECTIONS AS THE LIABLE RESPONDENT SUPERIOR

OFFENDER SIGNATURE

DATE

9/26/19

STAFF USE ONLY

## DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING)

IRK Not resolved by discussion

☐ IRR RESOLVED BY DISCUSSION/WITHDRAWN☒ IRR NOT RESOLVED BY DISCUSSION

OFFENDER SIGNATURE

DATE

10/24/19

STAFF SIGNATURE

DATE

10/24/19

## STAFF FINDINGS/RESPONSE

INVESTIGATING STAFF SIGNATURE

DATE

10/24/19

RESPONDENT SIGNATURE

DATE

10/24/19

REVIEWER SIGNATURE

DATE

11/6/19

RESULTS

☐ SATISFACTORY☐ UNSATISFACTORY

YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE. YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.

OFFENDER SIGNATURE

DATE

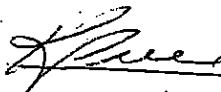
3. This inmate has submitted MSRs attempting to have oral checkups and teeth cleaned, but the MSRs were ignored or this inmate has been advised that Corizon no longer employs hygienists; thus Corizon no longer provides preventive dental care, i.e., teeth cleanings. (See attached which still provides for cleanings) This places Corizon Health in violation of Missouri Department of Correction's Policy, and as Respondent Superior the State of Missouri and its Department of Corrections is responsible and liable for Corizon's deliberate indifference.

4. A Missouri Department of Correction mission statement provides, in relevant part, that: "Offender health care services are provided through a public contractor under the direction of department staff." The mission statement further provides: "The medical services provider [Corizon Health] in the Missouri Department of Corrections places importance on preventive care and the early identification of health problems. The goal is to prevent disease and disability, or when health conditions are already present, to prevent worsening of those conditions." Therefore, if Corizon health refuses to live up to this Mo.D.O.C. mission statement, the State of Missouri and its Department of Corrections--as Respondent Superior--must take the initiative, and provide for the treatment of inmates', in its care and custody, diseases and disabilities...that Corizon refuses to treat.

#### CONSTITUTIONAL MANIFEST

I, Kipton Prell, herein, exercise my constitutional right to redress grievance--as guaranteed and protected by DOC IS policy and procedure and the U.S. and Missouri Constitutions--and any form of harassment or retaliation in the form of unrequested room or housing unit moves, institutional transfers, pseudo Conduct violations, changes in classification, or other forms of reprisal and retaliation will be grounds for a §1983 Civil Rights Complaint.

Respectfully



KIPTON PRELL, 265648

Submitted 9/27/19



THIS GRIEVANCE WAS FILED WITH CASEWORKER 11/19/19

STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE

RECEIVED

IRR NUMBER

DATE FILED

NOV 27 2019

SECC 19-1063

NOV 20 2019

## INSTITUTION USE ONLY

OFFENDER LAST NAME

FIRST

CORIZON SECC

DOC NUMBER

HOUSING UNIT

UNIT

SECC

INSTITUTION

Frell

Kipton

265640

5

B108

SECC

## OFFENDER GRIEVANCE/REQUEST

1. On Sept. 4, 2019, 2:15-3:15 PM, after an oral examination SECC/Corizon's Dentist, Dr. Goodhand, confirmed that this inmate had Periodontitis. However, Dr. Goodhand subsequently advised that he could not treat the Periodontitis, and Corizon would not allow him to refer to a Periodontal Specialist for preventative treatment...before it became debilitating.

2. Based on this inmate's research and Dr. Goodhand's revelation as to the debilitating affects of Periodontal disease, i.e., loss of teeth and skeletal jaw bone, this will become an Americans with Disabilities Act issue.

3. To contradict the deceit in DR. Goodhand's alleged version of what transpired during this inmate's appointment on on Sept. 4, 2019, Dr. Goodhand did, in fact, conduct an oral examination and did confirm Periodontitis, as is verified by the attached copy of a note in Goodhand's own hand writing indicating correct spellings and usage.

OFFENDER SIGNATURE

&lt;SEE REVERSE&gt;

DATE

11/16/19

SUPERINTENDENT'S RESPONSE

Sent to grievance  
10/11/19

SUPERINTENDENT/SECTION HEAD

DATE

2-17-20

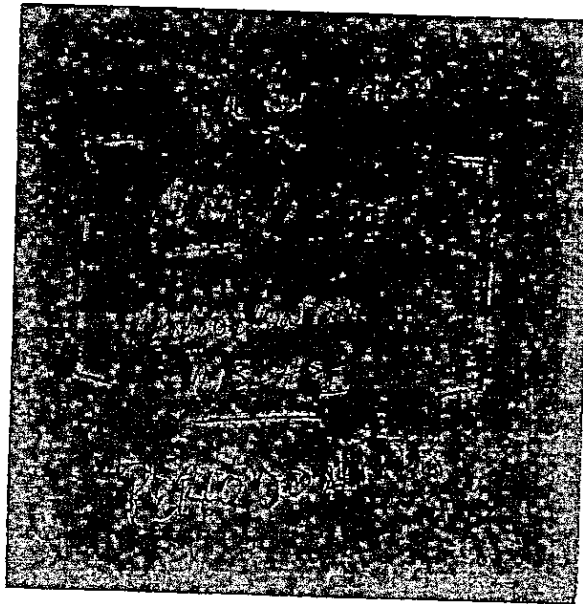
You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer within seven (7) days from the day you receive this decision. Failure to submit an appeal within this time frame constitutes abandonment of the grievance.

☐ I ACCEPT THIS DECISION☐ I APPEAL THIS DECISION

OFFENDER SIGNATURE

DATE

Note in Goodhand's own hand writing indicating correct spellings and usage.



IRR/GRIEVANCE FILED WITH CASEWORKER ON

6/9/20



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE APPEAL

OFFENDER NAME (LAST NAME, FIRST) <i>PRELL, KIPTON</i>	GRIEVANCE NUMBER <i>SECC-19-1083</i>	DATE FILED <i>JUN 10 2020</i>
	DOC NUMBER <i>265648</i>	INSTITUTION SECC GRIEVANCE OFFICE

## REASON FOR APPEAL

1. This is another Americans With Disabilities Act issue, where: (1) periodontitis affects the gums thus causing a loosening and loss of the teeth; and (2) periodontitis also causes the degradation of and loss of bone, i.e. holes in the jaw bone, etc..
2. The degradation and loss of teeth and skeletal bone would impair and restrict the ability to eat and would thereby be a disability under the ADA.
3. As Respondent Superior the Missouri DOC is responsible for the actions and/or inactions of it's health care provider Corizon; thus is legally liable.
4. Administrator Leija states that Goodhand "does not state that [this inmate] actually have [periodontitis] and needed to be referred to a periodontist." However, Goodhand is a liar where he also stated during the appointment that I was scheduled to have my canities filled, and we all know that Corizon does not do fillings of tooth cavities.

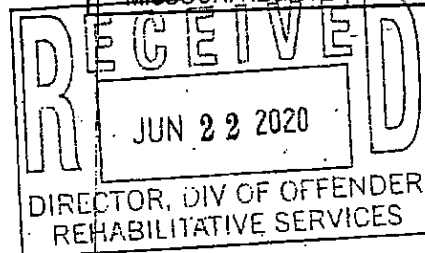
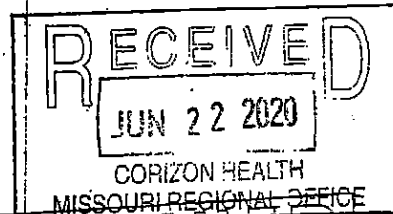
OFFENDER SIGNATURE

*K. Prell*

DATE

*6/8/20*

## RESPONSE



SIGNATURE

DATE

Finalization of this appeal represents exhaustion of this grievance pursuant to federal law, 28 CFRs 40

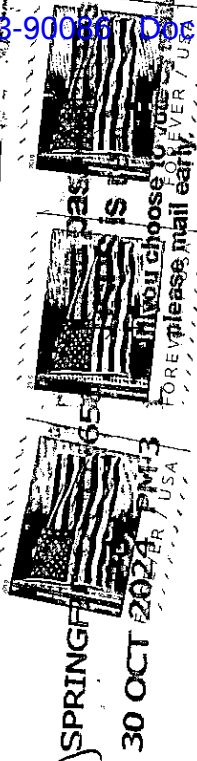
OFFENDER SIGNATURE

DATE

KIPTON PR cell 2652648  
South Central Correctional Center (see)  
253 W. Hwy way 32  
Licking, MO 65542

This correspondence is from an inmate in the custody of  
the Missouri Department of Corrections. The Department  
is not responsible for the content of this correspondence.  
For information about the Department or to verify  
information about the offender, please visit our website at  
[www.doc.mo.gov](http://www.doc.mo.gov)

Legal  
Mail



United States Bankruptcy Court  
for the Southern District of Texas  
Houston Division  
Courtroom 401  
515 Rusk  
Houston, Texas 77002-3450

United States Courts  
Southern District of Texas  
FILED  
NOV 05 2024  
Nathan Ochsmier, Clerk of Court