THE PAVILION AT SUNNY HILLS 2222 N. H. ARBOR BLVD. FULLERTON, CA 92835

RESIDENT NAME:	CAO HO	RM#	337B	MR#	2020530	
PHYSICIAN: PELLEGRINO	DATE OF ADMIT:	7,/.14/.2023	DATE OF	DISCHARGE	8/1/23	
Note: Federal Regulations require that your transfer/discharge be made for one of the following reasons:						
(\vee) The transfer/discharge is appropriate because your health has improved sufficiently so that you no longer require services provided by this facility or by this facility's distinct / nondistinct part.						
() The transfer / discharge was necessary for your welfare and your needs cannot be met in the facility						
() The safety of individuals in the facility is endangered by your presence						
() The health of individuals in the facility is endangered by your presence						
() You failed, after reasonable & appropriate notice to pay, (or have paid under Medi-care or Medical), a stay of admission to the facility. If you become eligible for Medi-cal after admission to the facility, the facility						
may only charge you allowable charges under Medi-care						
() The facility ceases to) The facility ceases to operate					
() Expired	Expired					
() AGAINST MEDICAL	ADVICE					
DIAC	GNOSIS			ICD-10 COD	ES	
CEREBRAL INFARC	CEREBRAL INFARCTION		163.9			
DYSARTHRIA FF CE	DYSARTHRIA FF CEREBRAL INFARCT		169.322			
VASCULAR DEMENT	VASCULAR DEMENTIA		F01.50			
DM2 W/ COMPLICAT	DM2 W/ COMPLICATION		E11.69			
HYPERLIPIDEMIA	HYPERLIPIDEMIA		E78.5			
DM2W/CKD	DM2W/CKD		E11.22			
CKDSATGE3	CKDSATGE3			N18.30		
DM2 W/NEUROPATI	DM2 W/NEUROPATHY E11.40			E11.40		
HTN TO ENDOCRIN	HTN TO ENDOCRINE DISORDERS		I15.2			
DIVERTICULOSIS LARGE INTESTINE				K57.30		
MUSCLE WEAKNES	S			M62.81		
ABNORMALITIES GAIT AND MOBILITY		Y	17112	R26.89		
GERD				K21.9		
UTI			N39.0			
PLACE OF DISCHARGE: STERLING SENIOR COMMUNITY BEC						

STERLING SENIOR COMMUNITY BEC

PHYSICIAN'S SIGNATURE:

DISCH ARGE SUMMAT