

# CONFIDENTIAL INFORMATION

**From :**

c/o Focus Care  
500 West Cummings Park  
Suite 2700  
Woburn, MA 01801

**To :**

Dr. JAN RASNAKE, NP (WILL OFFICIALLY ESTABLISH CARE 09/16/21  
7021 W. LEE HWY SUITE C  
RURAL RETREAT, VA, 24368-2933

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JAN RASNAKE, NP (WILL OFFICIALLY ESTABLISH CARE 09/16/21)  
7021 W. LEE HWY SUITE C  
RURAL RETREAT, VA, 24368-2933

Virginia Premier Elite Plus  
Attn: Medical Management  
PO Box 4280  
Richmond, VA 23220-0307  
1-800-318-6023

2022-02-09

Dear JAN RASNAKE, NP (WILL OFFICIALLY ESTABLISH CARE 09/16/21

Virginia Premier in partnership with Focus Care provided a comprehensive health visit for your patient. The visit was conducted by a Focus Care clinician. Find attached a summary of the visit for:

C A WORLEY  
1942-09-19  
10202927

This summary contains an environmental assessment, a summary of existing diagnoses, a list of current medications that may help you gain additional insight into your patient's health, as well as preventive and chronic care recommendations. Please discuss the findings with your patient at their next appointment or reach out to them for urgent concern.

If you have any questions or if you want to set up an In-Home Health Review, please call us at <1-800-318-6023 (TTY/TDD 711), Monday through Friday, 8:30 am to 9:00 pm>.

Sincerely,

Dr. Mark Mattingly, MD  
[Medical Director]

10202927



# Patient Assessment Summary

Name	: C A WORLEY	Age	: 79
Date of Birth	: 1942-09-19	Member ID	: 10202927
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 970 HILLMAN HIGHWAY, ABINGDON, VA
Lob	: MLTSS	Marital Status	: Single
Email	:	Phno	: 276-206-3404, 276-457-9189, 276-206-3404

## Your Vital Signs

Blood Pressure	164/80 mmHG	Pulse	76 bpm	Respiratory Rate	20
Temp	97.7	Pulse Oximetry	94	Pain Scale /10	0
Age	79	Patients Height	5 feet 6 inch	Patients Weight	250 lbs
BMI	40.3(Morbid Obesity (BMI = or > 40))				

Comment: Patient was not able to be weighed as he has difficulty balancing on the scales. Pt stated his weight is approx 250#

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select			DM	
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

## Allergies

Answer: No

## Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
DM	GLIPIZIDE	TAB 5MG	PO = By Mouth	QD	PCP	Not Taking
Anemia	FERROUS	TAB 325MG	PO = By Mouth	QD	PCP	Not Taking
DM	METFORMIN	TAB 1000MG	PO = By Mouth	BID	PCP	Not Taking
HTN	AMLODIPINE	TAB 5MG	PO = By Mouth	QD	PCP	Not Taking
COPD	ANORO	AER 62.5-25	Select	QD	PCP	Taking
HTN	LOSARTAN	TAB 100MG	PO = By Mouth	QD	PCP	Not Taking
BPH	TAMSULOSIN	CAP 0.4MG	PO = By Mouth	HS	PCP	Not Taking
HTN/EDEMA	FUROSEMIDE	TAB 40MG	PO = By Mouth	QD	PCP	Not Taking
BPH	FINASTERIDE	TAB 5MG	PO = By Mouth	HS	PCP	Not Taking
HLD	ATORVASTATIN	TAB 80MG	PO = By Mouth	HS	PCP	Not Taking
COPD	ALBUTEROL	AER HFA	Select	PRN	PCP	Taking
DM	LANTUS	UNKNOWN	SQ = Subcutaneous	QD	PCP	Not Taking

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## Over the Counter Medications / Supplements

Answer: **No**

### - Race

Answer: **Caucasian**

### - Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

Cataracts, Supported By History, Symptoms, Physical Findings

Secondary to Diabetes : **Yes**

Difficulty with vision

Legally Blind : **No**

Others, Supported By Symptoms

Other : **ARCUS SENILIS OF BOTH EYES**

Difficulty with Hearing

COPD, Supported By Wheezing, Decreased or prolonged breath sounds, Dyspnea on exertion, O2 use, Brinchodilator medication

Has patient been told they have Chronic Bronchitis : **No**

Has patient been told they have Emphysema : **No**

Is patient on Bronchodilator : **Yes**

Route is : **Inhaled**

ALBUTEROL

Is patient on Steroids : **Yes**

Route is : **Inhaled**

ANORO

Does patient have current exacerbation : **No**

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

prescribed Lipitor: not taking at this time

Hypertension, Supported By Physical Exam, Medications

Adequately controlled : **No**

Other, Supported By Physical Findings

Other : **Ventral hernia**

BPH, Supported By Symptoms, Medication

Other, Supported By Symptoms, Physical Findings

Other : **Dorsalgia and Radiculopathy of lumbar region**

Diabetes, Supported By Symptoms, Lab tests, Medications

Type : **Type 2**

Most recent Hb A1C, value : **unknown**

And Date : **unknown**

Met with a nurse or dietician for diabetic education : **Yes**

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Met with a diabetic educator : **No**

Anemia, Supported By Lab tests

Etiology : **Iron deficiency**

If yes, Patient on : **Iron**

prescribed Ferrous Sulfate but not taking at this time

History Of

Generalized Anxiety Disorder, Supported By Symptoms

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## Care management related to self - assessment and psychosocial behaviors

- Based on score of initial screen, cognitive function is questionable, refer to Neurology for further assessment.

Mini cog : **2**

Comment :

- Further assessment and questioning should be done to determine if patient's literacy level is adequate, limited or poor to determine the best method to communicate instructions and information to the patient.

How much school have you completed? : **Completed 3rd grade**

Comment :

When you get written information at a doctor's office would you say it is? : **Very difficult**

Comment :

When you read the instructions on a prescription bottle would you say that it is? : **Very difficult**

Comment :

How confident are you in filling out medical forms by yourself? : **Not at All Confident**

Comment :

- Social service referral to further assess current living conditions.

Where do you currently live? : **Other**

Comment :

- Social service referral to further assess social support infrastructure

Who do you currently live with? : **Alone**

Comment :

Do you have someone who can help if you are sick or have problems? : **No**

Comment : **patient has neighbors that check on him. his daughter lives another town over but checks on him weekly.**

- Counsel patient on and or provide medication for smoking cessation.

Tobacco Use : **Current**

Comment :

Type : Cigarettes

Comment :

How Many : **1/2 a pack**

Comment :

- Patient requires further evaluation regarding use of recreational drugs or pain medication.

Do you or have you used recreational drugs or pain medication? : **Yes**

Comment :

- Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? : **No**

Comment :

- Counsel patient on the need for a Durable Power of Attorney.

Do you have a Durable Power of Attorney? : **No**

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Comment :

- Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive? : **No**

Comment :

- Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Are you nervous, anxious, feel on the edge or often feel stressed? : **Yes**

Comment :

Do you worry too much about different things? : **Yes**

Comment :

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## Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADLs.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : **No**

Refer patient for a physical therapy evaluation related to ADL's

B. Getting in or out of chairs : **No**

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **No**

*Comment:* Patient has had several falls due to Ataxia, weakness, loss of balance. To be safe pt does need assistance with ADLs but as he lives alone he is independent. Pt has a walker but loaned it to his daughter when she broke her foot and has never got it back.

H. Going up or down stairs : **Need Total Help**

How many stairs can you climb : **None**

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## Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: Other

Are you currently seeing any specialists?

Answer: **No**

- Patient should be referred for a physical therapy evaluation related to ADLs.

Refer patient for a physical therapy evaluation

A. Seen your PCP : **None**

Refer patient for a physical therapy evaluation related to ADL's

B. Visited the Emergency Room : **1**

If one or more, describe

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chest pain/sob

C. Stayed in the hospital overnight : **None**

D. Been in a nursing home : **None**

E. Had Surgery : **None**

- Have you ever been hospitalized prior to the last 12 months?

Answer: **No**

- In the past year how many times have you Fallen?

Answer: **More than three times**

**Do you worry about falling or feeling unsteady when standing or walking**

Answer: **Yes**

**Worries about falling or feeling unsteady when standing or walking?**

Answer: **Yes**

**Did you have a fracture in past 6 months?**

Answer: **No**

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer: **No**

-Have you lost weight in the past 6 months?

Answer: **None**

## Care management related to preventive care

Counsel patient on screening guidelines with relation to type of screens that are age and gender appropriate and timelines for those screens going forward.

Screen	Answer
Colonoscopy	No
Breast Exam/Mammography	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Not Applicable
Prostate Exam/PSA	Yes
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	Don't Know
Lipid Panel	Don't Know

## Care management related to diagnoses and symptoms

Family History

Answer: **Yes**

Family Member	Medical Condition	Cause of Death
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Father		mi
Mother		cancer

- In the past year how many times have you Fallen?

Answer: **More than three times**

**Do you worry about falling or feeling unsteady when standing or walking**

Answer: **Yes**

**Worries about falling or feeling unsteady when standing or walking?**

Answer: **Yes**

**Did you have a fracture in past 6 months?**

Answer: **No**

## Assessors Comments :

Pt is a pleasant 78 year old male that lives alone in a mobile home. Pt's neighbor checks on patient and will take him to appointments if needed. Pt was seeing Sarah Johnson, NP at Ballad Health Medical Associates. Provider called their office and pt has cancelled appointment or no-showed several times over the last year. Pt is scheduled to see Jan Rasnake, NP in Rural Retreat, Virginia Sept. 16th at 3pm. When asked why he was going to transfer from Sarah Johnson, NP who practices in his town and go to a provider over 46 miles away, pt stated his neighbor Eddie goes to Jan Rasnake and he will schedule his appointments on the same day so they can ride together. He is also hopeful the new NP will prescribe pain medication.

Medications reviewed with patient as they come pre-packaged from Northgate Pharmacy. Medications were last filled in both March 2020 and May 2020. Pt has not taken any medications from the package as he states one of them made him sick and he did not know which one and stopped them all. Pt does not give a reply when asked why he cancelled his follow up appointments with his NP.

Provider spent a considerable amount of time instructing pt on importance of taking his medications, checking his BS, using an assistive device with ambulation to prevent falls. Provider educated pt on importance of smoking cessation, compliance with medications regimen, keeping vaccinations, blood work, colonoscopy up to date. Pt verbalized understanding of all instructions. Pt has wheezing in all lung fields. Pt has Anoro and Albuterol inhalers in the home. Provider had pt take his Anoro inhaler during visit and instructed to pt use if every day. Pt instructed if any s/s of respiratory distress, CP, HF to go to the ED for immediate evaluation. Pt verbalized understanding. Referral to be sent to case management to assess for social work or personal care worker evaluation, as well as a Life Alert