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**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





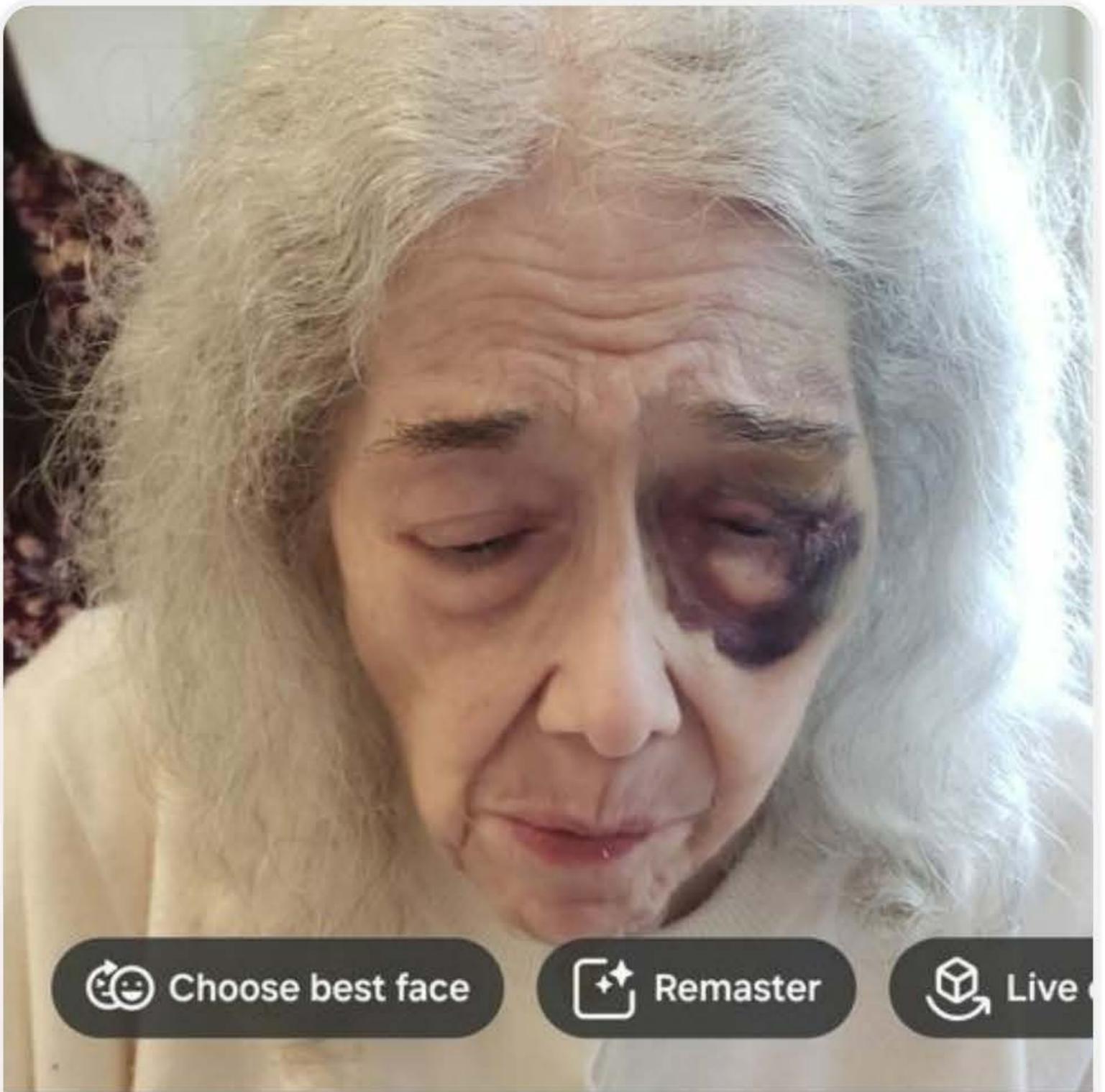
user



PREDATORY CONSERVATORSHIP AND GUARDIANSHIP WEBSITE...

<http://wearefightingforourlives.org>

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Tuesday, October 3, 2023

Edit



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
Department:FX EMERGENCY DEPT
Encounter Date: 9/29/2023
Attending Physician: Hsu, Alan C, MD

Age: 85 y.o. female
Patient Room: S 14/S 14
PCP: Lessin, Bruce Edward, MD

Diagnosis/Disposition:

Final diagnoses:

Contusion of face, initial encounter
Lymphedema

ED Disposition

ED Disposition	Condition	Date/Time	Comment
Discharge	--	Fri Sep 29, 2023 10:26 PM	Elaine M Kapusta discharge to home/self care. 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: <u>L sided supraorbital swelling and bruising.</u> 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)