

IN THE CIRCUIT COURT OF KANAWHA COUNTY, WEST VIRGINIA

**CATHERINE SUE COOPER, Administratrix of the
Estate of KENNETH EDWARD DUNLAP, deceased,**

Plaintiff,

v.

CIVIL ACTION NO. _____

JUDGE _____

**RES-CARE, INC.,
RSCR WEST VIRGINIA, INC., and
REM WEST VIRGINIA, LLC, as successor by merger
to RSCR WEST VIRGINIA, INC.,**

Defendants.

COMPLAINT

COMES NOW Plaintiff, Catherine Sue Cooper, Administratrix of the Estate of Kenneth Edward Dunlap, deceased (hereinafter sometimes referred to as “Plaintiff”), by counsel, R. Dean Hartley, Mark R. Staun, John H. Zickefoose, and Hartley Law Group, PLLC, and Jeffrey G. Blaydes and Blaydes Law, PLLC, for her Complaint against the above-referenced Defendants, states as follows:

I. PARTIES

1. Kenneth Edward Dunlap (“Mr. Dunlap”) was born on March 28, 1971. He died on September 15, 2025, at the age of fifty-four (54).

2. Mr. Dunlap had cerebral palsy, a profound intellectual disability, a seizure disorder, and a cardiac septal defect. He was nonverbal at baseline, used a wheelchair for mobility, and depended on others for his daily care.

3. The Plaintiff, Catherine Sue Cooper, is Mr. Dunlap’s sister. On December 5, 2025, the Fiduciary Supervisor of the Putnam County Commission appointed her Administratrix of the Estate of Kenneth Edward Dunlap, and she qualified as such by taking the oath prescribed

by law and giving approved bond. She brings this action as the personal representative of Mr. Dunlap pursuant to W. Va. Code §§ 55-7-5 and 55-7-6 and the West Virginia Medical Professional Liability Act, W. Va. Code § 55-7B-1, et seq., for the benefit of the persons entitled to recover under W. Va. Code § 55-7-6(b). A true and correct copy of the Letter of Administration is attached hereto as Exhibit A.

4. By order filed on April 21, 2025, the Circuit Court of Kanawha County, West Virginia, found that Mr. Dunlap was a protected person within the meaning of W. Va. Code § 44A-1-4 because of mental impairment, and it appointed his aunt, Judith Ann Fletcher, as his guardian and the Plaintiff as his co-guardian. Mr. Dunlap had never been self-reliant or able to live independently, and he was at no time able to manage his own affairs or to make his own medical decisions. The order did not appoint a conservator, and no conservator was appointed for Mr. Dunlap before his death.

5. Defendant Res-Care, Inc., is, upon information and belief, a corporation that at all times relevant to this action owned, operated, managed, and/or controlled an intermediate care facility for individuals with intellectual disabilities located at 300 Ruffner Avenue, Charleston, Kanawha County, West Virginia (the “Ruffner Avenue facility”). Upon information and belief, Res-Care, Inc., may be served through its registered agent, Corporation Service Company, 808 Greenbrier Street, Charleston, West Virginia 25311.

6. Defendant RSCR West Virginia, Inc., is, upon information and belief, a Delaware corporation affiliated with Res-Care, Inc., that at all times relevant to this action owned, operated, managed, licensed, and/or controlled the Ruffner Avenue facility and employed or engaged the personnel who staffed it. Upon information and belief, RSCR West Virginia, Inc., may be served through Corporation Service Company, 808 Greenbrier Street, Charleston, West

Virginia 25311, which the records of the West Virginia Secretary of State identify as its agent for notice of process.

7. Defendant REM West Virginia, LLC, is a West Virginia limited liability company. According to the records of the West Virginia Secretary of State, on March 31, 2026, RSCR West Virginia, Inc., merged into REM West Virginia, LLC, which was the surviving entity of that merger. By operation of law, all liabilities of RSCR West Virginia, Inc., including its liability for the acts and omissions alleged in this Complaint, are vested in REM West Virginia, LLC, and the name of REM West Virginia, LLC, may be substituted for that of RSCR West Virginia, Inc., in any pending proceeding against it. W. Va. Code §§ 31B-9-906(a)(3), (4); 31D-11-1107(a)(5), (6).

8. REM West Virginia, LLC, may be served through Corporation Service Company, 808 Greenbrier Street, Charleston, West Virginia 25311, which the records of the West Virginia Secretary of State identify as its agent for notice of process and which is also the agent for notice of process of RSCR West Virginia, Inc. RSCR West Virginia, Inc., is named in this Complaint as the health care provider that was served with the Plaintiff's Notice of Claim and on whose behalf counsel responded to it, and REM West Virginia, LLC, is named as its successor by merger. References in this Complaint to RSCR West Virginia, Inc., describe the conduct of RSCR West Virginia, Inc., and its personnel; the claims asserted against REM West Virginia, LLC, are asserted in its capacity as successor by merger to RSCR West Virginia, Inc.

9. Upon information and belief, RSCR West Virginia, Inc., was at all times relevant to this action a subsidiary of Res-Care, Inc., and held the license issued by the State of West Virginia under which the Ruffner Avenue facility operated. Upon information and belief, Res-Care, Inc., pursuant to an administrative services agreement with RSCR West Virginia, Inc.,

operated and managed aspects of that facility, including the processing of its payroll, the purchase of its services, equipment, and supplies, its operating budgets, its personnel policies, its policies and procedures, and its compliance with applicable law.

10. Res-Care, Inc., and RSCR West Virginia, Inc., are referred to collectively in this Complaint as “ResCare.” Upon information and belief, they jointly operated the Ruffner Avenue facility, and each is responsible for the care rendered to Mr. Dunlap there. REM West Virginia, LLC, is responsible for the care rendered by RSCR West Virginia, Inc., as its successor by merger.

11. Apart from the periods during which he was hospitalized, from May 15, 2025, through July 16, 2025, ResCare undertook to provide Mr. Dunlap with twenty-four-hour residential care at the Ruffner Avenue facility, including nursing services, supervision, assistance with his activities of daily living, nutrition and hydration, repositioning, personal hygiene, wound care, and the administration of medications.

12. At all times relevant to this action, ResCare was a “health care provider” and a “health care facility,” including an intellectual/developmental disability center or program licensed or regulated by the State of West Virginia, within the meaning of W. Va. Code § 55-7B-2(f) and (g), and the care ResCare rendered to Mr. Dunlap was “health care” within the meaning of W. Va. Code § 55-7B-2(e). Upon information and belief, the Ruffner Avenue facility was a group home that operated under a behavioral health license issued by the State of West Virginia. It was not a nursing home or an assisted living facility.

13. At all times relevant to this action, ResCare acted through its employees, agents, and servants, including its nurses, direct-care staff, and administrators, each of whom acted within the course and scope of his or her employment or agency.

II. JURISDICTION AND VENUE

14. This is an action for wrongful death and personal injury arising from medical professional liability governed by the West Virginia Medical Professional Liability Act, W. Va. Code § 55-7B-1, et seq. This Court has subject matter jurisdiction over this action and personal jurisdiction over each Defendant. In accordance with W. Va. Code § 55-7B-5(a), no specific dollar amount is stated in this Complaint, and the Plaintiff states that the minimum jurisdictional amount established for the filing of this action is satisfied.

15. Venue is proper in Kanawha County pursuant to W. Va. Code § 56-1-1(a)(1) because the cause of action arose in Kanawha County. The acts and omissions of ResCare described in this Complaint occurred at the Ruffner Avenue facility in Charleston, Kanawha County, West Virginia.

16. This action is timely under any limitations period that may apply. It is commenced within two (2) years of Mr. Dunlap's death, as required by W. Va. Code §§ 55-7B-4(a) and 55-7-6(d). The Plaintiff mailed her Notice of Claim on September 1, 2026, less than one (1) year after Mr. Dunlap's death, and any applicable statute of limitations was tolled from that date pursuant to W. Va. Code § 55-7B-6(i). The Defendants' written response was received on September 25, 2026, and this Complaint is filed within thirty (30) days of its receipt.

III. COMPLIANCE WITH W. VA. CODE § 55-7B-6

17. On September 1, 2026, more than thirty (30) days before the filing of this Complaint, the Plaintiff served upon Res-Care, Inc., and RSCR West Virginia, Inc., by certified mail, return receipt requested, a Notice of Claim stating the theories of liability upon which this action is based and identifying all health care providers and health care facilities to which notices of claim were sent, as required by W. Va. Code § 55-7B-6(b).

18. The Notice of Claim was accompanied by the Screening Certificate of Merit of Carol Anne Rupe, M.D., a physician board certified in family medicine by the American Board of Family Medicine, together with her curriculum vitae.

19. The Notice of Claim and Screening Certificate of Merit addressed to Res-Care, Inc., and to RSCR West Virginia, Inc., were delivered on September 3, 2026, to Corporation Service Company, the agent for notice of process of Res-Care, Inc., of RSCR West Virginia, Inc., and of REM West Virginia, LLC.

20. By letter dated September 25, 2026, which the Plaintiff's counsel received by e-mail that day, counsel stated that he represented Res-Care, Inc., and RSCR West Virginia, Inc., responded to the Notice of Claim on their behalf, and advised that his client did not wish to engage in prelitigation mediation at that time.

21. More than thirty (30) days have elapsed since the Notice of Claim and Screening Certificate of Merit were received. No Defendant has demanded prelitigation mediation pursuant to W. Va. Code § 55-7B-6(g), and no Defendant has objected to the sufficiency of the Notice of Claim or the Screening Certificate of Merit or requested a more definite statement of either. The Plaintiff has complied with the pre-suit requirements of W. Va. Code § 55-7B-6 as to each Defendant named in this Complaint.

22. When the Notice of Claim was served, RSCR West Virginia, Inc., had already merged into REM West Virginia, LLC, and every right, obligation, and liability of RSCR West Virginia, Inc., was vested in REM West Virginia, LLC, by operation of law. The Notice of Claim and Screening Certificate of Merit addressed to RSCR West Virginia, Inc., were delivered to the agent for notice of process of REM West Virginia, LLC, and counsel responded to them on behalf of RSCR West Virginia, Inc., without disclosing the merger and without objection. The

Notice of Claim and Screening Certificate of Merit served upon RSCR West Virginia, Inc., were therefore notice to REM West Virginia, LLC, as its successor, and REM West Virginia, LLC, received the notice required by W. Va. Code § 55-7B-6(b) more than thirty (30) days before the filing of this Complaint.

23. In the alternative, this action is properly maintained against RSCR West Virginia, Inc., as the health care provider that was served with the Notice of Claim and the Screening Certificate of Merit, and REM West Virginia, LLC, may be substituted for it pursuant to W. Va. Code § 31B-9-906(a)(4).

IV. STATEMENT OF FACTS

A. Hospitalization, placement, and admission

24. In February 2025, Mr. Dunlap's family could no longer provide the around-the-clock care he required. On February 22, 2025, he was taken to Charleston Area Medical Center ("CAMC") in Charleston, West Virginia, where he was admitted and treated for severe sepsis, pneumonia, constipation, and dehydration.

25. Mr. Dunlap remained hospitalized at CAMC for nearly three (3) months while a residential placement was located for him.

26. At the time of his discharge from CAMC, Mr. Dunlap's Braden score, a standard measure of a patient's risk of developing pressure injuries, was fourteen (14), which placed him at moderate risk for skin breakdown. He was chairfast, and his mobility was very limited.

27. On May 15, 2025, Mr. Dunlap was discharged from CAMC and admitted to the Ruffner Avenue facility as a resident in ResCare's care.

28. ResCare knew, or in the exercise of reasonable care should have known, at the time of his admission that Mr. Dunlap had cerebral palsy, a profound intellectual disability, and a

seizure disorder, that he was nonverbal and used a wheelchair, that he had a history of agitation and impulsive behavior, that he had difficulty swallowing and required a pureed diet, that he was incontinent, that he required close supervision and depended on its staff for assistance with his daily care, including repositioning and personal hygiene, and that he was at risk for pressure injuries.

29. A physician completed a level-of-care evaluation of Mr. Dunlap on the day of his admission. Upon information and belief, however, ResCare's nursing staff did not perform an admission assessment of his skin or of his risk of pressure injury, and ResCare did not develop a plan of care addressing his risk of pressure injury, his hydration and nutrition, or his need for supervision. The earliest pressure-injury risk assessment in the records ResCare has produced is dated June 17, 2025, more than a month after his admission.

B. Initial wounds, arm injury, and dehydration

30. On May 17, 2025, two (2) days after his admission, ResCare obtained a verbal order to apply a DuoDerm dressing over a wound on Mr. Dunlap's buttock and to change the dressing every three (3) days.

31. Notwithstanding that wound and his known risk, ResCare did not obtain or provide a pressure-redistributing mattress for his bed or a pressure-relieving cushion for his wheelchair, did not limit the time he spent sitting up in his wheelchair, did not institute a turning and repositioning schedule, did not provide protein supplements or fortified foods to promote healing, and did not provide the close supervision his condition and behavior required.

32. On May 29, 2025, ResCare staff found Mr. Dunlap's right forearm and hand swollen and bruised. The swelling and bruising had not been present when he went to sleep the night before. ResCare's staff told the hospital that they were unaware of any fall or injury, and

the records ResCare has produced contain no report of a fall or other trauma to the arm and no investigation of how the injury occurred. Upon information and belief, Mr. Dunlap's sister was later told that he had fallen out of bed.

33. ResCare sent Mr. Dunlap to the CAMC emergency department, where his serum sodium measured 166 mmol/L, a critical value, and his creatinine measured 1.4 mg/dL. He was severely dehydrated, with an estimated free water deficit of 2.5 liters, and he was admitted to the intensive care unit for treatment of hypernatremia and acute kidney injury. His treating physicians assessed the hypernatremia as likely secondary to a free water deficit from poor oral intake.

34. On May 30, 2025, a CAMC wound assessment documented a deep tissue injury to Mr. Dunlap's left hip that was present when he arrived from ResCare.

35. On June 2, 2025, CAMC returned Mr. Dunlap to ResCare with instructions that ResCare make sure he was drinking adequate water and that his basic metabolic panel be rechecked in one (1) week.

C. Worsening wounds and repeated hospital care

36. On June 6, 2025, ResCare again sent Mr. Dunlap to CAMC, this time for difficulty swallowing. During that admission, his physicians found a wound on his right upper extremity that had turned black, together with additional wounds on his forearm, and a plastic surgery consultation identified a right dorsal wrist wound with eschar. He was returned to ResCare on June 12, 2025, with orders for silver sulfadiazine to be applied to his right wrist and hand twice daily.

37. On June 17, 2025, a ResCare nurse documented that Mr. Dunlap was chair bound, that his skin was broken, that he had a wound measuring 1 cm by 1.5 cm on his left buttock, and that the top of his right hand was necrotic.

38. On June 19, 2025, the plastic surgeon who was following Mr. Dunlap attributed the wounds of his right upper extremity to his sleeping too long on that arm.

39. Even then, ResCare did not obtain or provide a pressure-redistributing mattress or wheelchair cushion, did not limit his time in his wheelchair, did not order or provide dietary protein supplements, and did not keep routine wound assessments recording the measurements and condition of his wounds.

40. On June 24, 2025, ResCare sent Mr. Dunlap to the CAMC emergency department with swelling of his right elbow and a possible infection of his right arm. ResCare's nurses reported to CAMC that they had been following wound-care instructions, but that Mr. Dunlap remained positioned on his right arm despite the wounds there. He was diagnosed with olecranon bursitis of the right elbow and a pressure sore, and he was returned to ResCare on a ten (10) day course of the antibiotic linezolid for MRSA skin coverage, with instructions to keep a pressure dressing over the elbow to prevent further skin breakdown.

41. On June 25, 2025, more than five (5) weeks after Mr. Dunlap's admission, a pressure-relieving cushion for his wheelchair and a low-air-loss mattress for his bed were ordered for him for the first time.

D. Off-loading orders and surgical treatment

42. On July 9, 2025, the wound care center at WVU Medicine Thomas Hospitals, where Mr. Dunlap was then being treated, gave written instructions, which appear in the records ResCare has produced, that he be turned and repositioned every two (2) hours and that pressure

on his wounds be avoided for longer than thirty (30) minutes at a time, and it recommended that he receive one hundred (100) grams of protein per day, noting that protein supplements could be used. On July 16, 2025, the wound care center further instructed that he have a low-air-loss mattress and that he be kept out of his chair as much as possible.

43. Apart from isolated entries, the records ResCare has produced contain no turning or repositioning records, no routine skin-assessment records, and no treatment records documenting that the ordered dressing changes were performed at any time during Mr. Dunlap's residence at the Ruffner Avenue facility.

44. By July 14, 2025, the wound on the back of Mr. Dunlap's right wrist measured approximately 5 cm by 5 cm, with necrosis along its edges and the joint capsule exposed. He was scheduled for surgical debridement and coverage of the wound.

45. On July 16, 2025, the wound care center sent Mr. Dunlap to CAMC because of concern that the wounds of his right upper extremity were becoming infected, and he was admitted. On July 19, 2025, he underwent incision and drainage of the wounds of his right upper extremity, a deep bone biopsy, a proximal row carpectomy, local tissue rearrangement, and placement of a wound vacuum. On July 22, 2025, he returned to the operating room for further debridement of the right wrist and placement of a skin substitute and wound vacuum. The pressure ulcer on his left hip had by then progressed to Stage IV.

46. On July 25, 2025, Mr. Dunlap was discharged from CAMC to Teays Valley Center, a skilled nursing facility in Hurricane, Putnam County, West Virginia.

E. Continued decline and death

47. Mr. Dunlap's condition continued to deteriorate. His wounds worsened, he lost weight, and his nutritional status declined. A further operation on his right wrist was planned but had not been performed when he died.

48. Mr. Dunlap died on September 15, 2025. He was fifty-four (54) years old.

49. Throughout his residence at the Ruffner Avenue facility, Mr. Dunlap endured painful and worsening wounds, severe dehydration, repeated emergency transports and hospitalizations, and the progressive breakdown of his skin and the tissue beneath it. Because his cerebral palsy limited his ability to communicate, he depended entirely on ResCare's staff to recognize and respond to his needs.

**COUNT I
MEDICAL PROFESSIONAL LIABILITY (WRONGFUL DEATH)**

50. The Plaintiff incorporates each preceding paragraph as if fully set forth herein.

51. At all times relevant to this action, ResCare owed Mr. Dunlap the duty, imposed by W. Va. Code § 55-7B-3(a), to exercise that degree of care, skill, and learning required or expected of a reasonable, prudent health care provider in the profession or class to which ResCare belongs, acting in the same or similar circumstances.

52. Upon information and belief, the Ruffner Avenue facility participated in the Medicaid program as an intermediate care facility for individuals with intellectual disabilities and was subject to the conditions of participation set forth in 42 C.F.R. Part 483, Subpart I. Those conditions required, among other things, that the facility provide nursing services in accordance with each client's needs, 42 C.F.R. § 483.460(c); that it assess each client's physical health and nutritional status and prepare an individual program plan within thirty (30) days after

admission, 42 C.F.R. § 483.440(c); and that it report immediately and investigate thoroughly every injury of unknown source, 42 C.F.R. § 483.420(d). ResCare's failures to comply with those requirements are evidence of its negligence.

53. ResCare, through its employees, agents, and servants, deviated from and breached the applicable standard of care, including:

- a. by failing to perform an admission assessment adequate to develop a proper plan of care for Mr. Dunlap, including an assessment of his skin and of his risk of pressure injury;
- b. by failing to develop and implement a plan of care that addressed his risk of pressure injury, his hydration and nutrition, and his need for supervision;
- c. by failing to provide a pressure-redistributing mattress and wheelchair cushion;
- d. by failing to limit his time sitting in his wheelchair;
- e. by failing to turn and reposition him at least every two (2) hours;
- f. by failing to provide fortified foods and protein supplements to promote healing;
- g. by failing to monitor his oral intake and to provide adequate hydration;
- h. by failing to supervise him closely enough to prevent injury, given his known history of impulsive behavior;
- i. by failing to investigate the unexplained injury to his right arm;
- j. by failing to perform, document, and act upon routine assessments of his skin and wounds;
- k. and by failing to carry out the wound-care and off-loading orders entered by his physicians.

54. ResCare further deviated from the applicable standard of care by admitting Mr. Dunlap, and by accepting his return after each hospitalization, when it was not staffed or equipped to provide the care he required, and by failing to transfer him to a facility capable of providing a higher level of care once it was apparent that ResCare could not meet his needs.

55. As a direct and proximate result of ResCare's deviations from the standard of care, Mr. Dunlap developed pressure injuries and other wounds of his right upper extremity, left hip, and buttocks, and those wounds progressed; the wound of his right wrist advanced to the joint and required repeated surgical debridement and a proximal row carpectomy; he became critically dehydrated, with hyponatremia and acute kidney injury requiring intensive care; he endured conscious pain, suffering, and mental anguish; and he suffered a physical decline that was a proximate cause of, and a substantial contributing factor in, his death on September 15, 2025.

56. In the alternative, the Plaintiff alleges pursuant to W. Va. Code § 55-7B-3(b) that ResCare's failure to follow the accepted standard of care deprived Mr. Dunlap of a chance of recovery and increased the risk of harm to him, that this failure was a substantial factor in bringing about his death, and that following the accepted standard of care would have resulted in a greater than twenty-five percent (25%) chance that Mr. Dunlap would have had an improved recovery or would have survived.

57. As a direct and proximate result of ResCare's deviations from the standard of care, Mr. Dunlap died, and the Plaintiff, as personal representative of his Estate, is entitled to recover for the benefit of the persons entitled to recover all damages permitted by W. Va. Code §§ 55-7-5 and 55-7-6.

COUNT II
CORPORATE AND VICARIOUS LIABILITY

58. The Plaintiff incorporates each preceding paragraph as if fully set forth herein.

59. At all times relevant to this action, the nurses, direct-care staff, administrators, and other personnel who provided or were responsible for Mr. Dunlap's care at the Ruffner Avenue facility acted within the course and scope of their employment or agency with ResCare and in furtherance of ResCare's business.

60. ResCare is vicariously liable under the doctrine of respondeat superior and the principles of actual agency for the negligent acts and omissions of its employees, agents, and servants, and, pursuant to W. Va. Code § 55-7B-9(g), ResCare is responsible for the portion of fault attributed by the trier of fact to any person acting as its agent or servant. Upon information and belief, the physician who served as Mr. Dunlap's primary care physician at the Ruffner Avenue facility, and on whose orders ResCare's staff acted, provided that care as ResCare's employee or agent.

61. ResCare is also directly liable for its own negligence as a health care facility. Upon information and belief, ResCare did not staff the Ruffner Avenue facility so that it could provide the care and monitoring Mr. Dunlap required; did not have in place protocols for the prevention and treatment of pressure injuries and other wounds; and admitted Mr. Dunlap, readmitted him after each hospitalization, and kept him there when it lacked the staff and equipment to care for him, instead of transferring him to a facility that could provide a higher level of care.

62. As a direct and proximate result of ResCare's corporate negligence, Mr. Dunlap suffered the injuries and death described in this Complaint.

63. In the alternative, to the extent any act or omission alleged in this Complaint is determined not to constitute health care within the meaning of W. Va. Code § 55-7B-2, or any Defendant is determined not to be a health care provider or health care facility within the meaning of that section, that Defendant owed Mr. Dunlap a duty of reasonable care arising from its undertaking to provide him with twenty-four-hour residential care as alleged in paragraph 11, breached that duty by the acts and omissions alleged above, and thereby proximately caused the injuries and death alleged in this Complaint, and is liable to the Plaintiff under the common law of negligence.

COUNT III PUNITIVE DAMAGES

64. The Plaintiff incorporates each preceding paragraph as if fully set forth herein.

65. ResCare accepted into its care a nonverbal, wheelchair-dependent resident whom it knew to be at risk for pressure injuries and wholly dependent on its staff. Within two (2) days of his admission, ResCare had obtained an order for a dressing over a wound on his buttock. More than five (5) weeks passed before a pressure-relieving mattress or wheelchair cushion was ordered for him. In that time, he was hospitalized with a critical sodium level from dehydration, he developed a deep tissue injury to his hip, and he developed wounds of his right arm that later progressed to the joint. The records ResCare has produced do not document that he was ever turned or repositioned.

66. ResCare's conduct was carried out with a conscious, reckless, and outrageous indifference to the health, safety, and welfare of Mr. Dunlap, and the Plaintiff is entitled to an award of punitive damages against ResCare pursuant to W. Va. Code § 55-7-29(a).

V. DAMAGES

67. Mr. Dunlap never married. The persons entitled to recover for his death under W. Va. Code § 55-7-6(b) include his surviving siblings.

68. As a direct and proximate result of ResCare's negligence, the persons entitled to recover for Mr. Dunlap's death have sustained, and will continue to sustain, sorrow, mental anguish, and solace, including the loss of his society, companionship, and comfort, together with all other damages recoverable under W. Va. Code § 55-7-6(c).

69. As a direct and proximate result of ResCare's negligence, expenses were incurred for the care, treatment, and hospitalization of Mr. Dunlap incident to the injuries resulting in his death, together with reasonable funeral expenses, all of which are recoverable under W. Va. Code § 55-7-6(c).

70. As a further direct and proximate result of ResCare's negligence, Mr. Dunlap endured conscious pain, suffering, and mental anguish between the time of his injuries and his death. Damages for that pain and suffering accrued to his Estate and are recoverable in this action pursuant to W. Va. Code § 55-7-6(b) and (c)(1).

71. In accordance with W. Va. Code § 55-7B-5(a), no specific dollar amount is stated in this Complaint. The Plaintiff will serve a statement of the nature and amount of damages sought upon proper request.

WHEREFORE, the Plaintiff, Catherine Sue Cooper, Administratrix of the Estate of Kenneth Edward Dunlap, deceased, demands judgment against the Defendants, Res-Care, Inc., RSCR West Virginia, Inc., and REM West Virginia, LLC, as successor by merger to RSCR West Virginia, Inc., for all compensatory damages recoverable under the West Virginia Medical Professional Liability Act and W. Va. Code §§ 55-7-5 and 55-7-6, in an amount in excess of this

Court's jurisdictional minimum to be determined by the jury; for punitive damages as permitted by W. Va. Code § 55-7-29; for prejudgment and post-judgment interest as allowed by law; for the costs of this action; and for such other and further relief as this Court deems just and proper. Plaintiff hereby demands a trial by jury as to all issues raised herein.

DATED: October 15, 2026.

**CATHERINE SUE COOPER,
Administratrix of the Estate
of KENNETH EDWARD DUNLAP,
deceased,**

Plaintiff,

By counsel:

Mark R. Staun

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United States of America

State of West Virginia



County of Putnam, ss:

Letter of Administration

Estate of KENNETH EDWARD DUNLAP

I, Larry Frye, Fiduciary Supervisor of Putnam County, in the State of West Virginia, do hereby certify that CATHERINE SUE COOPER, was on the 5th day of December, 2025, appointed by the Fiduciary Supervisor of the Putnam County Commission as administratrix(s) of the Estate of KENNETH EDWARD DUNLAP, duly qualified as such by taking oath prescribed by law, and by giving approved bond in the sum of \$10,000.00, as required by law.

NOW THEREFORE, be it known that said appointment is now in full force and effect and that full faith and credit are due and should be given to all the acts of the said CATHERINE SUE COOPER as such administratrix(s) of the Estate of KENNETH EDWARD DUNLAP, as well in all jurisdictions, as elsewhere.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Putnam County Commission at my office in said County on the 8th day of December, 2025.

Larry Frye
Fiduciary Supervisor of Putnam County

By

Angela D. Belcher
FIDUCIARY DEPUTY

COPY