

**COURT SUPPLEMENT-VIRGINIA
CRIMES COMMITTED-
2022-2025.pdf-9 DOCTORS
ORDERS "CRIMINALLY IGNORED/
DEFIED/DENIED"-2021-2025:
DOCUMENTED "CRIMINAL MEDICAL
ELDER NEGLECT-
ELDER CRUELTY CRIMES" BY ALL
FIDUCIARIES AND ALL PERSONS-VA
CRIMINAL LAW-§ 18 2-369-B-
(VIRGINIA CRIMES)**

IN THE CIRCUIT COURT OF FAIRFAX COUNTY, VIRGINIA

RE: ELAINE MAE KAPUSTA

Case No: 2018-11871

AUGUST 6, 2025 - 64 PPAGES - FILED

**9 DOCTORS ORDERS "CRIMINALLY IGNORED/ DEFIED/
DENIED"-2021-2025: DOCUMENTED "CRIMINAL
MEDICAL ELDER NEGLECT-ELDER CRUELTY CRIMES"
BY ALL FIDUCIARIES-
VIRGINIA CRIMINAL LAW § 18 2-369-B:**

8-4-25-COURT SUPPLEMENT-CRIMINAL EVIDENCE:

COUNT 1-CRIMINAL FRAUD UPON THE COURT BY THE CONCEALMENT OF CRIMINAL ACTS OF ELDER CRUELTY CRIMES-CRIMINAL FALSIFICATION AND CRIMINAL CONCEALMENT OF 3+ DOCUMENTS AND CONCEALING MEDICAL RECORDS

COUNT 2-MALICIOUS PROSECUTION-CRIMINAL THREATS TO LIFE AND HEALTH AND HOME AND WELL-BEING BY CRIMINAL CONCEALMENT OF CRIMES CRIMINALLY CONCEALED FOR 3 YEARS-(2022-2025)

COUNT 3-CRIMINAL ABDUCTION-VIOLATION OF RIGHTS-"THE CRIMINAL TAKEOVER OF OUR LIVES-(2022-2025)

COUNT 4-CRIMINAL FRAUDULENT BREACH OF CONTRACT BY CRIMINAL CONCEALMENT OF ELDER CRUELTY CRIMES COMMITTED AND CRIMINALLY CONCEALED FOR 3 YEARS-(2022-2025)

COUNT 5-DEFAMATION BY CRIMINAL CONCEALMENT OF CRIMES COMMITTED AND CONCEALED-(2022-2025)

COUNT 6-BREACH OF FIDUCIARY DUTY OF CARE-FAILURE TO PROVIDE AND ENSURE CARE-(ELDER CRUELTY- 18.2-369-B)

COUNT 7-BREACH OF CIVIL DUTY 63.2-1606 TO PROTECT AND REPORT ELDER NEGLECT AND ABUSE AND EXPLOITATION AS "FIDUCIARIES AS MANDATED REPORTERS" -(2022-2025)

9 DOCTORS ORDERS

"CRIMINALLY IGNORED/
DEFIED/DENIED"-2021-2025:

DOCUMENTED "CRIMINAL MEDICAL ELDER
NEGLECT-ELDER CRUELTY CRIMES" BY
ALL FIDUCIARIES-VIRGINIA CRIMINAL
LAW §18.2-369-B:

1. APRIL 2021-DR. HU
2. 5/10/22-DR. LESSIN
3. 9/20/22-DR. CUSUMANO
4. 12/13/22-DR. LESSIN
5. 1/25/23-VIRGINIA HEART
6. 5/8/23-DR. CUSUMANO
7. 5/22/23-DR. DOKI
8. 1/4/24-DR. CUSUMANO
9. 2/7/25-DR. MALLORY

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*1. APRIL 2021-DR. HU-(MCLEAN DENTAL)
INFORMED LIZ SHIFFLETT-(PREMIER
PLANNING) THAT MOM NEEDED 3 ROOT
CANALS AND TO CHECK TO REPLACE OLD
FILLINGS

***2. 5/10/22-DR. LESSIN INFORMED LIZ SHIFFLETT 1 MONTH FOLLOWUP VISIT OR SOONER IF NEEDED P.R.N., DUE TO LOW PLATELETS AND DECREASED BLOODCELLS AND ELEVATED SED RATE**

***3. 9/20/22-DR. CUSUMANO INFORMED LIZ SHIFFLETT DUE TO SEVERE GUM DISEASE AND "TEETH PAIN" MOM NEEDS "QUARTERLY DENTAL CLEANINGS" AND THIS WAS IGNORED BY ALL FIDUCIARIES FOR 681 DAYS- (9/20/22-8/1/24)**

4. 10/16/22-ALL FIDUCIARIES IGNORED REQUEST FOR DENTAL X-RAYS-SUFFERING TEETH PAIN-IGNORED 883 DAYS WITHOUT DENTAL X-RAYS-(3/2/22-8/1/24)

5. 11/18/22-THE DESTRUCTION OF PLATELETS AND BLOODCELLS IGNORED BY DR. DAPPEN- (DOC TALKER)

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***6. 12/13/22-DR. LESSIN ADVISED TO MONITOR FOR CONTINUAL DROP IN BLOODCELLS AND PLATELETS- (IGNORED BY DR. DAPPEN AND ALL FIDUCIARIES)**

7. 12/13/22-IGNORED PLATELETS AND BLOODCELLS DESTRUCTION

8. DECEMBER 2022-REPORTED SIGNS OF UROSEPSIS AND SUFFERING- (IGNORED BY DR. DAPPEN AND ALL FIDUCIARIES)

*9. 1/25/23-VIRGINIA HEART RECOMMENDATION FOR FOLLOWUP WITH PLATELETS AND BLOODCELLS DESTRUCTION DETERIORATION AND BONE MARROW DAMAGE-(IGNORED BY DR. DAPPEN AND ALL FIDUCIARIES)

*10. 1/28/23-VIRGINIA HEART RECOMMENDED AND LYNN REQUESTED HEMATOLOGIST-(IGNORED BY DR. DAPPEN AND ALL FIDUCIARIES)

*11. 5/8/23-DENTAL GUM ABSCESS SEPTICEMIA-(DR. CUSUMANO WRITTEN ORDERS: SEDATION DENTAL, COMPREHENSIVE EVALUATION AND FOLLOWUP TREATMENT)-(IGNORED BY DR. DAPPEN AND ALL FIDUCIARIES)

12. 5/11/23-"22 GROSSLY ABNORMAL LABS AND 5 BLOOD DISORDERS"- (IGNORED BY DR. DAPPEN AND ALL FIDUCIARIES)

***13. 5/22/23-DR. DOKI/DR. DAPPEN-ALL
FIDUCIARIES REFUSED TO PROVIDE ELAINE
ANY FURTHER MEDICAL
CARE/MONITORING-*GAVE 2 WEEKS IRON PILL/
COQ10 SUPPLEMENTS- REFUSED TO GIVE
LONGER THAN 2 WEEKS-NEVER RECHECKED
LAB VALUES)-**REFUSED TO PROVIDE IRON
SUPPLEMENTS AFTER 6/5/23-SUFFERING
IRON-DEFICIENCY**

**14.(10/24/22-10/26/23)-PLATELETS/
BLOODCELLS/IMMUNE SYSTEM/BONE
MARROW DESTRUCTION:**

****51% DESTRUCTION OF
BLOODCELLS-(4.60-2.26) AND**

****41% DESTRUCTION OF
PLATELETS-(167-118) AND**

****60% DESTROYED IMMUNE
SYSTEM**-(MONOCYTES #)-
(.14-.08)-(6/27/25-.03)=78% DESTROYED**

**(IGNORED BY DR. DAPPEN-FIDUCIARIES)-
PANCYTOPENIA-(8.0. HEMOGLOBIN)-NEEDING
HOSPITAL EVAL FOR BLOOD TRANSFUSION/
IRON INFUSION-*MOM RECEIVED NOTHING!***



*15. 1/4/24-DENTAL GUM ABSCESS
SEPTICEMIA-*5/8/23-FOLLOWUP ORDER*-
(DR. CUSUMANO 2ND WRITTEN ORDERS:
SEDATION DENTAL, COMPREHENSIVE
EVALUATION AND FOLLOWUP
TREATMENT)-(IGNORED BY DR. DAPPEN
AND ALL FIDUCIARIES)

16. 8/2/24-SO BADLY NEGLECTED & ABUSED
AND "MEDICALLY ABANDONED" AND
"MEDICALLY ABUSED" AND "IMPRISONED
AND ISOLATED" AND DEPRIVED OF SIMPLE
BASIC DENTAL AND MEDICAL CARE-**911
PARAMEDICS NEEDED TO REVIVE MY MOM'S
HEART** AND AT THE HOSPITAL MY MOM
BEGGED "PLEASE LET ME GO HOME, I WANT
TO GO HOME" AND THAT WAS 367 DAYS
AGO AND 790 DAYS SINCE 6/6/23 THE DAY
MY MOM WAS "CRIMINALLY ABDUCTED AND
KIDNAPPED BY "ARMED GUARDS" FROM
OUR HOME

*2/7/25-DR. MALLORY NOTARIZED AFFIDAVIT

681 DAYS DENIED "QUARTERLY DENTAL
CLEANINGS WHILE SUFFERING TEETH PAIN
AND DENTAL GUM ABSCESS-(9/20/22-8/1/24)

883 DAYS DENIED DENTAL X-RAYS
SUFFERING SEVERE GUM DISEASE
WITHOUT TREATMENT- (3/2/22-8/1/24)

8/2/24-911:REVIVAL-
(UNCONSCIOUS)-**FIDUCIARIES
CONCEALED ALL-FRAUD UPON THE COURT



Details



July 9, 2022 5:47 PM

CASE

#CL-2018-11871

CLASS 4 FELONY

Session Information

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State Budget

Virginia Law

Reports to the General Assembly

Code of Virginia

Title 18.2. Crimes and Offenses Generally

Chapter 8. Crimes Involving Morals and Decency

§ 18.2-369. Abuse and neglect of vulnerable adults; penalties.

A. It is unlawful for any responsible person to abuse or neglect any vulnerable adult. Any responsible person who abuses or neglects a vulnerable adult in violation of this section and the abuse or neglect does not result in serious bodily injury or disease to the vulnerable adult is guilty of a Class 1 misdemeanor. Any responsible person who is convicted of a second or subsequent offense under this subsection is guilty of a Class 6 felony.

B. Any responsible person who abuses or neglects a vulnerable adult in violation of this section and the abuse or neglect results in serious bodily injury or disease to the vulnerable adult is guilty of a Class 4 felony. Any responsible person who abuses or neglects a vulnerable adult in violation of this section and the abuse or neglect results in the death of the vulnerable adult is guilty of a Class 3 felony.

C. For purposes of this section:

"Abuse" means (i) knowing and willful conduct that causes physical injury or pain or (ii) knowing and willful use of physical restraint, including confinement, as punishment, for convenience or as a substitute for treatment, except where such conduct or physical restraint, including confinement, is a part of care or treatment and is in furtherance of the health and safety of the vulnerable adult.

"Neglect" means the knowing and willful failure by a responsible person to provide treatment, care, goods, or services which results in injury to the health or endangers the safety of a vulnerable adult.

"Responsible person" means a person who has responsibility for the care, custody, or control of vulnerable adult by operation of law or who has assumed such responsibility voluntarily by contract or in fact.

"Serious bodily injury or disease" includes but is not limited to (i) disfigurement, (ii) a fracture, (iii) a severe burn or laceration, (iv) mutilation, (v) maiming, or (vi) life-threatening internal injuries or conditions, whether or not caused by trauma.

"Vulnerable adult" means any person 18 years of age or older who is impaired by reason of mental illness, intellectual or developmental disability, physical illness or disability, or other causes, including age, to the extent the adult lacks sufficient understanding or capacity to make

communicate, or carry out reasonable decisions concerning his well-being or has one or more limitations that substantially impair the adult's ability to independently provide for his daily needs or safeguard his person, property, or legal interests.

D. No responsible person shall be in violation of this section whose conduct was (i) in accordance with the informed consent of the vulnerable adult that was given when he was not vulnerable a person authorized to consent on his behalf; (ii) in accordance with a declaration by the vulnerable adult under the Health Care Decisions Act (§ 54.1-2981 et seq.) that was given when he was not vulnerable or with the provisions of a valid medical power of attorney; (iii) in accordance with the wishes of the vulnerable adult that were made known when he was not vulnerable or a person authorized to consent on behalf of the vulnerable adult and in accordance with the tenets and practices of a church or religious denomination; (iv) incident to necessary movement of, placement of, or protection from harm to the vulnerable adult; or (v) a bona fide recognized, or approved practice to provide medical care.

1992, c. 551; 1994, c. 620; 2000, c. 796; 2001, c. 181; 2004, c. 863; 2007, cc. 562, 653; 2012, cc. 476, 507; 2019, c. 234; 2022, cc. 259, 642.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired. 11/27/20

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MALLORY-2-7-25-MEDICAL EXPERT Affidavit #3 revised on Kapusta.pdf ATTESTING TO VIRGINIA CRIMINAL MEDICAL ELDER NEGLECT-18.2-369-B OF ELAINE MAE KAPUSTA SINCE OCTOBER 2022-TEETH PAIN

GEORGE W. DODGE AND ALL FIDUCIARIES DEFIED AND IGNORED ALL DOCTOR'S ORDERS INSTRUCTING TO PROVIDE CARE AND TREATMENT ON-9/20/22 & 12/2/22, 1/28/23, 5/8/23, 5/22/23, 12/26/23 AND 1/4/24. AND 2/7/25 AND GAVE MY MOM FDA-UNAPPROVED BLACK-BOXED ANTIPSYCHOTICS NOT APPROVED FOR ELDERLY DEMENTIA AND NOT APPROVED FOR HEART PATIENTS AT RISK OF DEATH OF HEART ATTACK AND STROKE CAUSING QT PROLONGATION-ENLARGED HEART AND SIGNED D.N.R.-DO NOT RESUSCITATE ON MOM DEPRIVED FOR 4 YEARS OF PROPER AND DOCTOR-ORDERED DENTAL AND MEDICAL CARE SINCE APRIL 2021.

[Code of Virginia](#)[Budget](#)[Virginia Law](#)[Reports to the General](#)[Title 63.2. Welfare \(Social Services\)](#)[ALL FIDUCIARIES AIDING AND ABETTING "CRIMINAL ELDER CRUELTY-EXTREME DEPRIVATION OF CARE"](#)[Assembly](#)[Chapter 16. Adult Services](#)

§ 63.2-1606. Protection of aged or incapacitated adults; mandated and voluntary reporting.

A. Matters giving reason to suspect the abuse, neglect or exploitation of adults shall be reported immediately upon the reporting person's determination that there is such reason to suspect. Medical facilities inspectors of the Department of Health are exempt from reporting suspected abuse immediately while conducting federal inspection surveys in accordance with § 1864 of Title XVIII and Title XIX of the Social Security Act, as amended, of certified nursing facilities as defined in § 32.1-123.

Reports shall be made to the local department or the adult protective services hotline in accordance with requirements of this section by the following persons acting in their professional capacity:

1. Any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503, with the exception of persons licensed by the Board of Veterinary Medicine;

2. Any mental health services provider as defined in § 54.1-2400.1;

3. Any emergency medical services provider certified by the Board of Health pursuant to § 32.1-111.5, unless such provider immediately reports the suspected abuse, neglect or exploitation directly to the attending physician at the hospital to which the adult is transported, who shall make such report forthwith;

4. Any guardian or conservator of an adult;

5. Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;

6. Any person providing full, intermittent or occasional care to an adult for compensation, including, but not limited to, companion, chore, homemaker and personal care workers;

7. Any law-enforcement officer; and

8. Any person who engages in the practice of behavior analysis, as defined in § 54.1-2900.

B. The report shall be made in accordance with subsection A to the local department of the county or city wherein the adult resides or wherein the adult abuse, neglect or exploitation is believed to have occurred or to the adult protective services hotline. Nothing in this section shall be construed to eliminate or supersede any other obligation to report as required by law. If a person required to report under this section receives information regarding abuse, neglect or exploitation while providing professional services in a hospital, nursing facility or similar institution, then he may, in lieu of reporting, notify the person in charge of the institution or his designee, who shall report such information, in accordance with the institution's policies and procedures for reporting such matters, immediately upon his determination that there is reason to suspect abuse, neglect or exploitation. Any person required to make the report or notification required by this subsection shall do so either orally or in writing and shall disclose all information that is the basis for the suspicion of adult abuse, neglect or exploitation. Upon request, any person required to make the report shall make available to the adult protective services worker and the local department investigating the reported case of adult abuse, neglect or exploitation any information, records or reports which document the

basis for the report. All persons required to report suspected adult abuse, neglect or exploitation shall cooperate with the investigating adult protective services worker of a local department and shall make information, records and reports which are relevant to the investigation available to such worker to the extent permitted by state and federal law.

Criminal investigative reports received from law-enforcement agencies shall not be further disseminated by the investigating agency nor shall they be subject to public disclosure; such reports may, however, be disclosed to the Adult Fatality Review Team as provided in § 32.1-283.5 or to a local or regional adult fatality review team as provided in § 32.1-283.6 and, if reviewed by the Team or a local or regional adult fatality review team, shall be subject to applicable confidentiality requirements of the Team or a local or regional adult fatality review team.

C. Any financial institution staff who suspects that an adult has been exploited financially may report such suspected financial exploitation and provide supporting information and records to the local department of the county or city wherein the adult resides or wherein the exploitation is believed to have occurred or to the adult protective services hotline.

D. Any person other than those specified in subsection A who suspects that an adult is an abused, neglected or exploited adult may report the matter to the local department of the county or city wherein the adult resides or wherein the abuse, neglect or exploitation is believed to have occurred or to the adult protective services hotline.

E. Any person who makes a report or provides records or information pursuant to subsection A, C, or D, or who testifies in any judicial proceeding arising from such report, records or information, or who takes or causes to be taken with the adult's or the adult's legal representative's informed consent photographs, video recordings, or appropriate medical imaging of the adult who is subject of a report shall be immune from any civil or criminal liability on account of such report, records, information,

photographs, video recordings, appropriate medical imaging or testimony, unless such person acted in bad faith or with a malicious purpose.

F. An employer of a mandated reporter shall not prohibit a mandated reporter from reporting directly to the local department or to the adult protective services hotline. Employers whose employees are mandated reporters shall notify employees upon hiring of the requirement to report.

G. Any person 14 years of age or older who makes or causes to be made a report of adult abuse, neglect, or exploitation that he knows to be false is guilty of a Class 4 misdemeanor. Any subsequent conviction of this provision is a Class 2 misdemeanor.

H. Any person who fails to make a required report or notification pursuant to subsection A shall be subject to a civil penalty of not more than \$500 for the first failure and not less than \$100 nor more than \$1,000 for any subsequent failures. Civil penalties under subdivision A 7 shall be determined by a court of competent jurisdiction, in its discretion. All other civil penalties under this section shall be determined by the Commissioner for Aging and Rehabilitative Services or his designee. The Commissioner for Aging and Rehabilitative Services shall establish by regulation a process for imposing and collecting civil penalties, and a process for appeal of the imposition of such penalty pursuant to § 2.2-4026 of the Administrative Process Act.

I. Any mandated reporter who has reasonable cause to suspect that an adult died as a result of abuse or neglect shall immediately report such suspicion to the appropriate medical examiner and to the appropriate law-enforcement agency, notwithstanding the existence of a death certificate signed by a licensed physician. The medical examiner and the law-enforcement agency shall receive the report and determine if an investigation is warranted. The medical examiner may order an autopsy. If an autopsy is conducted, the medical examiner shall report the findings to

law enforcement, as appropriate, and to the local department or to the adult protective services hotline.

J. No person or entity shall be obligated to report any matter if the person or entity has actual knowledge that the same matter has already been reported to the local department or to the adult protective services hotline.

K. All law-enforcement departments and other state and local departments, agencies, authorities and institutions shall cooperate with each adult protective services worker of a local department in the detection, investigation and prevention of adult abuse, neglect and exploitation.

L. Financial institution staff may refuse to execute a transaction, may delay a transaction, or may refuse to disburse funds if the financial institution staff (i) believes in good faith that the transaction or disbursement may involve, facilitate, result in, or contribute to the financial exploitation of an adult or (ii) makes, or has actual knowledge that another person has made, report to the local department or adult protective services hotline stating a good faith belief that the transaction or disbursement may involve, facilitate, result in, or contribute to the financial exploitation of an adult. The financial institution staff may continue to refuse to execute a transaction, delay a transaction, or refuse to disburse funds for a period no longer than 30 business days after the date upon which such transaction or disbursement was initially requested based on a good faith belief that the transaction or disbursement may involve, facilitate, result in, or contribute to the financial exploitation of an adult, unless otherwise ordered by a court of competent jurisdiction. Upon refusing to execute a transaction, delaying a transaction, or refusing to disburse funds, the financial institution shall report such refusal or delay within five business days to the local department or the adult protective services hotline. Upon request, and to the extent permitted by state and federal law, financial institution staff may report any information or records relevant to a report or investigation to the local department of social services or to a court-appointed guardian ad

litem for the adult who is the subject of the investigation. Absent gross negligence or willful misconduct, the financial institution and its staff shall be immune from civil or criminal liability for (a) providing information or records to the local department of social services or to a court-appointed guardian ad litem or (b) refusing to execute a transaction, delaying a transaction, or refusing to disburse funds pursuant to this subsection. The authority of a financial institution staff to refuse to execute a transaction, to delay a transaction, or to refuse to disburse funds pursuant to this subsection shall not be contingent upon whether financial institution staff has reported suspected financial exploitation of the adult pursuant to subsection C.

1977, c. 547, § 63.1-55.3; 1984, c. 628; 1986, cc. 448, 487; 1990, c. 308; 1991, c. 33; 1994, c. [891](#); 1997, c. [687](#); 1999, c. [749](#); 2001, c. [191](#); 2002, c. [747](#); 2004 cc. [749](#), [1011](#); 2008, c. [539](#); 2009, c. [538](#); 2012, cc. [803](#), [835](#); 2013, cc. [72](#), [331](#); 2015, c. [108](#); 2017, c. [195](#); 2019, cc. [339](#), [420](#), [421](#); 2020, c. [931](#); 2021, Sp. Ses I, cc. [207](#), [208](#); 2022, cc. [743](#), [766](#).

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4/15/2022

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Code of Virginia
Title 18.2. Crimes and Offenses Generally
Subtitle .
Chapter 2. Principals and Accessories

Chapter 2. Principals and Accessories.

§ 18.2-18. How principals in second degree and accessories before the fact punished.

In the case of every felony, every principal in the second degree and every accessory before the fact may be indicted, tried, convicted and punished in all respects as if a principal in the first degree; provided, however, that except in the case of a killing for hire under the provisions of subdivision A 2 of § 18.2-3 or a killing pursuant to the direction or order of one who is engaged in a continuing criminal enterprise under the provisions of subdivision A 10 of § 18.2-31 or a killing pursuant to the direction or order of one who is engaged in the commission of or attempted commission of an act of terrorism under the provisions of subdivision A 13 of § 18.2-31, an accessory before the fact or principal in the second degree to an aggravated murder shall be indicted, tried, convicted and punished as though the offense were murder in the first degree.

Code 1950, § 18.1-11; 1960, c. 358; 1975, cc. 14, 15; 1977, c. 478; 1997, c. 313; 2002, cc. 588, 623; 2021, 1st Sess. I, cc. 344, 345.

§ 18.2-19. How accessories after the fact punished; certain exceptions.

Every accessory after the fact is guilty of (i) a Class 6 felony in the case of a homicide offense that is punishable as a Class 1 or Class 2 felony or (ii) a Class 1 misdemeanor in the case of any other felony. However, no person in the relation of spouse, parent or grandparent, child or grandchild, or sibling, by consanguinity or affinity, or servant to the offender, who, after the commission of a felony, aids or assists a principal felon or accessory before the fact to avoid or escape from prosecution or punishment shall be deemed an accessory after the fact.

Code 1950, §§ 18.1-11, 18.1-12; 1960, c. 358; 1975, cc. 14, 15; 2014, c. 668; 2020, c. 900; 2021, Sp. Sess. cc. 344, 345.

§ 18.2-20. Reserved.

Reserved.

§ 18.2-21. When and where accessories tried; how indicted.

An accessory, either before or after the fact, may, whether the principal felon be convicted or not, or be amenable to justice or not, be indicted, tried, convicted and punished in the county or corporation in which he became accessory, or in which the principal felon might be indicted. Any such accessory before the fact may be indicted either with such principal or separately.

Code 1950, § 18.1-13; 1960, c. 358; 1975, cc. 14, 15.

Code of Virginia

Title 18.2. Crimes and Offenses Generally

Chapter 10. Crimes Against the Administration of Justice

§ 18.2-460. Obstructing justice; resisting arrest; fleeing from a law-enforcement officer; penalties.

A. If any person without just cause knowingly obstructs a judge, magistrate, justice, juror, attorney for the Commonwealth, witness, any law-enforcement officer, or animal control officer employed pursuant to § 3.2-6555 in the performance of his duties as such or fails or refuses without just cause to cease such obstruction when requested to do so by such judge, magistrate, justice, juror, attorney for the Commonwealth, witness, law-enforcement officer, or animal control officer employed pursuant to § 3.2-6555, he is guilty of a Class 1 misdemeanor.

B. Except as provided in subsection C, any person who, by threats or force, knowingly attempts to intimidate or impede a judge, magistrate, justice, juror, attorney for the Commonwealth, witness, any law-enforcement officer, or an animal control officer employed pursuant to § 3.2-6555 lawfully engaged in his duties as such, or to obstruct or impede the administration of justice in any court, is guilty of a Class 1 misdemeanor.

C. If any person by threats of bodily harm or force knowingly attempts to intimidate or impede a judge, magistrate, justice, juror, attorney for the Commonwealth, witness, any law-enforcement officer, lawfully engaged in the discharge of his duty, or to obstruct or impede the administration of justice in any court relating to a violation of or conspiracy to violate § 18.2-248 or subdivision (a)(3), (b) or (c) of § 18.2-248.1, or § 18.2-46.2 or § 18.2-46.3, or relating to the violation of or conspiracy to violate any violent felony offense listed in subsection C of § 17.1-805, he is guilty of a Class 5 felony.

D. Any person who knowingly and willfully makes any materially false statement or representation to a law-enforcement officer or an animal control officer employed pursuant to § 3.2-6555 who is in the course of conducting an investigation of a crime by another is guilty of a Class 1 misdemeanor.

E. Any person who intentionally prevents or attempts to prevent a law-enforcement officer from lawfully arresting him, with or without a warrant, is guilty of a Class 1 misdemeanor. For purposes of this subsection, intentionally preventing or attempting to prevent a lawful arrest means fleeing from a law-enforcement officer when (i) the officer applies physical force to the person, or (ii) the officer communicates to the person that he is under arrest and (a) the officer has the legal authority and the immediate physical ability to place the person under arrest, and (b) a reasonable person who receives such communication knows or should know that he is not free to leave.

Code 1950, § 18.1-310; 1960, c. 358; 1975, cc. 14, 15; 1976, c. 269; 1984, c. 571; 1989, c. 506; 1993, c. 74; 1996, c. 718; 1999, cc. 770, 800; 2002, cc. 527, 810, 818; 2003, cc. 111, 149; 2004, cc. 396, 435; 2007, cc.

Code of Virginia
 Title 18.2. Crimes and Offenses Generally
 Chapter 4. Crimes Against the Person

§ 18.2-47. Abduction and kidnapping defined; forced labor; punishment.

A. Any person who, by force, intimidation or deception, and without legal justification or excuse, seizes, takes, transports, detains or secretes another person with the intent to deprive such other person of his personal liberty or to withhold or conceal him from any person, authority or institution lawfully entitled to his charge, shall be deemed guilty of "abduction."

B. Any person who, by force, intimidation or deception, and without legal justification or excuse, obtains the labor or services of another person, or seizes, takes, transports, detains or secretes another person or threatens to do so with the intent to subject him to forced labor or services, shall be deemed guilty of "abduction." For purposes of this subsection, the term "intimidation" shall include destroying, concealing, confiscating, withholding, or threatening to withhold a passport, immigration document, or other governmental identification, threatening to report another as being illegally present in the United States, or threatening to separate another from or to harm a family member.

C. The provisions of this section shall not apply to any law-enforcement officer in the performance of his duty. The terms "abduction" and "kidnapping" shall be synonymous in this Code. Except as provided in subsection D, abduction of a minor shall be punished as a Class 2 felony. Abduction for which no punishment is otherwise prescribed shall be punished as a Class 5 felony.

D. If an offense under subsection A is committed by the parent or a family or household member, as defined in § 16.1-228, who has been ordered custody or visitation of the person abducted and punishable as contempt of court in any proceeding then pending, the offense shall be a Class 1 misdemeanor in addition to being punishable as contempt of court. However, such offense, if committed by the parent or a family or household member, as defined in § 16.1-228, who has been ordered custody or visitation of the person abducted and punishable as contempt of court in any proceeding then pending and the person abducted is removed from the Commonwealth by the abducting parent or a family or household member, as defined in § 16.1-228, who has been ordered custody or visitation, shall be a Class 6 felony in addition to being punishable as contempt of court.

Code 1950, §§ 18.1-36, 18.1-37; 1960, c. 358; 1975, cc. 14, 15; 1979, c. 663; 1980, c. 506; 1997, c. 747; 2009, c. 662; 2023, c. 400; 2024, c. 368.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

5/16/20

Code of Virginia
Title 18.2. Crimes and Offenses Generally
Chapter 6. Crimes Involving Fraud

§ 18.2-178.1. Financial exploitation of vulnerable adults; penalty.

A. As used in this section, "vulnerable adult" means the same as that term is defined in § 18.2-369.

B. It is unlawful for any person who knows or should know that another person is a vulnerable adult to, through the use of the other person's impairment, take, obtain, or convert money or other thing of value belonging to that other person with the intent to permanently deprive him thereof. Any person who violates this section shall be deemed guilty of larceny.

C. Venue for the trial of an accused charged with a violation of this section shall be in any county or city in which (i) any act was performed in furtherance of the offense, (ii) the accused resided at the time of the offense, (iii) the vulnerable adult resided or resided at the time of the offense, or (iv) the vulnerable adult sustained a financial loss as a result of the offense.

D. This section shall not apply to a transaction or disposition of money or other thing of value in which the accused acted for the benefit of the vulnerable adult or made a good faith effort to assist such person with the management of his money or other thing of value.

2013, cc. 419, 452; 2022, cc. 259, 642; 2023, c. 330.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Code of Virginia
 Title 18.2. Crimes and Offenses Generally
 Chapter 10. Crimes Against the Administration of Justice

Article 1. Perjury.

THE INTENT TO DECEIVE

§ 18.2-434. What deemed perjury; punishment and penalty.

If any person to whom an oath is lawfully administered on any occasion willfully swears falsely on such occasion touching any material matter or thing, or if a person falsely make oath that any other person is 18 years of age or older in order to obtain a marriage license for such other person, or if any person in any written declaration, certificate, verification, or statement under penalty of perjury pursuant to § 8.01-4.3 willfully subscribes as true any material matter which he does not believe is true, he is guilty of perjury, punishable as a Class 5 felony. Upon the conviction of any person for perjury, such person thereby shall be adjudged forever incapable of holding any office of honor, profit or trust under the Constitution of Virginia, or of serving as a juror.

Code 1950, §§ 18.1-273 through 18.1-275; 1960, c. 358; 1972, c. 823; 1975, cc. 14, 15; 2005, c. 423.

§ 18.2-435. Giving conflicting testimony on separate occasions as to same matter; indictment; sufficiency of evidence.

It shall likewise constitute perjury for any person, with the intent to testify falsely, to knowingly give testimony under oath as to any material matter or thing and subsequently to give conflicting testimony under oath as to the same matter or thing. In any indictment for such perjury, it shall be sufficient to allege the offense by stating that the person charged therewith did, knowingly and with the intent to testify falsely, on one occasion give testimony upon a certain matter and, on a subsequent occasion, give different testimony upon the same matter. Upon the trial on such indictment, it shall be sufficient to prove that the defendant, knowingly and with the intent to testify falsely, gave such differing testimony and that the differing testimony was given on two separate occasions.

Code 1950, § 18.1-276; 1960, c. 358; 1975, cc. 14, 15.

§ 18.2-436. Inducing another to give false testimony; sufficiency of evidence.

If any person procure or induce another to commit perjury or to give false testimony under oath in violation of any provision of this article, he shall be punished as prescribed in § 18.2-434.

In any prosecution under this section, it shall be sufficient to prove that the person alleged to have given false testimony shall have been procured, induced, counselled or advised to give such testimony by the party charged.

Code 1950, § 18.1-277; 1960, c. 358; 1975, cc. 14, 15.

§ 18.2-437. Immunity of witnesses.

No witness called by the attorney for the Commonwealth, or by the court, and required to give evidence for the prosecution in any proceeding under this article shall ever be proceeded against for the offense concerning which he testified. Such witness shall not be compelled to testify and may be punished for contempt for refusing to do so.

Code 1950, § 18.1-277; 1960, c. 358; 1975, cc. 14, 15.

7/30/20

§ 18.2-434. What deemed perjury; punishment and penalty

If any person to whom an oath is lawfully administered on any occasion willfully swears falsely on such occasion touching any material matter or thing, or if a person falsely make oath that any other person is 18 years of age or older in order to obtain a marriage license for such other person, or if any person in any written declaration, certificate, verification, or statement under penalty of perjury pursuant to § 8.01-4.3 willfully subscribes as true any material matter which he does not believe is true, he is guilty of perjury, punishable as a Class 5 felony. Upon the conviction of any person for perjury, such person thereby shall be adjudged forever incapable of holding any office of honor, profit or trust under the Constitution of Virginia, or of serving as a juror.

Code 1950, §§ 18.1-273 through 18.1-275; 1960, c. 358; 1972, c. 823; 1975, cc. 14, 15; 2005, c. 423

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

§ 8.01-4.3. Unsworn declarations under penalty of perjury; penalty

If a matter in any judicial proceeding or administrative hearing is required or permitted to be established by a sworn written declaration, verification, certificate, statement, oath, or affidavit, such matter may, with like force and effect, be evidenced, by the unsworn written declaration, certificate, verification, or statement, which is subscribed by the maker as true under penalty of perjury, and dated, in substantially the following form:

"I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct."

This section shall not apply to a deposition, an oath of office, or an oath required to be taken before a specified official other than a notary public.

2005, c. [423](#).

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

DEFAMATION EVIDENCE OF CRIMINAL THREATS TO MOM'S AND MY LIVES WHILE ALL FIDUCIARIES COMMITTING CRIMINAL ELDER CRUELTY CRIMES AND CRIMINAL ILLEGAL DETENTION BY COMMITTING CRIMINAL FRAUD AND CRIMINAL MEDICAL ABANDONMENT AND CRIMINAL ABUSE OF CONFINEMENT IN PLACE OF PROVIDING CARE AND TREATMENT AND COMMITTING AIDING AND ABETTING IN CRIMES OF ELDER CRUELTY OF ALL WHO FAILED TO INFORM AUTHORITIES AND THE COURT

NOTICE OF RESTRICTION BY GUARDIAN

Commonwealth of Virginia VA. CODE § 64.2-2019.1

Case No. 2018-1107, FI-2020-0001049

FRAUD UPON THE COURT

In the Circuit Court of the [] City County of Fairfax

4110 Chain Bridge Road, Fairfax, VA 22030

CIRCUIT COURT CLERK'S MAILING ADDRESS

George W. Dodge

NAME OF GUARDIAN

Elaine Mae Kapusta

NAME OF INCAPACITATED PERSON

MALICIOUS PROSECUTION

Lynn Kay

NAME OF RESTRICTED PERSON

GEORGE W. DODGE FRAUDULENTLY LIED UNDER OATH TO FRAUDULENTLY OBTAIN THIS COURT RESTRICTION TO CRIMINALLY CONCEAL CRIMINAL ELDER CRUELTY CRIMES COMMITTED BY GEORGE W. DODGE

4136 North River Street
ADDRESS OF RESTRICTED PERSON

McLean, VA 22101
ADDRESS OF RESTRICTED PERSON

NOTICE TO RESTRICTED PERSON: This notice is mailed or delivered to you as required by Va. Code § 64.2-2019.1 because the guardian who has signed this notice has restricted your ability to communicate with, visit or interact with the incapacitated person listed above. This notice is to tell you that you and/or the incapacitated person may challenge this restriction by filing a petition and paying all applicable fees and costs pursuant to Va. Code § 64.2-2012 in the circuit court clerk's office listed above.

Your ability to communicate with, visit, or interact with the incapacitated person listed above has been restricted as follows:

Visitations are restricted in their entirety.

DEFAMATION BY GUARDIANSHIP FRAUD AND THREATS TO LIVES BY ALL CLASS 4 FELONS-(FIDUCIARIES REMAINING SILENT AND COMMITTING ELDER CRUELTY SINCE 10/16/22)

The guardian who has signed this notice believes this restriction is necessary because:

The Restricted Person continues to interfere with the care that Elaine Mae Kapusta is receiving. The Restricted Person violated visitation protocol on October 2, 2023, when she arrived unannounced and unscheduled to the assisted living facility Mrs. Kapusta resides in. She also violated the wellness check-in protocol at the AL facility, putting staff and other residents at risk. It is at the direct request of the Owner of the AL facility that the Restricted Person be banned from visitation. The Guardian agrees. The Owner of the AL facility has advised the police that the Restricted Person is not allowed to enter the AL facility property.

The Guardian believes this restriction should be put in place for the best interest of Mrs. Kapusta, assisted living facility staff, other residents at the assisted living facility, care providers, and care managers.

I, the undersigned guardian, certify that I have provided notice to the following:

1. Restricted Person:

I have provided a copy of this notice to the restricted person.

2. Incapacitated person:

I have informed the incapacitated person of this restriction and have provided a copy of this notice to the incapacitated person.

OR

I have not informed the incapacitated person of this restriction and have not provided a copy of this notice to the incapacitated person due to a good faith belief that such information would be detrimental to the health or safety of the incapacitated person.

3. A hospital, convalescent home, or certified nursing facility licensed by the Virginia Department of Health pursuant to Va. Code § 32.1-123, an assisted living facility as defined in Va. Code § 63.2-100 or any other similar institution:

I have provided a copy of this notice to the hospital, home, facility or institution where the incapacitated person is currently located.

OR

The incapacitated person is not currently located in a hospital, home, facility or institution.

4. Department of Social Services:

I have provided a copy of this notice to the local department of social services of the jurisdiction where the incapacitated person resides.

October 11, 2023

DATE


SIGNATURE OF GUARDIAN

**VIOLATION OF RIGHTS AGAINST BOTH MOM AND I WHILE
ALL FIDUCIARIES ARE COMMITTING ELDER CRUELTY
CRIMES-18.2-369-B & 63.2-1606**



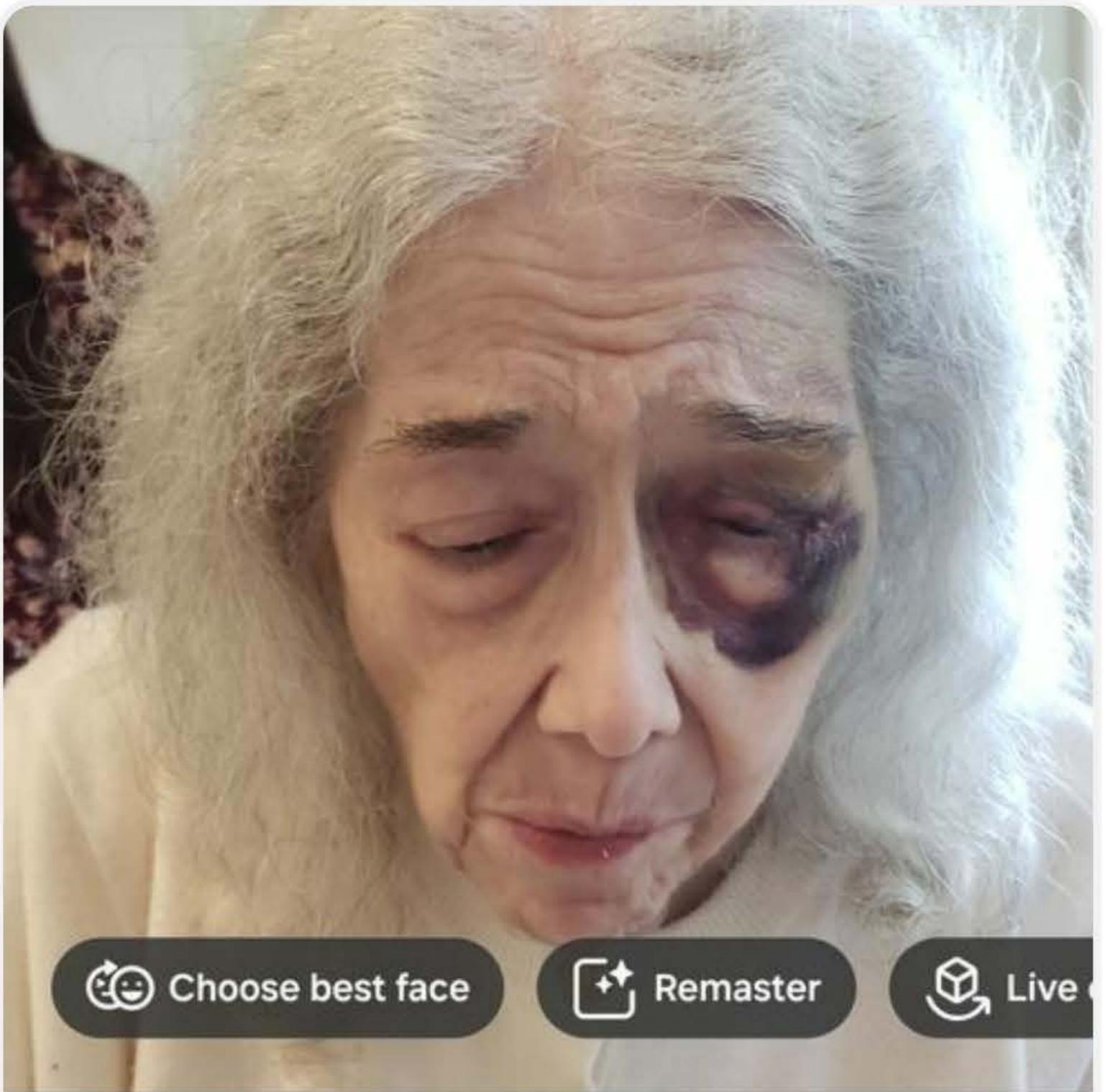
user



PREDATORY CONSERVATORSHIP AND GUARDIANSHIP WEBSITE...

<http://wearefightingforourlives.org>

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Tuesday, October 3, 2023

Edit



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MARK D. CUMMINGS **
JOHN P. ELLIS (RET.)
ADAM M. COLLINS*

*ADMITTED VA
+ADMITTED D.C.

**DRUG-INDUCED
LYMPHEDEMA**

October 2, 2023

Via Electronic and US Mail to:
tweety7@yahoo.com

Lynn Kay
4136 North River Street
McLean, Virginia 22101

Re: Elaine Kapusta INOVA Fairfax Visit

**MEDICAL ELDER NEGLECT
AND MEDICAL ELDER ABUSE
GRAVE INJURIES TO ELANE
MAE KAPUSTA**

Dear Ms. Kay,

Please be advised that on September 29, 2023, Elaine Kapusta sustained a fall from her bed and hit the left side of her head. The Guardian approved her transportation to INOVA Fairfax where she was monitored over the next several hours. She returned to Cobbdale around midnight on September 30, 2023.

At the hospital Mrs. Kapusta had an EKG and lab testing completed. The doctor found that an increased swelling to Mrs. Kapusta's legs is caused due to her lymphedema. Mrs. Kapusta's Lasix prescription was doubled for the following three days to help with this swelling.

Also completed at the hospital was a scan of Mrs. Kapusta's head and pelvis. According to the hospital, the head scan came back with no concerns and the pelvis scan came back okay as well.

Mrs. Kapusta is being monitored at Cobbdale assisted living and has sustained only a black eye. You will be updated should anything change.

Sincerely

Mark D. Cummings

MDC/teb

cc: George W. Dodge

ED Provider Notes - Notes From Your Visit

Alan C Hsu at 9/29/2023 4:16 PM

INOVA EMERGENCY DEPARTMENT ATTENDING PHYSICIAN HISTORY AND PHYSICAL EXAM

Patient Name: KAPUSTA,ELAINE M

Age: 85 y.o. female

Department: FX EMERGENCY DEPT

Patient Room: S 14/S 14

Encounter Date: 9/29/2023

PCP: Lessin, Bruce Edward, MD

Attending Physician: Hsu, Alan C, MD

Diagnosis/Disposition:

Final diagnoses:

Contusion of face, initial encounter
Lymphedema

ED Disposition

ED	Condition	Date/Time	Comment
Disposition	--	Fri Sep 29, 2023 10:26 PM	Elaine M Kapusta discharge to home/self care.
Discharge			Condition at disposition: Stable

Follow-Up Providers (if applicable)

Lessin, Bruce Edward, MD
1313 Dolley Madison Blvd
207
Mclean VA 22101
703-821-1677

Schedule an appointment as soon as possible for a visit

New Prescriptions

FUROSEMIDE (LASIX) 20 MG TABLET Take 1 tablet (20 mg) by mouth 2 (two) times daily for 3 days

Medical Decision Making:

Pt presents s/p witnessed fall. Caretaker is endorsing subacute increase in LE edema which is present bilaterally. Pt on Eliquis. Pt on baseline O2 usage here. Intermittently confused which per caretaker at bedside is baseline as well. Contusion noted to face. CT obtained without acute traumatic abnormality. Did have episodes of intermittent agitation here necessitating medication for anxiety particular to obtain imaging. Given her swelling, labs were obtained, proBNP for age does not indicate CHF, did attempt to obtain duplex however patient became increasingly agitated only able to obtain right side however after discussion with her caretaker she is on anticoagulation and given subacute nature of duplex at present suspicion for DVT is low. We will give extra dose of Lasix in addition to 3 days of double her dose of Lasix. Otherwise advise close follow-up with PMD. We will plan discharge back to nursing facility.

ED Course as of 09/29/23 2333

Fri Sep 29, 2023

2120 Discussed with case manager and caretaker, given agitation here and that patient is on Eliquis, and worsenign agitation with trial of ultrasound risks of injury outweigh benefit as patient is on Eliquis. Labs not suggestive of CHF exacerbation, XR without pulmonary edema. As on lasix will give one dose here and advise doubling of dose (40 mg) x 2 days and follow up with PMD. Will plan dc back to ALF.
[AH]

ED Course User Index

[AH] Hsu, Alan C, MD

Medical Decision Making

Amount and/or Complexity of Data Reviewed

Labs: ordered.

Radiology: ordered.

Risk

OTC drugs.

Prescription drug management.

History of Presenting Illness:

Nursing Triage note: BIBA from nursing home r/t witnessed fall where patients leg gave out and pt hit face on ground. Presents w/ goose egg to left eye. Per EMS, hx of dementia

and pt normally a01; presents as a01 at this time. Pt present with rapid speech and flight of ideas. Per ems, pt states she has been more agitated recently. hx of fluid overload and presents with 2+ pitting edema on legs. hx of O2 use; on 3L NC at this time. moving all ext.

Chief complaint: Fall and Eye Injury

Elaine M Kapusta is a 85 y.o. female PMHx dementia, HTN, hyperthyroidism, PVC, a-fib, CHF, BIBA with caretaker for sudden fall at nursing home today. Caretaker reports Pt is ambulatory however has some difficulty. Today Pt fell after her leg gave out, witnessed by caretaker who called EMS.

Review of Systems:	Physical Exam:
<p>Caveat ROS: dementia Review of Systems</p> <p>Positive and negative ROS per above and in HPI. All other systems reviewed and negative.</p>	<p>Pulse 83 BP 183/73 Resp 18 SpO2 95 % Temp 97.8 °F (36.6 °C)</p> <p>Physical Exam Vitals and nursing note reviewed.</p> <p><u>HENT:</u> Head: Normocephalic. Comments: L sided supraorbital swelling and bruising. No laceration</p> <p><u>Eyes:</u> Extraocular Movements: Extraocular movements intact. Conjunctiva/sclera: Conjunctivae normal. Pupils: Pupils are equal, round, and reactive to light.</p> <p><u>Cardiovascular:</u> Rate and Rhythm: Normal rate and regular rhythm. Pulses: Normal pulses.</p> <p><u>Pulmonary:</u> Effort: Pulmonary effort is normal. Breath sounds: Normal breath sounds.</p> <p><u>Abdominal:</u> General: Abdomen is flat. Palpations: Abdomen is soft.</p> <p><u>Musculoskeletal:</u> General: Normal range of motion. Cervical back: Normal range of motion and neck supple. Right lower leg: Swelling present. Left lower leg: Swelling present.</p> <p><u>Skin:</u> General: Skin is warm.</p> <p><u>Neurological:</u> Mental Status: Mental status is at baseline. Comments: Baseline of dementia, disorientated, intermittent following commands</p> <p><u>Psychiatric:</u> Mood and Affect: Mood normal.</p>

Interpretations, Clinical Decision Tools and Critical Care:

O2 Sat: The patient's oxygen saturation was 95 % on room air. This was independently interpreted by me as Normal.

EKG: I reviewed and Independently interpreted the patient's EKG as atrial fibrillation at 101. Normal axis, no stemi.

US Venous Duplex Doppler Leg Right

Result Date: 9/29/2023

1. Limited evaluation as described. 2. No sonographic evidence for right lower extremity deep venous thrombosis. Nakul Jerath, MD 9/29/2023 9:42 PM

Pelvis Portable

Result Date: 9/29/2023

1. No fracture of the hips or pelvis. If the patient is unable to bear weight due to hip pain, then further assessment with MRI or CT is recommended to assess for occult fracture. 2. Lumbar spondylosis. Amit Malhotra, MD 9/29/2023 8:16 PM

XR Chest AP Portable

Result Date: 9/29/2023

1. No acute traumatic injury detected. 2. Severe scoliosis and multilevel disc degeneration. 3. Mild basilar scarring or atelectasis. J Cullen Ruff, MD 9/29/2023 6:11 PM

CT Head WO Contrast

Result Date: 9/29/2023

1. No hemorrhage or acute intracranial abnormality is detected. Brian Goldstein, DO 9/29/2023 6:08 PM

CT Maxillofacial Bones

Result Date: 9/29/2023

1. Suspected nondisplaced nasal fractures. 2. Left periorbital soft tissue swelling. No orbital fracture is detected. Brian Goldstein, DO 9/29/2023 6:03 PM

CT Cervical Spine WO Contrast

Result Date: 9/29/2023

1. No cervical spine fracture is detected. Brian Goldstein, DO 9/29/2023 5:56 PM

Procedures:

Procedures

Attestations:

Scribe Attestation:

I was acting as a scribe for Hsu, Alan C, MD on KAPUSTA,ELAINE M
Treatment Team: Scribe: Collier, Sasha

I am the first provider for this patient and I personally performed the services documented. Collier, Sasha is scribing for me on KAPUSTA,ELAINE M. This note and the patient instructions accurately reflect work and decisions made by me.
Hsu, Alan C, MD

Documentation Notes:

- Parts of this note were generated by the Epic EMR system/ Dragon speech recognition and may contain inherent errors or omissions not intended by the user. Grammatical errors, random word insertions, deletions, pronoun errors and incomplete sentences are occasional consequences of this technology due to software limitations. Not all errors are caught or corrected.
- My documentation is often completed after the patient is no longer under my clinical care. In some cases, the Epic EMR may pull updated results into the above documentation which may not reflect all results or information that were available to me at the time of my medical decision making.
- If there are questions or concerns about the content of this note or information contained within the body of this dictation they should be addressed directly with the author for clarification.

Hsu, Alan C, MD
09/29/23 2339

ED Notes - Notes From Your Visit

RN Parker K at 9/29/2023 11:58 PM

DISCHARGE SUMMARY

Chief Complaint

Patient presents with

- Fall
- Eye Injury

- Provided patient/family with discharge instructions/prescriptions.
- Patient/family denied any further questions/concerns.
- IV removed - catheter intact.

Vitals:

09/29/23 2342
BP: 154/71
Pulse:
Resp: 20
Temp:
SpO2: 97%

Patient transferred via MMT.
Report given to MMT tech

RN Parker K at 9/29/2023 10:54 PM

Patient to DC back to facility.
MMT ordered.
Facility social worker at bedside. This RN requested for the facility phone number to call report. Social worker stating she will notify the facility and relay report.

RN Shawna B at 9/29/2023 7:59 PM

Spoke with ultrasound - requested bedside US due to patient's baseline dementia and previous need for medications/assistance.

Maria D Van Winkle at 9/29/2023 3:37 PM

I am not the primary provider for this ED visit. I have put in labs, meds, radiology orders only for the purpose of expediting care.

Van Winkle, Maria D, MD
09/29/23 1537

ED Triage Notes - Notes From Your Visit

RN Joyce N at 9/29/2023 5:53 PM

Pt arrives to the ED with c/o L eye bruising s/p fall. Per caregiver, pt's legs gave out and patient fell, hitting her face on the ground. Pt with hx dementia. Pt with increased anxiety. Caregiver at bedside

Discharge Instructions - Notes From Your Visit

Alan C Hsu at 9/29/2023 10:25 PM

For next 3 days double dose of Lasix to 40 mg daily (20mg in morning and evening). Return if worsening shortness of breath, chest pain, confusion, or other concerning symptoms. Apply compression stockings and keep legs elevated at night.

IF YOU DO NOT CONTINUE TO IMPROVE OR YOUR CONDITION WORSENS, PLEASE CONTACT YOUR DOCTOR OR RETURN IMMEDIATELY TO THE EMERGENCY DEPARTMENT.

OBTAINING A PRIMARY CARE APPOINTMENT

Primary care physicians (PCPs, also known as primary care doctors) are either internists or family medicine doctors. Both types of PCPs focus on health promotion, disease prevention, patient education and counseling, and treatment of acute and chronic medical conditions.

If you need a primary care doctor, please call the below number and ask who is receiving new patients.

Inova Medical Group

Telephone: 855-464-3627

Inovamedicalgroup.org

DOCTOR REFERRALS

Call **(855) 694-6682 (available 24 hours a day, 7 days a week)** if you need any further referrals and we can help you find a primary care doctor or specialist. Also, available online at: <http://inova.org/healthcare-services/>

YOUR CONTACT INFORMATION

Before leaving please check with registration to make sure we have an up-to-date contact number. You can call registration at 703-776-3114 to update your information. For questions about your hospital bill, please call 571-423-5750. For questions about your Emergency Dept Physician bill please call 1-800-355-2470.

FREE HEALTH SERVICES

If you need help with health or social services, please call 2-1-1 for a free referral to resources in your area. 2-1-1 is a free service connecting people with information on health insurance, free clinics, pregnancy, mental health, dental care, food assistance, housing, and substance abuse counseling. Also, available online at: <http://www.211virginia.org>

ORTHOPEDIC INJURY

Please know that significant injuries can exist even when an initial x-ray is read as normal or negative. This can occur because some fractures (broken bones) are not initially visible on x-rays. For this reason, close outpatient follow-up with your primary care doctor or bone specialist (orthopedist) is required.

MEDICATIONS AND FOLLOWUP

Please be aware that some prescription medications can cause drowsiness. Use caution when driving or operating machinery.

The examination and treatment you have received in our Emergency Department is provided on an emergency basis, and is not intended to be a substitute for your primary care physician. It is important that your doctor checks you again and that you report any new or remaining problems at that time.

ASSISTANCE WITH INSURANCE

Affordable Care Act (ACA)

Call to start or finish an application, compare plans, enroll or ask a question.

1-800-318-2596

TTY: 1-855-889-4325

Web: Healthcare.gov

Help Enrolling in Medicaid

Cover Virginia
(855) 242-8282 (TOLL-FREE)
(888) 221-1590 (TTY)
Web: [Http://www.coverva.org](http://www.coverva.org)

Local Help Enrolling in the ACA

Northern Virginia Family Service
(571) 748-2580 (MAIN)
Email: health-help@nvfs.org
Web: [Http://www.nvfs.org](http://www.nvfs.org)
Address: 10455 White Granite Drive, Suite 100 Oakton, VA 22124

SEDATING MEDICATIONS

Sedating medications include strong pain medications (e.g. narcotics), muscle relaxers, benzodiazepines (used for anxiety and as muscle relaxers), Benadryl/diphenhydramine and other antihistamines for allergic reactions/itching, and other medications. If you are unsure if you have received a sedating medication, please ask your physician or nurse.
If you received a sedating medication: DO NOT drive a car. DO NOT operate machinery. DO NOT perform jobs where you need to be alert.
DO NOT drink alcoholic beverages while taking this medicine.

If you get dizzy, sit or lie down at the first signs. Be careful going up and down stairs. Be extra careful to prevent falls.

Never give this medicine to others.

Keep this medicine out of reach of children.

Do not take or save old medicines. Throw them away when outdated.

Keep all medicines in a cool, dry place. DO NOT keep them in your bathroom medicine cabinet or in a cabinet above the stove.

MEDICATION REFILLS

Please be aware that we cannot refill any prescriptions through the ER. If you need further treatment from what is provided at your ER visit, please follow up with your primary care doctor or your pain management specialist.

Discharge Attachments

Contusion (English)

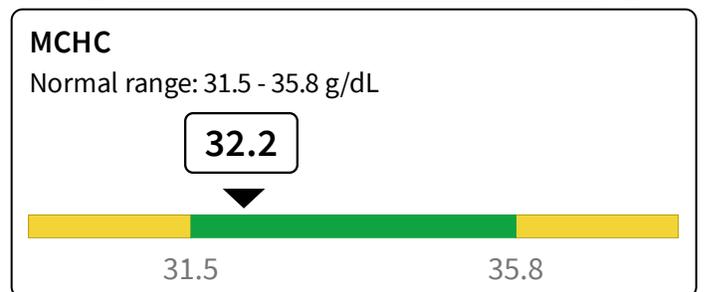
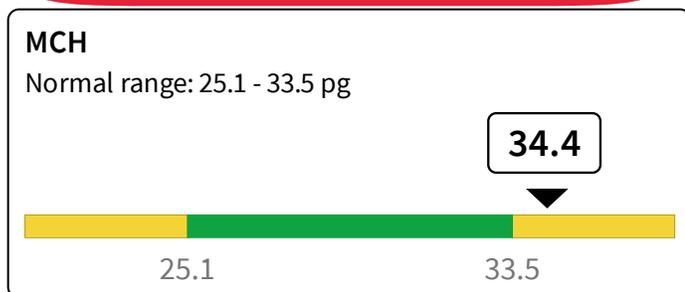
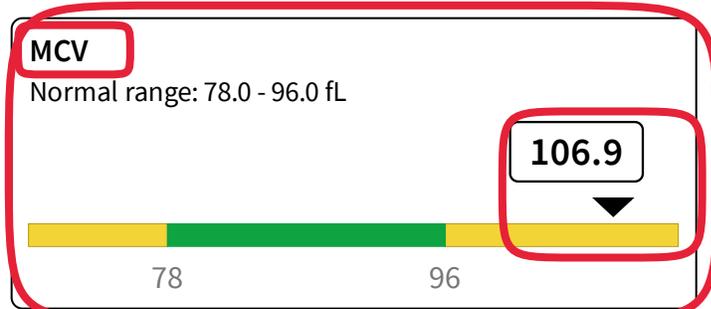
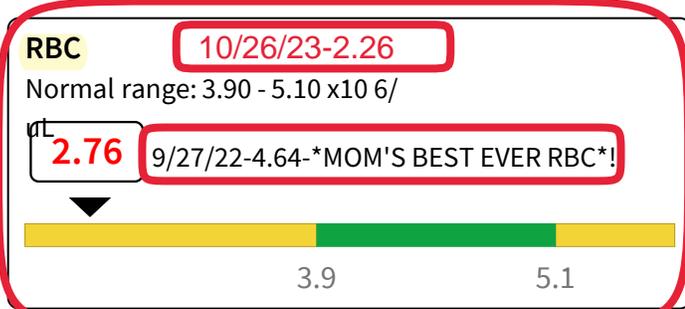
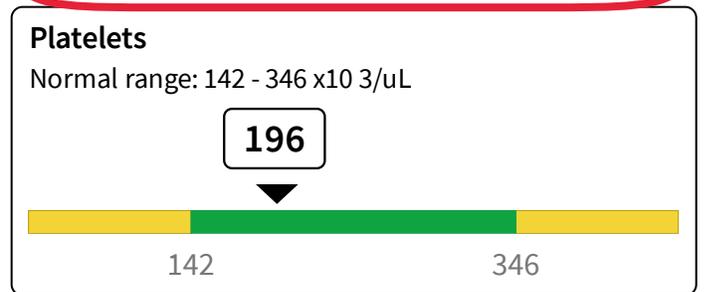
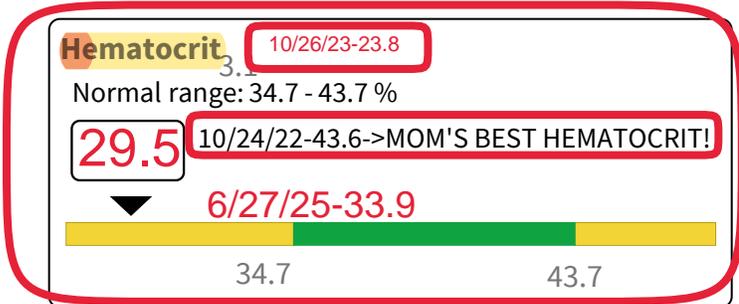
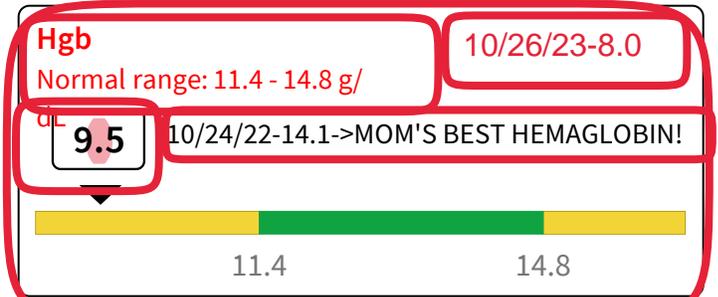
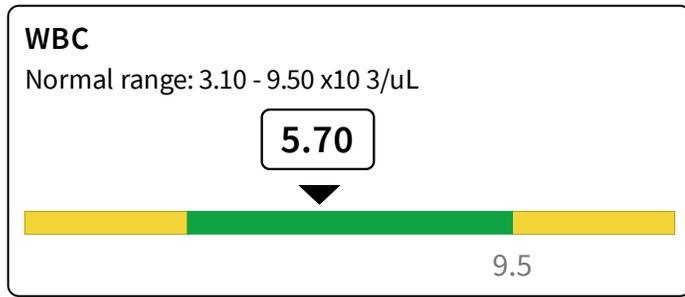
LE Edema Etiology Unknown - No Ultrasound (English)

CBC WITH DIFFERENTIAL

Collected on September 29, 2023 7:14 PM

Lab tests - Blood

Results



RDW

Normal range: 11 - 15 %

6/27/25-16.6-WORST EVER!

SUFFERING SEPSIS

16



MPV

Normal range: 8.9 - 12.5 fL

11.2



Instrument Absolute Neutrophil Count

Normal range: 1.10 - 6.33 x10³/uL

4.37



The IANC is a preliminary result.
Final absolute neutrophil count may differ.

Neutrophils

Normal value: None %

Value
76.7

Lymphocytes Automated

Normal value: None %

Value
18.2

Monocytes

Normal value: None %

Value
2.6

Eosinophils Automated

Normal value: None %

Value
0.2

Basophils Automated

Normal value: None %

Value
0.9

Immature Granulocytes

Normal value: None %

Value
1.4

Nucleated RBC

Normal range: 0.0 - 0.0 /100 WBC

Value
0.0

Neutrophils Absolute

Normal range: 1.10 - 6.33 x10³/uL

4.37



Lymphocytes Absolute Automated

Normal range: 0.42 - 3.22 x10³/uL

1.04



Monocytes Absolute Automated

Normal range: 0.21 - 0.85 x10³/uL

0.15



Eosinophils Absolute Automated

Normal range: 0.00 - 0.44 x10³/uL

0.01



Basophils Absolute Automated

Normal range: 0.00 - 0.08 x10³/uL

0.05



Immature Granulocytes Absolute

Normal range: 0.00 - 0.07 x10³/uL

0.08



Absolute NRBC

Normal range: 0.00 - 0.00 x10³/uL

Value

0.00

Ordering provider: Alan C Hsu

Collection date: September 29, 2023 7:14 PM

Result date: September 29, 2023 7:42 PM

Result status: Final

Resulting lab:

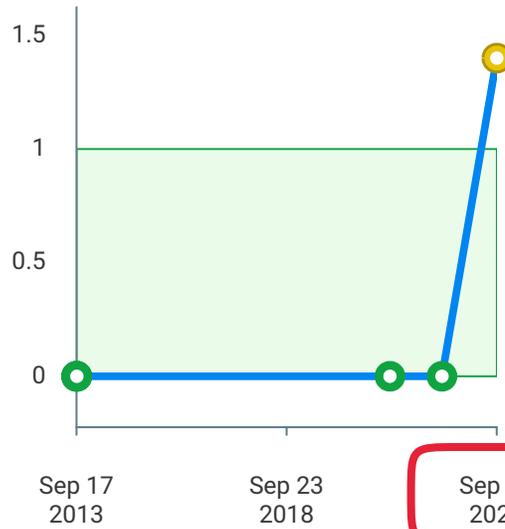
FAIRFAX HOSP LAB

Result Trends

Showing up to 10 most recent results

Immature Granulocytes

Normal value: None %



Date Ordered

Value

Normal Range

Sep 29, 2023

1.4 %

None %

Jun 8, 2022

0 %

Not Estab. %

Mar 12, 2021

0 %

Not Estab. %

Sep 20, 2013

0 %

0 - 1 %

Sep 19, 2013

0 %

0 - 1 %

1 - 5 (of 7)

COMPREHENSIVE METABOLIC PANEL

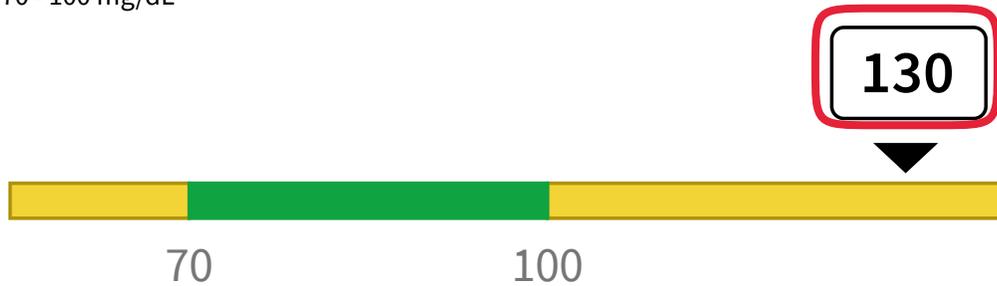
Collected on September 29, 2023 7:14 PM

Lab tests - Blood

Results

Glucose

Normal range: 70 - 100 mg/dL



ADA guidelines for diabetes mellitus:
Fasting: Equal to or greater than 126 mg/dL
Random: Equal to or greater than 200 mg/dL

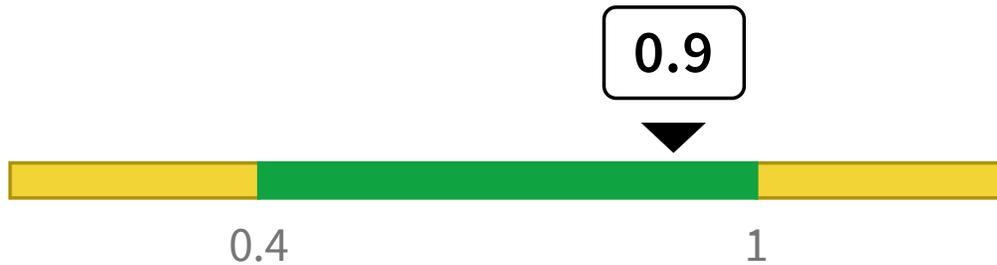
BUN

Normal range: 7.0 - 21.0 mg/dL



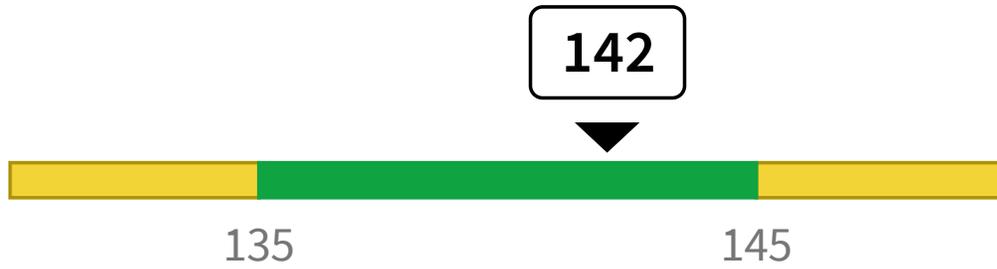
Creatinine

Normal range: 0.4 - 1.0 mg/dL



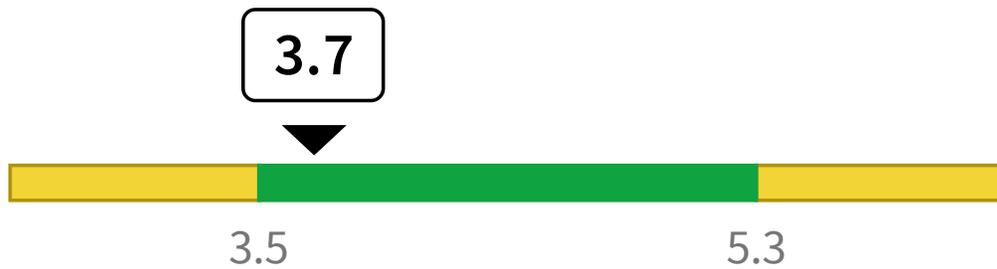
Sodium

Normal range: 135 - 145 mEq/L



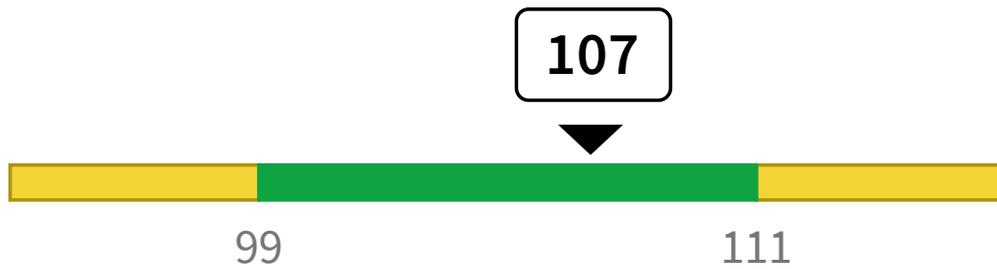
Potassium

Normal range: 3.5 - 5.3 mEq/L



Chloride

Normal range: 99 - 111 mEq/L



CO2

Normal range: 17 - 29 mEq/L



Calcium

Normal range: 7.9 - 10.2 mg/dL



Protein, Total

Normal range: 6.0 - 8.3 g/dL



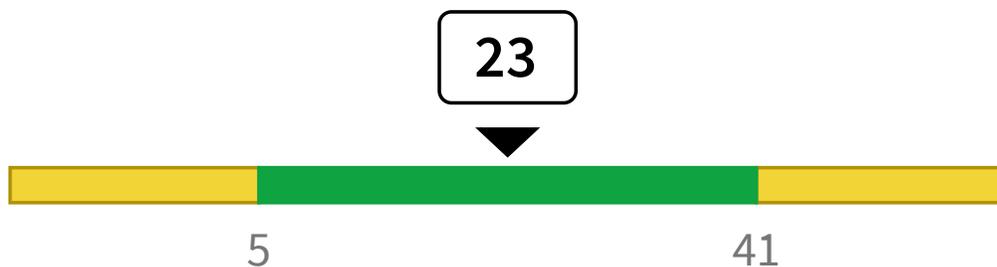
Albumin

Normal range: 3.5 - 5.0 g/dL



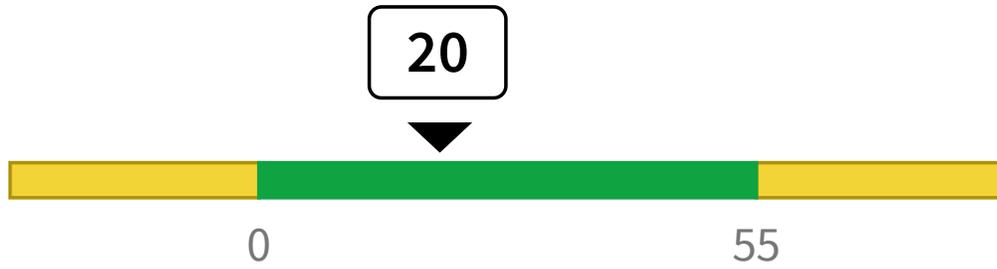
AST (SGOT)

Normal range: 5 - 41 U/L



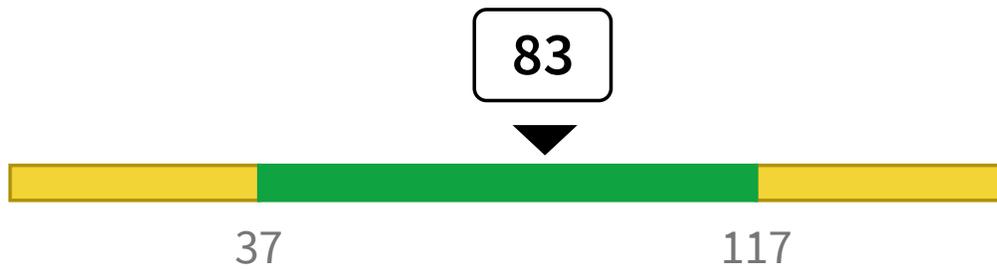
ALT

Normal range: 0 - 55 U/L



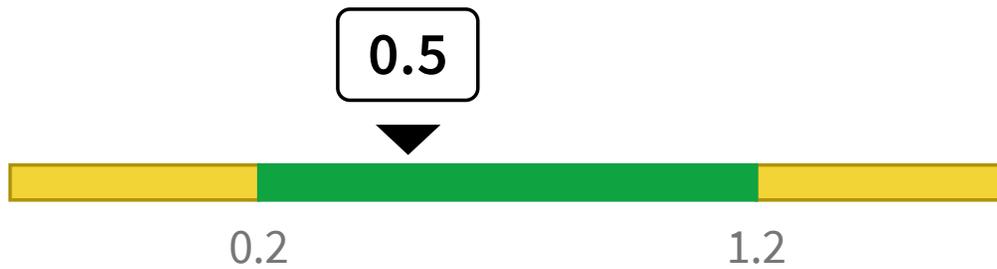
Alkaline Phosphatase

Normal range: 37 - 117 U/L



Bilirubin, Total

Normal range: 0.2 - 1.2 mg/dL



Globulin

Normal range: 2.0 - 3.6 g/dL



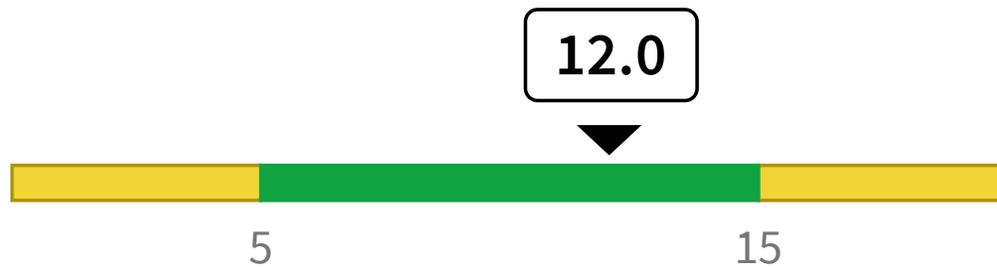
Albumin/Globulin Ratio

Normal range: 0.9 - 2.2



Anion Gap

Normal range: 5.0 - 15.0



Calculated AGAP = Na - (CL + CO₂)

Interpret with caution; calculated AGAP may not reflect patient's true clinical status.

This is a calculated value and platform-dependent.

A value >12.0 has been recommended for the management of Hyperglycemic Crises: Diabetic Ketoacidosis and Hyperglycemic Hyperosmolar State. Med Clin North Am. 2017;101(3):587-606. doi:10.1016/j.mcna.2016.12.011

eGFR

Normal value: ≥ 60 mL/min/1.73 m²

Value

>60.0

Reported eGFR is based on the CKD-EPI 2021 equation that does not use a race coefficient. This equation is used for all patients (both Black and non-Black), and old and new GFR estimates may differ by more than 10%, particularly at higher eGFRcr values and at younger ages. For eGFR of 45-59 mL/min/1.73 m² with uACR <30 mg/g, please check NKF KDOQI and KDIGO guidelines: <https://www.kidney.org/professionals/kdoqi>

GFR estimates are unreliable in patients with: Rapidly changing kidney function or recent dialysis, extreme age, body size or body composition (obesity, severe malnutrition). Abnormal muscle mass (limb amputation, muscle wasting). In these patients, alternative determinations of GFR should be obtained.

Ordering provider: Alan C Hsu

Collection date: September 29, 2023 7:14 PM

Result date: September 29, 2023 7:54 PM

4/18/24 FRAUD UPON THE COURT AND PERJURY BY STEPHEN HALL, GEORGE W. DODGE, HEANNE BLUE & DR. ALAN DAPPEN-**PERJURY UNDER OATH-LYING BY OMISSION-FAILURE TO DISCLOSE CONCEALED MEDICAL ELDER NEGLECT MEDICAL DIAGNOSIS OF 2/7/24 & 2/9/24

NOTICE OF RESTRICTION BY GUARDIAN
Commonwealth of Virginia VA. CODE § 64.2-2019.1

Case No. 2018-1107, FI-2020-0001049

CONTINUAL THREATS & HARASSMENT BY STEPHEN HALL AND GEORGE W. DODGE

In the Circuit Court of the [] City County of Fairfax

4110 Chain Bridge Road, Fairfax, VA 22030
CIRCUIT COURT CLERK'S MAILING ADDRESS

**DEFAMATION OF
LYNN KAY FROM
4/18/24 FRAUD
UPON THE COURT
BY GEORGE W.
DODGE PERJURY**

George W. Dodge
NAME OF GUARDIAN

Elaine Mae Kapusta
NAME OF INCAPACITATED PERSON

**FRAUDULENTLY SOUGHT BY GUARDIAN TO PREVENT CRIMINAL
MEDICAL ELDER NEGLECT EVIDENCE GATHERING BY LYNN KAY**

Lynn Kay
NAME OF RESTRICTED PERSON

4136 North River Street
ADDRESS OF RESTRICTED PERSON

McLean, VA 22101
ADDRESS OF RESTRICTED PERSON

NOTICE TO RESTRICTED PERSON: This notice is mailed or delivered to you as required by Va. Code § 64.2-2019.1 because the guardian who has signed this notice has restricted your ability to communicate with, visit or interact with the incapacitated person listed above. This notice is to tell you that you and/or the incapacitated person may challenge this restriction by filing a petition and paying all applicable fees and costs pursuant to Va. Code § 64.2-2012 in the circuit court clerk's office listed above.

Your ability to communicate with, visit, or interact with the incapacitated person listed above has been restricted as follows:

- Visitations by Lynn Kay are restricted in their entirety.
- Phone calls between Lynn Kay and Elaine Kapusta will be restricted in their entirety.

The guardian who has signed this notice believes this restriction is necessary because:

Lynn Kay is hostile towards the care managers who conduct the phone calls between her and Ms. Kapusta. Ms. Kay is accusatory towards the care managers and interrogates them during calls. Ms. Kay does not speak more than a couple sentences to her mother before going silent on these calls. Ms. Kay admitted that she told a former care manager "I hope you die" on a call dated February 13, 2024. Following this incident the care management team resigned. There is no one left to conduct these calls and these calls are not benefitting Ms. Kapusta in any way.

I, the undersigned guardian, certify that I have provided notice to the following:

1. Restricted Person:

I have provided a copy of this notice to the restricted person.

2. Incapacitated person:

I have informed the incapacitated person of this restriction and have provided a copy of this notice to the incapacitated person.

OR

I have not informed the incapacitated person of this restriction and have not provided a copy of this notice to the incapacitated person due to a good faith belief that such information would be detrimental to the health or safety of the incapacitated person.

3. A hospital, convalescent home, or certified nursing facility licensed by the Virginia Department of Health pursuant to Va. Code § 32.1-123, an assisted living facility as defined in Va. Code § 63.2-100 or any other similar institution:

I have provided a copy of this notice to the hospital, home, facility or institution where the incapacitated person is currently located.

OR

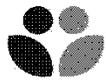
The incapacitated person is not currently located in a hospital, home, facility or institution.

4. Department of Social Services:

I have provided a copy of this notice to the local department of social services of the jurisdiction where the incapacitated person resides.

April 25, 2024
DATE

Henry W. Dodge, Guardian
SIGNATURE OF GUARDIAN



ED Notes (continued)

ED Notes by Cheng, Blossom, RN at 8/2/2024 6:11 PM (continued)

Pt refusing to keep blood pressure cuff on, pt states "it is hurting me, please let me go home, I want to go home". Will reassess vitals prior to departure. MD Myers aware.

Electronically signed by Cheng, Blossom, RN at 8/2/2024 6:11 PM

ED Triage Notes by Cheng, Blossom, RN at 8/2/2024 1:08 PM

Author: Cheng, Blossom, RN
Filed: 8/2/2024 1:08 PM
Status: Signed

Service: —
Date of Service: 8/2/2024 1:08 PM
Editor: Cheng, Blossom, RN (Registered Nurse)

Author Type: Registered Nurse
Creation Time: 8/2/2024 1:08 PM

See quick triage note.

Electronically signed by Cheng, Blossom, RN at 8/2/2024 1:08 PM

Hospital Encounter Notes

EXHIBIT FOR EMERGENCY MOTION

REVISED VERIFIED EXPERT OPINION ACCORDING TO

FLORIDA LAW

STATE OF FLORIDA

COUNTY OF BREVARD

GEORGE W. DODGE AND "AS ALL OTHER PREDATORY FIDUCIARIES" ALSO DEFIED AND IGNORED ALL DR'S ORDERS & ALL EMAILED REQUESTS FOR URGENT DENTAL AND MEDICAL CARE-9/20/22 & 10/16/22 & 1/16/23, 1/28/23, 5/8/23, 5/22/23, 5/24/23, 5/27/23, 5/29/23, 6/5/23, 6/17/23, 10/3/23-BLACK EYE GRAVE INJURY AT COBBDALE, 10/18/23, 11/2/23, 1/4/24, 1/5/24, 1/23/24-ATTACHED EXHIBITS

1. I am a medical expert as defined by Florida law, and that I am regularly engaged in the practice of my profession, hold a Doctor of Osteopathy degree from A. T. Still University in Missouri and have completed an Emergency Medicine residency program from

Delaware Valley Medical Center in Pennsylvania. I possess special health care knowledge and skills about the subject upon which I provide this opinion. I have practical knowledge of what is usually and customarily done in this case. I am board-certified in Emergency Medicine and licensed to practice in the state of Florida. I am currently actively practicing Emergency Medicine in the state of Florida.

2. . I have reviewed the following records pertaining to Ms, Elaine Kapusta:

a. Lab results from Quest labs, and LabCorp labs.

3. . It is my medical opinion that after reviewing the medical records you sent me, Ms. Elaine Kapusta was diagnosed with Myelodysplastic Syndrome-(MDS) by Dr. William Ershler, MD. in February 2024. Her labs show:

On September 27, 2022, Ms. Kapusta's complete blood count was the following:

WBC = 4.9

RBC= 4.64

HGB 13.9

HCT - 43.6

Platelets = 176

On January 25, 2023 her complete blood count results were:

WBC= 4.9

RBC = 3.85

HGB = 12.1

HCT: 38.1

Platelets = 107

On October 26, 2023, her complete blood count results were:

WBC = 3.0

RBC=2.26

HGB 8.0

HCT = 23.8

Platelets = 118

On August 2, 2024, her complete blood count results were:

WBC = 5.74

RBC = 2.32

HGB = 8.2

HCT = 25.5

Platelets = 125

4. These values are consistent with Myelodysplastic Syndrome-(MDS) according to hematologist Dr. Ershler: From September 2022 to August 2024, Ms. Lynn Kay reported that Ms. Elaine Kapusta received no medical care and medical treatment for Myelodysplastic Syndrome-(MDS) from a physician. If a patient has Myelodysplastic Syndrome-(MDS), that patient needs a bone marrow biopsy and treatment by a hematologist. Treatment options include blood transfusions, growth factors, medications to suppress the immune system, and possibly bone marrow transplants. This would require numerous outpatient visits, and possibly an inpatient stay in hospital.

5. Based on the review of the medical records, and testimony from Ms. Lynn Kay, Ms. Elaine Kapusta went nearly two years with the disease of Myelodysplastic Syndrome-(MDS) and did not receive any medical treatment. It is my opinion, that this meets the criteria for medical elder neglect as per Virginia Criminal law under section 18.2-369-B.

6. I have further reviewed numerous emailed medical records sent to me from Ms. Lynn Kay regarding her mother and her medical care. Below are my opinions after reviewing them that I attest to.

a. I have reviewed all 30 emails or articles numbered on the associated pages.

b. I agree Ms. Lynn Kay was correct in requesting an anemia workup looking for the possible diagnosis of Myelodysplastic Syndrome-(MDS) in her mother in 2023 and 2024.

c. I agree that Ms. Kay was correct in requesting a dental evaluation in 2022 and 2023 to look for a dental abscess in her mother's mouth. Dr. Cusumano eventually diagnosed Ms. Kapusta with one on 5/8/23. Also Dr. Cusumano recommended sedation dentistry, Comprehensive Evaluation and follow-up Treatment.

d. I agree that Ms. Kay was correct in requesting blood cultures be drawn on Ms. Kapusta when Ms. Kapusta was suffering from multiple recurring urinary tract infections in 2022 and 2023.

e. I agree that in 2023 and 2024 and 2025, Ms. Kay was correct in requesting an iron panel testing for evaluation for Ms. Kapusta being evaluated for receiving an iron infusion as she has suffered since December 2022 with Myelodysplastic Syndrome-(MDS) and was eventually

diagnosed with iron deficiency anemia on 5/22/23. Additionally, she was eventually diagnosed with Myelodysplastic Syndrome-(MDS) in February 2024 by both Dr. Dappen and Dr. Ershler.

f. I agree that Ms. Kay correctly and necessarily informed all fiduciaries since 1/28/23, including Dr. Dappen and Jeanne Blue- Eldertree regarding this very concerning occurrence of platelets and red blood cell destruction. This request for a hematologic evaluation should not have been ignored.

g. I agree that Myelodysplastic Syndrome-(MDS) is a "blood cancer" recognized by Cancer.org as being so.

7. These were Ms. Kapusta's last normal CBC values on 10/24/22. The lab results since then have all been abnormal in one way or another.

WBC-3.3

RBC-4.60

HGB-14.1

HCT-43.6

PLT-167

8. Ms. Kapusta has a history of Myelodysplastic Syndrome-(MDS) since December 2022. If she has not had an evaluation for red blood cell transfusion, and iron infusion to treat this disease, I recommend that she have this evaluation by a hematologist. The evaluation should include a bone marrow biopsy for confirming Myelodysplastic Syndrome-(MDS), and then beginning the proper treatment.

9. Ms. Kapusta has a history of a dental abscess requiring a dental evaluation and antibiotics. However, an oral surgeon has to perform an incision and drainage procedure to fully treat the dental abscess properly. If Ms. Kapusta has not had this evaluated by a dentist or oral surgeon, to fully resolve the abscess diagnosed in May 2023, I recommend she have this done. She may require sedation for the evaluation and treatment to be done.

10. In both 2023 and 2024 Ms. Lynn Kay had concerns regarding her mother needing to be evaluated for "blood cancer and immunodeficiency". Ms. Kapusta was eventually diagnosed with "immunodeficiency" on 2/7/24 by Dr. Ershler, and Myelodysplastic Syndrome-(MDS) on 2/9/24 by Dr. Dappen.

III: CONCLUSION:

1. Finally, there is a downward trend in comparing laboratory results from September 27, 2022 to August 2, 2024. Ms. Kapusta maintained lower hemoglobin, lower hematocrit, and lower platelet levels during this period. Although the white cell count remained normal, this trend is consistent with her diagnosis of Myelodysplastic Syndrome-(MDS).

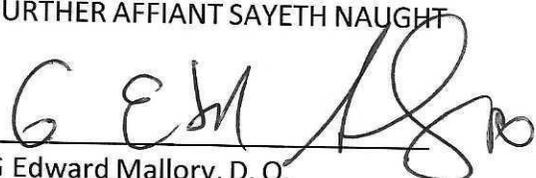
2. Ms. Elaine Kapusta received antibiotics for a dental infection on May 9, 2023, from Dr. Cusumano.

3. Based on lab values, Elaine Kapusta has only deteriorated outside of her home from 6/5/23 to 8/2/24, the last available lab values, and without receiving any medical care suffering myelodysplastic syndrome since December 2022.

4. Ms. Kapusta failed to ever be provided any proper medical care. This shows that Elaine living away from the care of Ms. Lynn Kay and being away from home has been detrimental to Elaine's health.

5. Thank you for the opportunity to help you in this medical situation.

FURTHER AFFIANT SAYETH NAUGHT



G Edward Mallory, D. O.

February 6, 2025

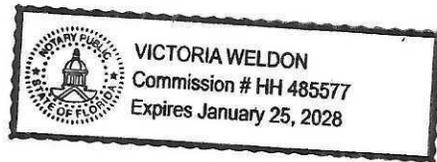
The foregoing Affidavit was acknowledged before me, an officer duly authorized in the State and County aforesaid, to take acknowledgment, this 17th day of February in the year 2025, by G. Edward Mallory D.O., who is personally known to me or has produced FL DL as identification.

Signature: Victoria Weldon

Printed name of notary: Victoria Weldon

Notary Public, State of Florida

My commission expires 1/25/2028



GEORGE W. DODGE AND "AS ALL OTHER PREDATORY FIDUCIARIES" ALSO DEFIED AND IGNORED ALL DR'S ORDERS & ALL EMAILED REQUESTS FOR URGENT DENTAL AND MEDICAL CARE-9/20/22 & 10/16/22 & 1/16/23, 1/28/23, 5/8/23, 5/22/23, 5/24/23, 5/27/23, 5/29/23, 6/5/23, 6/17/23, 10/3/23-BLACK EYE GRAVE INJURY AT COBBDALE, 10/18/23, 11/2/23, 1/4/24, 1/5/24, 1/23/24-ATTACHED EXHIBITS

CRIMINAL FILES REVIEWED BY DR. MALLORY

1. 10/10/22-4:25 PM EMAIL-DENTAL X-RAYS
2. 10/16/22-10:41 AM EMAIL-TEETH PAIN-DENTAL X-RAYS
3. 12/2/22-12-20-22 EMAIL-***MOM IS ABSOLUTELY BEGGING FOR HELP!** **PLEASE SAVE MY INNOCENT MOM!-**SHE DESSERVES A CHANCE TO LIVE AND TO THRIVE AND TO MAKE IT TO 85! **-*MOM NEEDS TO BE ADMITTED TO THE HOSPITAL IMMEDIATELY SO THAT MOM'S LIFE CAN BE SAVED* *1 THINK 911 NEEDS TO BE CALLED
4. 12-31-22-PANIC MOM WOKEUP-230 AM IN A PANIC & WITH SWEATS ON FOREHEAD AND HEAD AND HAIR AND CLAMMY HANDS AND CHILLS AND CONFUSION DISORIENTED AND SOMEWHAT SLURRED SPEECH AND WARM SKIN, BUT FEELING CHILLS AND FEELING WEAK NOT GRASPING MY HAND.pdf
5. 1-3-23-12-3-22-DR. INCOMPETENT-MOM'S KIDNEY FAILURE ISSUES & NOW SLIGHTLY LOWERED-(105-95) GLUCOSE-LEVELS STILL BEING AT TOP OF HIGH RANGE, WITH ALSO CONTINUED HIGH TOP OF RANGE FOR AIC.pdf-DAPPEN **IGNORES ALL ABNORMAL LABS**
6. 1/16/23-9:26 AM-EMA1L-TEETH PAIN-DENTAL X-RAYS-DENIAL OF CARE
7. 1/28/23-10:20 AM-EMAIL-HEMATOLOGIST
8. 2/14/23-TEXT-IRON DEFICIENCY AND IMMUNODEFICIENCY BLOOD TESTING, MPV BONE MARROW PLATELTS DESTRUCTION
9. 3/15/23-5:50 PM-EMAIL-BLOOD CULTURE, IRON, FOLATE, MPV, BLOOD TYPE TESTING FOR BLOOD TRANSFUSION OF PACKED RED BLOODCELLS
10. 3/27/23-12:32 PM EMAIL-Re: MOM'S MULTIPLE U.T.I.'S CAUSED PLATELET DESTRUCTION BY BLOOD INFECTION-(HISTORY)
11. 3/29/23-6:51 PM EMAIL-^MOM'S 2 BROKEN CAPILLARIES-(3-6-23 & 3-28-23)!!!!!!-NEVER IN 16 YEARS HAVE I EVER HAD THIS HAPPEN TO MY M OMI.pdf

12. 3/29/23 EMAIL-●-IGNORED-3-29-23-TEETH PAIN-DENTAL CLEANING & ABNORMAL PLATELETS-Action Items.pdf
13. 4-2-23-DENTAL APPT-Better communication-scheduling the dental cleaning for Elaine this week.pdf
14. 5-8-23-EKapusta-DR. CUSUMANO clinical notes & 5-9-23-AZITHROMYCIN ANTIBIOTICS.pdf
15. *5/19/23-LYNN TEXT TO RACHELLE--MYELODYSPLASTIC SYNDROME NEEDS TO BE RULED OUT
16. 🗑️-5-24-23-THREATS LETTER-TO LYNN KAY AND ELAINE KAPUSTA INSTEAD OF PROVIDING MEDICAL CARE-Letter from MDC to Stine.pdf
17. IRON-DEFICIENCY ANEMIA-12-2-22 BEGAN FOR MOM UNTIL 5-11-23-THEN CONTINUED AGAIN.pdf
18. *5/27/23-6:16 PM EMAIL-IRON INFUSION
19. *5/29/23-8:37 AM EMAIL-DENTAL CLEANING AND SEDATION X-RAYS
20. *6/5/23-6:25 PM EMAIL-SUBSTANTIAL LIKELIHOOD MOM WILL DETERIORATE!- Cummings Letter re Dodge, Kapusta
21. 🗑️-9-29-23-DEADLY DANGEROUS.pdf-**THE LAST TIME I SAW MY MOM BECAUSE I TOOK THE BLACK EYE PIC- (CRIMINAL MEDICAL ELDER NEGLECT AND ABUSE EVIDENCE)
22. *10/18/23-3:36 PM EMAIL-HOSPITAL EVALUATION FOR IRON INFUSION & IV FLUIDS & IV NUTRIENTS
23. 🗑️-10-20-23-HOSPITAL ADMISSION DENIED-MOM NEEDS HOSPITAL ADMISSION A.S.A.P..pdf
24. *11/1/23-4:19 PM EMAIL-HOSPITAL EVALUATION-MY MOM'S BONE MARROW AND BLOODCELLS HAVE BEEN DESTROYED! MOM NEEDS IMMEDIATE HOSPITAL EVALUATION TODAY OR TOMORROW

25. 📧-11-2-23-5:09 AM EMAIL-WARNING IGNORED-BONE MARROW DAMAGE-
ENDANGERING MOMS LIFE!.pdf
26. 11-2-23-MOM'S SEVERE ANEMIA.PDF
27. 11-28-23-10-18-23-📧-📧-IGNORED-IRON INFUSION & HOSPITAL EVALUATION
REQUESTED & ENTIRELY IGNORED-IMMEDIATE URGENT MEDICALLY PROPER STEPS
FOR MY MOM'S HOPEFUL RECOVERY.pdf
28. *1/4/24-(EMERGENCY PETITION COURT SUPPLEMENT)-BLOOD CANCER HOSPITAL
EVALUATION FOR COMPLETE VITAMIN PANEL AND IRON PANEL AND INFECTION
29. ●-1-5-24-5-8-23-DENTAL GUM ABSCESS BACTERIAL BLOODSTREAM INFECTION-
FOLLOWUP TREATMENT NEEDED-Referral and Clinical Notes Elaine Kapusta-1-5-24-
📧-.pdf
30. 1-23-24-DENTAL DENIAL AND DENIAL OF LABS-Letter.Burton-1-23-24.pdf

GEORGE W. DODGE AND "AS ALL OTHER
PREDATORY FIDUCIARIES" ALSO DEFIED AND
IGNORED ALL DR'S ORDERS & ALL EMAILED
REQUESTS FOR URGENT DENTAL AND MEDICAL
CARE-9/20/22 & 10/16/22 & 1/16/23, 1/28/23, 5/8/23,
5/22/23, 5/24/23, 5/27/23, 5/29/23, 6/5/23, 6/17/23,
10/3/23-BLACK EYE GRAVE INJURY AT COBBDALE,
10/18/23, 11/2/23, 1/4/24, 1/5/24, 1/23/24-ATTACHED
EXHIBITS

In addition, I request that my mom finally be medically properly evaluated for all vitamin deficiencies with my mom having not only a complete vitamin panel done, along with a Complete Iron Panel done and for evaluating for an infection and blood cancer and for all Immunodeficiencies in the Virginia Hospital-(Arlington) immediately to occur to finally allow my mom to receive the proper Standard of Care Medical Care and medical treatment for my mom's health to be entirely restored.

And I also respectfully request that my mom is returned home permanently for her complete recovery after blood transfusion being discharged with mom also receiving IV FLUIDS and IV NUTRIENTS for her hopeful complete restoration without needing any antipsychotics or laxatives or suppositories and the like of which all deleterious and dangerous medication was only given at Cobbdale which has entirely caused so very much Injury, Illness, Disease and Infection to my mom without my solely caring for my mom.

I also respectfully ask that the Court order "The Estate" to pay for Dr. Franco Musio-(Medical Expert Witness) to be hired immediately by "The Estate" to comprehensively evaluate all of my mom's 1 1/2 years of her medical labs to tell the entire story of everyone's "Medical Neglect" from "Shifflett" medical neglect causing my mom to become so gravely ill prior to 6/30/22 Virginia Hospital, including my mom wrongly not receiving any Antibiotics for 8 days after 6/30/22 Virginia Hospital Admission and then also from 9/27/22-present day 10/26/23 labs of my mom losing 52% of her once-healthy 2022 blood cells and bone marrow being destroyed by untreated and ignored bacterial bloodstream infections causing anemia with the destruction of her once-healthy blood cells after suffering through her 2nd bacterial bloodstream infection on 8/11/22 and then her 3rd on 10/7/22 when "Dappen", "Dodge" and "Eldertree" also then continued "Medically Neglecting" my mom.

And documenting how after 10/24/22, "Dappen", "Dodge" & "Eldertree" all medically neglected my mom by giving absolutely no Proper Standard of Medical Care and Treatment and entirely withheld all needed dental and medical appointments and proper labs and proper treatment and gave dangerous FDA-BLACK-BOXED unapproved medications and all of the other extremely harmful wrongly prescribed medications and refusing for 5 months to do anything medically proper for my mom after 5/11/23 having brought my mom to the sickest that my mom has ever been.

I request that the Court order that all of my mom's medical information of all Cobbdale Medication Lists and Paragon daily notes and Cobbdale daily notes and any and all recent November and December labs having been done be immediately provided to me today as my mom's medical information has been withheld from me continually since 6/6/23.

"Dappen", "Dodge, and "Eldertree" medical elder neglect of my mom has entirely destroyed my mom and my mom has been entirely refused to be allowed for her to have any proper medical care for more than an entire year of withholding medical care in none of them ever seeking my mom's "Best Interests" for medically properly caring for my "infectious" and "Severely Anemic" mom which has so very uncaringly and so inhumanely being allowed to occur has as a direct result caused my mom to have an entirely destroyed immune system which has as a direct result now caused my mom to suffer multiple weeks from an entirely ignored "upper respiratory infection" simply because they all did not give my mom any Proper Medical Standard of Care since October 2022.

AFFIDAVIT OF PAUL KAPUSTA

I, Paul Kapusta, being duly sworn, depose and say as follows:

- 1. Attendance at Hearing:** I attended an Emergency Petition Court hearing on January 4, 2024, alongside my cousin, Lynn Kay, concerning allegations of medical neglect and abuse involving Elaine Mae Kapusta.
- 2. Observations During Court Hearing:** During this hearing, I witnessed Lynn Kay inform all relevant fiduciaries present of her concerns regarding the medical neglect and abuse of Elaine Mae Kapusta. Lynn specifically raised the issue that her mother may have been suffering from "possible blood cancer." which was also stated in the Supplement filed for the Court Hearing with Lynn seeking Hospital Admission for Evaluation.
- 3. Response of Fiduciaries and Legal Representatives:** I witnessed the fiduciaries, in attendance fail to do anything to request medical care as well as George W. Dodge's attorney, refute Lynn's claims, denying any concerns regarding Elaine Mae Kapusta's health. I further attest that George W. Dodge's attorney stated that "she was fine," effectively dismissing Lynn's assertions regarding her mother's medical condition.
- 4. Dismissal of Case with both Laurie Kirkland and Elizabeth Wildhack failing to investigate to protect Elaine Mae Kapusta and failed to provide care also denying this right of Elaine's to receive medical and dental care.**
- 5. Without Investigation:** Despite Lynn's statements and concerns of "documented medical neglect and medical abuse" presented for the hearing, the case was dismissed without any court-ordered investigation into the claims of neglect and abuse regarding Elaine Mae Kapusta.
- 6. Subsequent Medical Confirmation:** Within approximately one month following the dismissal of this case, Lynn Kay's assertions were substantiated. Both Dr. Ershler and Dr. Dappen subsequently confirmed the diagnosis of pancytopenia-4-5 months and immunodeficiency and myelodysplastic syndrome-"blood cancer" in Elaine Mae Kapusta, thereby validating Lynn's claims. This confirmation suggests a failure to properly address or investigate the claims initially presented and as a result Elaine has suffered to thisday being denied life-saving care.
- 7. Witness to Statements Denying Neglect:** I further attest to my personal knowledge of statements made by George W. Dodge's legal representative denying that Elaine Mae Kapusta had any medical issues or concerns at the time, in direct contradiction to the later confirmed medical diagnosis which on 1/31/24-George W. Dodge terminated Lynn Kay's

MYCHART ACCESS in order to seek to conceal these "damning medical reports" which Lynn then sought via a court order for her mom's records.

I affirm under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

Date: NOV 12 2024

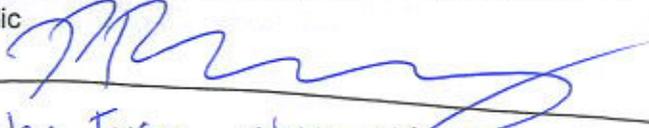
Signature: Paul Kapusta

Paul Kapusta

Notary Public:

Subscribed and sworn to before me this 12 day of November, 2024

Notary Public


Peter Furey, Notary Public of Talbot County, Maryland
EXP: 02/15/2028 (PF)



Code of Virginia

Title 18.2. Crimes and Offenses Generally

Chapter 8. Crimes Involving Morals and Decency

1/17/25

§ 18.2-369. Abuse and neglect of vulnerable adults; penalties.

A. It is unlawful for any responsible person to abuse or neglect any vulnerable adult. Any responsible person who abuses or neglects a vulnerable adult in violation of this section and the abuse or neglect does not result in serious bodily injury or disease to the vulnerable adult is guilty of a Class 1 misdemeanor. Any responsible person who is convicted of a second or subsequent offense under this subsection is guilty of a Class 6 felony.

B. Any responsible person who abuses or neglects a vulnerable adult in violation of this section and the abuse or neglect results in serious bodily injury or disease to the vulnerable adult is guilty of a Class 4 felony. Any responsible person who abuses or neglects a vulnerable adult in violation of this section and the abuse or neglect results in the death of the vulnerable adult is guilty of a Class 3 felony.

C. For purposes of this section:

"Abuse" means (i) knowing and willful conduct that causes physical injury or pain or (ii) knowing and willful use of physical restraint, including confinement, as punishment, for convenience or as a substitute for treatment, except where such conduct or physical restraint, including confinement, is a part of care or treatment and is in furtherance of the health and safety of the vulnerable adult.

"Neglect" means the knowing and willful failure by a responsible person to provide treatment, care, goods, or services which results in injury to the health or endangers the safety of a vulnerable adult.

"Responsible person" means a person who has responsibility for the care, custody, or control of vulnerable adult by operation of law or who has assumed such responsibility voluntarily by contract or in fact.

"Serious bodily injury or disease" includes but is not limited to (i) disfigurement, (ii) a fracture, (iii) a severe burn or laceration, (iv) mutilation, (v) maiming, or (vi) life-threatening internal injuries or conditions, whether or not caused by trauma.

"Vulnerable adult" means any person 18 years of age or older who is impaired by reason of mental illness, intellectual or developmental disability, physical illness or disability, or other causes, including age, to the extent the adult lacks sufficient understanding or capacity to make

communicate, or carry out reasonable decisions concerning his well-being or has one or more limitations that substantially impair the adult's ability to independently provide for his daily needs or safeguard his person, property, or legal interests.

D. No responsible person shall be in violation of this section whose conduct was (i) in accordance with the informed consent of the vulnerable adult that was given when he was not vulnerable a person authorized to consent on his behalf; (ii) in accordance with a declaration by the vulnerable adult under the Health Care Decisions Act (§ 54.1-2981 et seq.) that was given when he was not vulnerable or with the provisions of a valid medical power of attorney; (iii) in accordance with the wishes of the vulnerable adult that were made known when he was not vulnerable or a person authorized to consent on behalf of the vulnerable adult and in accordance with the tenets and practices of a church or religious denomination; (iv) incident to necessary movement of, placement of, or protection from harm to the vulnerable adult; or (v) a bona fide recognized, or approved practice to provide medical care.

1992, c. 551; 1994, c. 620; 2000, c. 796; 2001, c. 181; 2004, c. 863; 2007, cc. 562, 653; 2012, cc. 476, 507; 2019, c. 234; 2022, cc. 259, 642.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired. 11/27/20

☒ Virginia Law Library

The Code of Virginia, Constitution of Virginia, Charters, Authorities, Compacts and Uncodified Acts are now available in EPub eBook format. ☒

☒ Helpful Resources

[Virginia Code Commission](#)
[Virginia Register of Regulations](#)
[U.S. Constitution](#)

☒ For Developers

The Virginia Law website data is available via a web service. ☒



2-7-25-MALLORY-AFFIDAVIT-FIDUCIARIES-CRIMINAL MEDICAL ELDER NEGLECT AND ABUSE OF CONFINEMENT & ISOLATION & DETERIORATION AWAY FROM LYNN'S CARE AND HOME

GEORGE W. DODGE AND ALL OTHER PREDATORY FIDUCIARIES CONTINUALLY DEFIED AND

IGNORED DR'S ORDERS-9/20/22 & 5/8/23, 5/22/23, 1/5/24

Respectfully,

A handwritten signature in black ink that reads "Lynn Kay". The signature is written in a cursive style with a large initial "L".

Lynn Kay

NOTICE OF SERVICE

I hereby certify that on the below date OF 3/14/25, a copy of this will be filed and paper copied to be brought to JUDGE'S CHAMBER'S OFFICE and was also EMAILED on 3/14/25 TO ALL PERSONS

INCLUDING counsel for George W. Dodge-(ALONG WITH Alexis Smith-(Judge Tran's Court Clerk) in the same email.

Respectfully,

A handwritten signature in black ink that reads "Lynn Kay". The signature is written in a cursive style with a large initial "L".

Lynn Kay

EXHIBITS OF PREDATORY FIDUCIARIES
IGNORING ALL DOCTOR-ORDERED AND EMAIL
REQUESTS FOR BOTH DENTAL AND MEDICAL
CARE SINCE 9/20/22

Virginia CRIMINAL LAW SECTION-Va. Code §
18.2-369 (Abuse and Neglect of Incapacitated
Adults)-(CLICKABLE ELDER NEGLECT AND ABUSE
LINK TO THE VIRGINIA LAW WEBSITE) -www.

VIRGINIA CRIMINAL LAW SECTION-Va. Code §
63.2-1606 (Mandatory Reporting of Adult Abuse,
Neglect, or Exploitation)-(CLICKABLE MANDATED
REPORTING LINK TO THE VIRGINIA LAW
WEBSITE)-www.

NOTICE OF SERVICE

I hereby certify that on the below date OF 8/5/25, a copy of this was emailed to all persons including counsel for George W. Dodge. ALEXIS SMITH WAS ALSO EMAILED. 8/6/25-FILED IN BLACK AND WHITE FILINGS AND BROUGHT TO JUDGE'S CHAMBERS.

=====
VIRGINIA CRIMES
COMMITTED-2022-2025.pdf-8/6/25

EMAILED.pdf

Respectfully,



LYNN KAY
TWEETERY7@YAHOO.CO
M 7/30/25

8/5/25
571-421-6813

7/7/25