Admission Checklist



Patient 1	Hospital /		ar partity thins
Case Manager #0 Cao	Kaisi		Date 7/14/23
Doctor SNF Doctor	Kais	er	Date Expected:
DCPlan) Penegrino	Room Assigned Here	Room Color	Reviewed By:
Horse W/ Family	Accepted Denied	Indicate why denied:	
Covid Vaccine Dates	Covid Booster Date		Covid Recovered Date
Follow-Up Dx. Slurred S	Perch, B	Jance P	100 lol 4 1 C
	1 30011/ 50	and the second	10010MS
Moderna Vaccine	1 Billion and June 11 Bill		
1/17/21	P P P P P P P P P P P P P P P P P P P	and the strong process of the latest and the strong	and the second s
2/14/21		III	
0/11/21			
7/4/21	VA		
	and the party of the state of t	E HANGE CONTRACTOR OF THE STREET, STRE	
		F-00 (0.00 (
Primary dustrance Medicare	Medicare Advantage	Commercial Plan	Insurance MRN
Primary Insurance Medicare Medicare Qualifying Stay Dates		Commercial Plan	_
Medicare Qualifying Stay Dates Days Available	Financial Risk: Ka		Insurance MRN 14614346
Medicare Qualifying Stay Dates Days Available 100 MSP NO+ related	Financial Risk: Plan Start/End Dates:	'Ser	_
Medicare Qualifying Stay Days Available 100 MSP NO+ related SSN 578-78-0047	Financial Risk: Kon No. 18 Plan Start/End Dates: Patient Responsibility: # 2	'Ser	14614346 Deductible
Medicare Qualifying Stay Dates Days Available 100 MSP NO+ related	Financial Risk: Plan Start/End Dates:	Sev 50	14614366
Medicare Qualifying Stay Days Available 100 MSP NO+ related SSN 578-78-0047	Financial Risk: Plan Start/End Dates: Patient Responsibility: Copay Start Date: Copays: - 20 = 3	Sev 50	/46/4366 Deductible Ref#
Medicare Qualifying Stay Days Available 100 MSP NO+ related SSN 578-78-0047	Financial Risk: Plan Start/End Dates: Patient Responsibility: Copay Start Date: Copays: - 20 = 3	Sev 50	/46/4366 Deductible Ref#
Medicare Qualifying Stay Days Available 100 MSP NO+ related SSN 578-78-0047	Financial Risk: Plan Start/End Dates: Patient Responsibility: Copay Start Date: Copays: - 20 = 3	Sev 50	/46/4366 Deductible Ref#
Medicare Qualifying Stay Days Available 100 MSP NO+ related SSN 578-78-0042 Notes	Financial Risk: Plan Start/End Dates: Patient Responsibility: Copay Start Date: Copays: - 20 = 3	Sev 50	/46/4366 Deductible Ref#
Medicare Qualifying Stay Days Available 100 MSP NO+ related SSN 578-78-0042 Notes Secondary Insurance	Financial Risk: Plan Start/End Dates: Patient Responsibility: Copay Start Date: Copays: - 20 = 3	Sev 50	/46/4366 Deductible Ref#
Medicare Qualifying Stay Days Available 100 MSP NO+ Vela+ed SSN 578-78-0042 Notes Secondary Insurance Supplemental:	Financial Risk: Plan Start/End Dates: Patient Responsibility: Copay Start Date: Copays: - 20 = 3	Sev 50 50 50 50 50 50 50 50 50 50 50 50 50	/46/4366 Deductible Ref#
Medicare Qualifying Stay Days Available 100 MSP NO+ related SSN 578-78-0047	Financial Risk: Plan Start/End Dates: Patient Responsibility: Copay Start Date: Copays: - 20 = 3	Sev 50 60 60 60 60 60 60 60 60 60	/46/4366 Deductible Ref#
Medicare Qualifying Stay Days Available 100 MSP NO+ Vela+ed SSN 578-78-0042 Notes Secondary Insurance Supplemental: Deductible:	Financial Risk: Plan Start/End Dates: Patient Responsibility: Copay Start Date: Copays: - 20 = 3	Sev 500 Sev 50	/46/4366 Deductible Ref#

Upm



(i) Responses to this message will be visible to other users coordinating the patient's care.

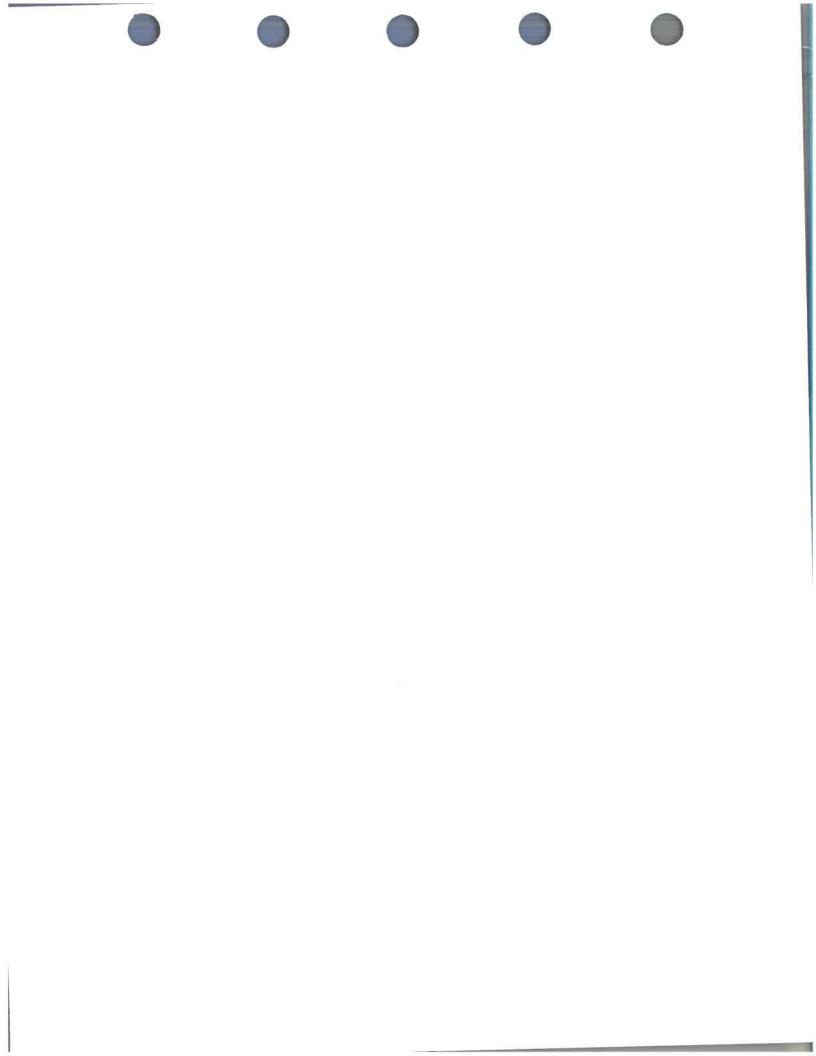
Received: Today

Kesler, Laura (L.V.N.), L.V.N. \Rightarrow P Snf Placement - The Pavilion At Sunny Hills SSN 578-78-0042 MEDICARE # 8Q09QY6EG14

Attached Documents

Document on 7/14/2023 9:23 AM by Kesler, Laura (L.V.N.), L.V.N.: Document (7/14/2023 9:23 AM PDT)

Cao, Ho V (MRN 000016614366) Printed by Lima, Carlos A [G303067] at 7/14/2023 1:32 PM





Future Appointments

This patient does not currently have any appointments scheduled.

Visits with Me

12/05/2013

Other Visits

06/29/2023

FAMILY PRACTICE

05/08/2023 FAMILY PRACTICE

07/11/2022

URGENT CARE -HARBOR MAC

11/29/2021

FAMILY PRACTICE ADULT NURSE CL

08/16/2021

FAMILY PRACTICE

ESSENTIAL HTN

Mai, Danny (M.D.), M.D.

AFTERCARE FOLLOWING ED VISIT Yau, Rani Y (D.O.), D.O.

ACUTE GOUT

Siou, Soucheat (M.D.), M.D.

SCREENING FOR DIABETIC RETINOPATHY

Esquivel, Elizabeth Areyley (L.V.N.), L.V.N.

RASH Mai, Danny (M.D.), M.D.

⋒ Care Team

Mai, Danny (M.D.), PCP - General, Family M.D.

Practice

PER PT

Patient Demographics

Patient Name Cao, Ho V Male

Legal DOB Sex 2/1/1943 16272 CHIPPER

> HUNTINGTON BEACH CA 92649-2752

Address

Phone 714-280-6153 (Home) *Preferred* 714-280-

6153 x00000 (Work) 714-280-6153 (Mobile)

E Emergency Contacts

Contact Person (Rel.) Hanh (Daughter)

Home Phone Work Mobile Phone Phone 510-331-7454

Huy "Mark" Ho (Son)

510-881-1656 408-668-4440

R Preferred Pharmacy

None

■ Patient Employment

Status Retired

Printed by LIMA, CARLOS A [G303067]



Cao, Ho V (MRN 000016614366)

Disclaimer: This document contains Protected Health Information (PHI). This document is to Encounter Date: 07/12/2023 be used by the recipient for purposes of treatment, payment and/or health care operations only in accordance with Health Information Portability and Accountability Act (HIPAA) and other state and federal laws and regulations. This document is not to be forwarded or sent outside the agency/office/clinic, where the patient is receiving care except with prior written consent of the patient or his/her personal representative for further treatment of the patient.

Patient	Demographi	
- ducint	Demographi	CS

Address 16272 CHIPPER LN HUNTINGTON BEACH CA 92649-

Phone 714-280-6153 (Home) *Preferred* 714-280-6153 x00000 (Work) 714-280-6153 (Mobile)

E-mail Address hvc_bus@yahoo.com

Patient Contacts

Name	Relation			
Hanh Huy "Mark" Ho	Daughter Son	Home	Work 510-331-7454	Mobile 510-881-1656
rimary Visit Coverage				408-668-4440

Payer **KP MEDICARE**

KP SNR ADV D(E) PLAN 4330458

Sponsor Code

Group Number 000500700-0000-000021119314

Group Name

Primary Visit Coverage Subscriber

Subscriber ID XXXXXXXXXXXXXXXX

Subscriber Name Cao, Ho V

Subscriber SSN XXX-XX-XXXX

Subscriber Address 16272 CHIPPER LN HUNTINGTON BEACH, CA 92649-2752

ED to Hosp-Admission 7/12/2023

Ho Cao V

MRN: 000016614366

Visit Information

7/12/2023 2:18 AM

Department

Reason for Visit

SLURRED SPEECH **BALANCE PROBLEMS**

Pt reports slurred speech and balance problems that started at 1500. Does not use any assistive devices normally but was not able to walk. Family states he found patient on the floor and is unsure if he hit his head.

Diagnoses

ACUTE STROKE DUE TO ISCHEMIA, UNSPECIFIED TYPE AND ARTERY - Primary TRANSIENT CEREBRAL ISCHEMIA	Codes I63.9	Comments
ESSENTIAL HTN	G45.9	
	110	WANT 1-5 TO THE PROPERTY OF TH

Vitals

Most recent update: 7/14/2023 6:09 AM

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: --

Vitals (continued)

Location: LA-LEFT ARM, BP Patient Position:

BP 144/89 ! (BP Pulse 69

Temp 98.2 °F (36.8 °C)

Report

Resp 20

Most recent update: 7/14/2023 6:09 AM 5' 4" (1.626 m)

LYING)

Wt 135 lb 2.3 oz (61.3 kg)

SpO2 99%

BMI

23.20 kg/m²

Immunization History

CAO, HO V

COVID-19 Moderna, External Administration Admin By Lot **VIS Date** Route/Site Dose # Manufacturer Date IM/RD 029 MOD 1/17/2021

L20 A IM/RD 030 MOD 2/14/2021 M2 0A IM/LA

052 E2

1A

9/4/2021

HAV adult (Hepatitis A) Admin By Lot **VIS Date** Route/Site Dose Manufacturer # 01.00 Date IM/LA AH SKB 3/22/2005 AV B₀ 01 AB

INF (Influenza) unspecified formulation Admin By Lot **VIS Date** Dose Route/Site # Manufacturer 00.50 Date IM/LD 00.50 10/21/2004 IM/LD **PMC** 10/22/2005 U1 848 AA

10/1/2011

INF H1N1-09 standard dose (Influenza H1N1-09).

Admin By Lot **VIS Date** Dose Route/Site Dorotheo, Janette Manufacturer # H1N1FLUIN 00.50 Date 102 IM/LD (M.A.) ACT10/02/2 NOV 1/13/2010 136

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 ROI LAB AND RESULTS

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

This test is only for use under the Food and Drug Administration's Emergency Use Authorization (EUA).

Negative results for SARS-CoV-2 and Influenza A-B do not rule out COVID-19 or Influenza infection and should not be used as the sole basis for patient management. Influenza A and B negative results should be considered presumptive in samples that have a positive SARS-CoV-2 result. Negative results must be combined with other information such as patient history, clinical observations and epidemiology.

For Invalid results, please resubmit if clinically indicated.

This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 and/or diagnosis of COVID-19 infection.

Acknowledgement Info

For At Placing Order 07/13/23 1220

Acknowledged By Acknowledged On Garcia, Mary Angeline Mijares (R.N.), 07/13/23 1253

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Order

REFERRAL SKILLED NURSING FACILITY [213196] (Order 1289417038)

M.D.

Order Information

Date Department 7/13/2023 5MS2

Released By Hwe, John (R.N.), R.N. (autoreleased)

Authorizing Wang, Diana Ting-Sui (M.D.),

Order Comments

SNF BED REQUEST WORKSHEET

Date of Inquiry: 7/13/2023

Custodial/Skilled: Skilled

No of Days Avail: 100

Expected Transfer Date: 7/13/23

Co-Pay: 1-20 Day(s) \$0 21-100 Days \$50

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: --

Order Comments (continued)

Patient/Family Facility Preferences:

- 1. SCPA
- 2. Pavillion
- 3. Buena Park

Palm Terrace - too far

Patient City Residence and Zip code: 92649

______ Pager #: 949-657-2593 OCI

Case Manager: JOHN HWE RN ______

MRN: 000016614366 Age: 80 year old Member Name: Ho Cao V

Code Status: Code Status: Full Code Wed Jul 12, 2023 5:10 AM

Diagnosis: acute stroke

Fall Risk: Yes

Height and Weight: Estimated body mass index is 23.2 kg/m^2 as calculated from the

following:

Height as of this encounter: 1.626 m (5' 4").

Weight as of this encounter: 61.3 kg (135 lb 2.3 oz).

Date of Last Bowel Movement: 7/13/23 6 am per son

Was patient on Isolation at Hospital? No

What Isolation is required at SNF: None ______

- 1. Skilled Need: PT 2. Skilled Need: OT
- 3. Skilled Need: Speech

Mental Status/Behavioral Issues: Confused Mental Status/Behavioral Issues: Confused

Has the Patient been off restraints/sitter more than 24 hours? Yes

If no, please explain: N/A

Duration: N/A IV Meds: no

_____ IV Access: no ID Physician:N/A ______

Wound Care: no

Wound Location: N/A

Pressure Ulcer: no

If yes, stage: N/A

Wound Vac: no

Special Bed/Mattress: no

·-----If Yes: N/A

PATIENT SUMMARY - CAO, HO

Eligibility Response Report

Report Generated: 17:09:00 EDT

Txn ID: a4d858e49d006234fb04dd4168a80264

Request Date: 07/14/2023

Primary Insurance Status: ACTIVE

Facility: Fullerton Healthcare and Wellness

Alerts

View Active Medicare Advantage Policy View Potential Medicare Secondary Payer

SUBMITTED TO PAYER Patient Demographics

First Name

Last Name CAO

Member ID 8Q09QY6EG14

D.O.B. 02/01/1943

SSN 578-78-0042

NPI: 1073944450

Payer Medicare

Eligibility Date(From) 07/14/2022

Eligibility Date(To) 11/14/2023

Service Type(s)
Home Health Care, Health
Benefit Plan Coverage,
Hospice, Occupational
Therapy, Physical Medicine,
Space Therapy, Skilled Speech Therapy, Skilled Nursing Care, Immunizations

RETURNED BY PAYER

Patient Demographics

First Name

Middle

Last Name CAO

Suffix

Member ID 8Q09QY6EG14

D.O.B. 02/01/1943

SSN

Address Line 1 16272 CHIPPER LN

City HUNTINGTON BEACH

Zip Code 92649-2752

Benefit Information

Medicare Part A

Termination Date

Effective Date

Medicare Part B

Ineligible End

Effective Date 10/01/2006

10/01/2006

InItial

Termination Date

Ineligible Start

Date Of Death

Lifetime Psychiatric Days

Lifetime Reserve Days 60

Smoking Cessation Days

ESRD Dialysis Date Cessation Date

ESRD Transplant Date ESRD Coverage Period

Plan Benefits

Medicare Part A

Medicare Part B

											Medicare Part B		
Туре	First Bill	Last Bill		tal Days Coins	Base		Days Coins	_	Inpatient	Deductible	Physical	_	Blood
Base	01/01/2023	12/31/2023			\$400.00			Base	Deductible	Remaining	Therapy	Occupational Therapy	Pints Part
	9110112023	12/31/2023	60	30	9400.00	20	80	\$200.00	\$1,600.00	\$226.00	\$0.00		A/B
Base	01/01/2022	12/31/2022	60	00	\$389.00	20	80	****	- 1		VU.00	\$0.00	
			60	30		20	60	\$194.50	\$1,556.00	\$233,00	\$0.00	\$0.00	
		May 21.	are Part A						-1			\$0.00	

Medicare Part A Stays

Туре

Start Date

End Date

Billing NPI

Medicare Advantage

Effective Date 03/01/2007

Termination Date

Plan Code H0524-003

Payer Name

KAISER FOUNDATION HP.

MECURY INSURANCE

Address P.O. BOX 12916

OAKLAND, CA 94604-2916

Plan Name Kaiser Permanente Senior Advantage LA, Orange Co.

Website kp.org/medicare

Phone Number (800) 443-0815

Message(s): MA Bill Option Code - C

Medicare Secondary Payer Date 03/15/2019

Policy Number CAPA0110 0525-DOL

03152019

Insurer

Address

PO BOX 1150 BREA, CA 92822

47 - Medicare Secondary, Other Liability Insurance is Primary

Part D

Effective Date 03/01/2007

Termination

Plan Code H0524-003

Payer Name KAISER FOUNDATION HP.

Address P.O. BOX 12916 OAKLAND, CA 94604-2916

Plan Name

Kaiser Permanente Senior Advantage LA, Orange Co. Website

kp.org/medicare

Phone Number (800) 443-

Therapy Caps

Period Begin 01/01/2023 01/01/2022

Period End 12/31/2023 12/31/2022

PT/ST Therapy Threshold \$3,000.00 \$3,000.00

PT/ST Cap \$2,230.00 \$2,150.00

PT/ST Remaining \$2,230.00 \$2,150.00

PT/ST Applied \$0.00 \$0.00

OT Therapy Threshold \$3,000.00 \$3,000.00

OT Cap \$2,230.00 \$2,150.00

OT Remaining \$2,230.00 \$2,150.00 OT Applied \$0.00 \$0.00

Home Health Certification

Process Date

Is Recert?

Rehabilitation Services

Pulmonary Remaining (G0424)

Technical Professional

Cardiac Applied (93797, 93798) Technical Professional 0

Intensive Cardiac Applied (G0422, G0423)

Technical Professional 0

ADDITIONAL SERVICE CODES

O NOTES

0

Add Notes

Single Subscriber Response

Eligibility Transaction Performed by: 107.3944450 on Friday, July 14, 2021 at 2:11:14 PM



Eligibility Message: NO RECORDED ELIGIBILITY FOR REQUESTED DATE OF SERVICE

Subscriber ID: 578780042

Subscriber Birth Date: 02/01/1943

Issue Date: 07/14/2023

Primary Aid Code:

First Special Aid Code:

Second Special Aid Code:

Third Special Aid Code:

Responsible County: -unknown

Medicare ID:

Primary Care Physician Phone:

Service Type:

Service Date: 07/14/2023

Trace Number/Eligibility Verification

Confirmation Number:



OC IRVINE MEDICAL CENTER L

6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Report

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

009

Immunization I	History	(continued)
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P1 Α

CAO,HO V

INFS Pres Free 6mos-Adult (Flulaval Quadrivalent) (Influenza)

Date	Talaval Quadri	Lot	(midefiza)			
10/22/2020	Manufacturer SKB	# 33 SP 7	Route/Site IM/LD	Dose 0.5 mL	VIS Date 8/15/2019	Admin By Rojas, Lydia Rashell (L.V.N.), L.V.N.
NFS pres free 6mos-a	dult (Fluarix quadrivale	n#)				7, 4, 4, 1, 4,

INFS pres free 6mos-adult (Fluarix quadrivalent)

Date 10/1/2016	Manufacturer SKB	Lot # 37 PK	Route/Site IM/LD	Dose 0.5 mL	VIS Date 8/7/2015	Admin By Dela Cruz, Kristen
9/28/2017 SKB INFS pres free 6mos-adult (Flucelvax qua	SKB	4 DT	IM/LD	0.5		Nicole (R.N.), R.N.
		2S 7		0.5 mL	8/7/2015	Samson, Darlene C (L.V.N.), L.V.N.

INFS pres free 6mos-adult (Flucelvax quadrivalent) (influenza)

Date 11/29/2021	Manufacturer SEQ	Lot # 308 489	Route/Site IM/LD	Dose 0.5 mL	VIS Date 8/6/21	Admin By Velez, Deborah Elisa
INFS pres free seasonal	Unspecified					(L.V.N.), L.V.N.

inFS pres free seasonal un	specified					(L.V.N.), L.V.N.
Date 10/3/2011 INFs (Influenza split virus).	Manufacturer	Lot # AF LU A6 11 BA VIS IMI NT R	Route/Site	Dose	VIS Date	Admin By

Date 11/5/2007	Manufacturer PMC	Lot # U2 054 AA	Route/Site IM/LD	Dose 00.50	VIS Date INFLUENZA 07/16/2007	Admin By Woolsey, Deana Rebecca (M.A.)
0/27/2008 1/15/2012 Deferred Patient Refused)	NOV	886 45	IM/LD	00.50		Prasad, Sunaina M (M.A.)
0/9/2012	PMC	UH 720 AA	IM/LD	00.50	INFLUENZA 07/02/2012	

INFs 18yrs-adult (Influenza)

OC IRVINE MEDICAL CENTER L

6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

	Report	nent Request	CAO,HC	V
unization History (con				
Date 12/5/2006	Manufacturer # SKB A	F IM/LD 00.50 IN U 06 44 3A	S Date Admin By FLUENZA Truong, Lieu C (L.V.N.) 6/30/2006	
INFs pres free 3yrs-adu	lt (FLUARIX) (Influenza	_ot	IS Date Admin By	
Date 10/21/2013	Manufacturer SKB	Doute/Site Dose V	IS Date Admin By /26/2013 Carranza, Rosalva (L.V.N.)	
INITE pres free 4vrs-ad	ult (FLUVIRIN) (Influenz	a)		
Date	Manufacturer NOV	# Route/Site Dose 145 IM/LD 0.5mL	VIS Date Admin By 8/19/2014 Theil, Karen J (R.N.)	
11/3/2014	NOV	52 P 157 IM/LD 0.5 mL	8/7/2015 Encalade, Trudy Clarisse (R.N.), R.N.	
10/12/2015	1404	803	· · · · · · · · · · · · · · · · · · ·	
INFs pres free 4yrs-ac	dult (influenza)	Lot Poss	VIS Date Admin By	
Date 10/9/2010	Manufacturer NOV	# Route/Site Dose 111 IM/LD 00.50 690 2P	VIS Date Admin By INFLUENZA Ta, Thien Quang (M. 08/10/2010	.A.)
	R 13) (Pneumococcal co			
PNUcn13 (PREVNA) Date 1/6/2016	Manufacturer PFR	Lot # Route/Site Dose M3 IM/RD 0.5 mL 576	VIS Date Admin By 2/27/2013 Vasquez, Margaret (M.A.), M.A.	L.
POL-IPV (Polio, Ina	ctivated virus)			
Date 3/22/2005	Manufacturer PMC	Lot # Route/Site Dose X1 SQ/LA 00.50 189	VIS Date Admin By	
ppsy/23 (Pneumo	coccal polysaccharide)		A Lie Du	
Date	Manufacture	Lot Route/Site Dose	VIS Date Admin By	
6/4/2004	MSD	8N 00 50	PNEUM023 Solorio, Jessie (L.	V.N.
3/30/2010	MSD	131 IM/LD 00.50 5Y	VAL10/06/20 09	
	/iCPs)		VIS Date Admin By	MIL

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY

IRVINE CA 92618-3734 SNF Placement Request Report

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

		ш				CAO,H
3/22/2005	PMC	# X(32	00.50		0.10
Tdap (ADACEL) (Tetan	us, diphtheria, acel	lular pe	ertussis)			
Date 11/25/2020	Manufacturer PMC	Lo # U6 80 BA	Route/Si Find/LD	e Dose 0.5 mL	VIS Date 4/1/2020	Admin By Lerma, Brittany J (M.A. M.A.
ZOS (Herpes zoster reco	ombinant) Shingrix					
Date 6/29/2023	Manufacturer SKB	Lot # AR 33 S_ B2 C9 F	Route/Site	Dose 0.5 mL	VIS Date 2/4/22	Admin By Warren, Jennifer Lyn (M.A.), M.A.
ZOS (Zostervirus live, shi	ngles)	_				
Date 11/26/2007	Manufacturer MSD	Lot # 088 3U	Route/Site SQ/LA	Dose 00.65	VIS Date SHINGLES0 9/11/2006	Admin By Patel, Jamie (L.V.N.)
infs pres free 4yrs-adult (fl	ucelvax quadrivale		uenza)			
Date 9/15/2018	Manufacturer SEQ	Lot # 252	Route/Site IM/RD	Dose 0.5 mL	VIS Date 8/7/2015	Admin By Colio, Johanna S
9/17/2019	SEQ	657 261 199	IM/LD	0.5 mL	8/15/2019	(L.V.N.), L.V.N. Trujillo, Elena (M.A.)
td 7yrs-adult (tetanus, diph	theria), adsorbed					M.A.
Date 6/10/2004	Manufacturer PMC		AME AND ADDRESS OF THE PARTY OF	Dose 00.50	VIS Date	Admin By
end: Given Held						
Time Time	Not Giver (Time)	Fu	Due Time ture	Cancele Time MAR Hold	•	Other Actions Time-Action
dications	Commence of the Commence of th	Programme and the second	12/23			
Acetaminophen Tablet 650 m : 650 mg EVERY 4 HOURS AS NEEDED F Reasons: temp > 38.3C/100.9F,mi 07/12/23 0508					07/13/23	07/14/23

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Report	07/12/23		07/13/23	THE REAL PROPERTY.	07/1	4123	-50
edications	01112120						1
etaminophen Supp 650 mg (TYLENOL) se: 650 mg							
RN Reasons: temp > 36.30/100.5/ (111112 Pmm)	e	1410 JR		1000			
mLODIPine Tab 5 mg (NORVASC) Dose: 5 mg Peq: DAILY (INPT RN CHECK 1ST DOSE) Route:		(5 mg)- Given					
ral tart: 07/13/23 1330	e	1011 JR		100	0		
Aspirin Chew Tablet 81 mg ose: 81 mg req: DAILY (INPT RN CHECK 1ST DOSE) Route:		(81 mg)- Given					
tart: 07/13/23 1000 Bisacodyl TBEC DR Tab 5 mg (DULCOLAX) lose: 5 mg Sect. DAILY AS NEEDED Route: Oral		1811 MG (5 mg)- Given	3				
PRN Reason: constipation	1438 MA	1012 JF		10	00		
Clopidogrel Tab 75 mg (PLAVIX) Dose: 75 mg Freq: DAILY (INPT RN CHECK 1ST DOSE) Route: Oral Start: 07/12/23 1500	(75 mg)- Given	(75 mg Given) -				
D50W Inj Syg 12.5 g Dose: 25 mL Freq: AS NEEDED Route: IV PRN Reason: 3.5510							
Dextrose 40 % Oral Gel 15 g (GLU103L) Dose: 15 g Freq: AS NEEDED Route: Oral PRN Reason: see admin inst.							
Glucagon Inj 1 mg (GLUCAGEN HTPORT) Dose: 1 mg Freq: AS NEEDED Route: IM PRN Reason: see admin inst.							
(HumuLin R/NovoLin R) Dose: 0-8 Units Freq: AS NEEDED Route: SubQ PRN Comment: to cover the 4 hour recheck of bedtir	ne						1730
insulin coverage Start: 07/12/23 0510 Insulin Regular Human Inj 0-8 Units	0730 RN- (113 Held [C] MA)	0 1820 MA (073 Not (3 Units)- n [C] Given Give	-Not Held en	MG)- Refused	(0730 AK)- Refused	1130	1730
(HumuLIN R/NovoLIN R) Dose: 0-8 Units Freq: BEFORE MEALS AND AT BEDTIME Route: SubQ	2148 BN			[C]	[C]		
Start: 07/12/23 0730	(3 Units)- Given	(22 AK Re [C])- fused		2200		

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Medications	07/12/23		
Lisinopril Tab 10 mg (PRINIVIL/ZESTRII Dose: 10 mg	-) @	07/13/23	07/14/23
Freq: DAILY Route: Oral Start: 07/13/23 1000		(10 mg)- Given	1000
Ondansetron (PF) Inj 4 mg (ZOFRAN) Dose: 4 mg			
Freq: EVERY 6 HOURS AS NEEDED Route: IV PRN Reason: nausea/vomiting Start: 07/12/23 0508			
Polyethylene Glycol 3350 Packet 17 g (MIRALAX/GLYCOLAX) Dose: 17 g Freq: DAILY AS NEEDED Route: Oral PRN Reason: constipation Start: 07/12/23 0508			
Rosuvastatin Tab 40 mg (CRESTOR) Dose: 40 mg	1427 MA		
Freq: DAILY Route: Oral Start: 07/12/23 1000	(40 mg)- Given	1012 JR (40 mg)- Given	1000
Medications	Completed Med	ications	
Aspirin Supp 300 mg	07/12/23	07/13/23	0.000
Dose: 300 mg Freq: ONE TIME Route: Rect	0452 DC	7	07/14/23
lohexol ini 100 ml (OMMIDA CHIE	(300 mg)- Given		*
Pose: 100 mL (OMNIPAQUE 350)	t	1	
req: ONE TIME Route: IV start: 07/12/23 0330 End: 07/12/23 0330	0330 VL (100 mL)- Given	*	+
ohexol Inj 40 mL (OMNIPAQUE 350)			
ose: 40 mL eq: ONE TIME Route: IV	0400.10	*	
art: 07/12/23 0400 End: 07/12/23 0400	0400 VL (40 mL)- Given		*
abetaiol IV Syg 10 mg se: 10 mg	<u> </u>		
eq: ONE TIME Route: IV art: 07/12/23 0500 End: 07/12/23 0446	0446 DC (10 mg)- Given	*	*
otassium Chloride Oral Pack 20 mEq (K-			
se: 20 mFa	1331 MA	2	
q: ONE TIME Route: Oral rt: 07/12/23 1300	(20 mEq)- Given		*
dium Chloride 0.9% IV Premix e: 75 mL/hr	.		
I: ONE TIME Route: IV t: 07/12/23 0530 End: 07/12/23 0800	0800 RN (75 mL/hr)- New Bag	*	*

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: -

Report	05/40/22	07/13/23	07/14/23
- U - Home	07/12/23	4i-no	
Medications Dis	continued Medic	07/13/23	07/14/23
	07/12/23	VIII I	8
Medications	e	8	
Aspirin Tab 325 mg ose: 325 mg req: DAILY (INPT RN CHECK 1ST DOSE) Route:			
ral lart: 07/13/23 1000 End: 07/12/23 1422 Or spirin Supp 300 mg lose: 300 mg req: DAILY (INPT RN CHECK 1ST DOSE) Route.	e	8	8
Rect Start: 07/13/23 1000 End: 07/12/23 1422		8	8
Aspirin Tab 325 mg Dose: 325 mg Freq: DAILY (INPT RN CHECK 1ST DOSE) Route:			
Oral Start: 07/12/23 1000 End: 07/12/23 0851		8	8
Dose: 300 mg Freq: DAILY (INPT RN CHECK 1ST DOSE) Route:		8	8
Aspirin Tab 325 mg	0430 DC- Held [C]		
Dose: 325 mg Freq: ONE TIME Route: Oral Start: 07/12/23 0430 End: 07/12/23 0439		8	8
Atorvastatin Tab 40 mg (LIPITOR) Dose: 40 mg Freq: EVERY EVENING Route: Oral Freq: EVERY EVENING Find: 07/1/2/23 0652		8	8
Clopidogrel Tab 300 mg (PLAVIX)	0430 DC- Held [C]		
Freq: ONE TIME Route. Oral	0430 DC-	8	8
hydrALAZINE Inj 10 mg (APRESOLINE) Dose: 10 mg Freq: ONE TIME Route: IV Start: 07/12/23 0430 End: 07/12/23 0439	Held [C]		

Providers

Primary Care Provider: Mai, Danny

(M.D.), MEDICAL DOCTOR 3401 SOUTH HARBOR BLVD. SANTA ANA CA 92704-7933

NPI: 1164683314

Referring Provider:

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Yu, Esther Jihye (M.D.),

H&P

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: -

Physician

Signed

Internal Medicine

Internal Medicine H&P Date of Admission: 7/12/2023 PCP: Mai, Danny (M.D.)

CC: Slurred speech, imbalance

HPI: Ho Cao V is a 80 year old male

Patient with hypertension, hyperlipidemia, chronic kidney disease stage 3, diabetes mellitus 2 HGBA1C 9.7 (H)

History per son at bedside.

Patient currently resting/ sleeping , easily arousable, has slurred speech, he knows his name, that he's in kaiser (didn't know the city), knew the year but not the month (son says patient would typically know the month) , history from patient

Patient was last seen normal at noon by girlfriend and roommate.

He went out and came back at 5pm and girlfriend noted that patient had difficulty walking with imbalance. (Son states that patient with " asymmetric " gait for a few years, he says one leg is turned out and perhaps longer than the other, he's

Girlfriend called son at the time and son spoke with patient on the phone and he also noted patient with slurred speech . Son drove down from san jose and when he arrived at the house at 1245am (today), he found patient on the ground on his back, awake. Patient was not able to say if he had fallen or had loss of consciousness. Son says patient's thinking " seemed more simplistic." He had some " sensation " in the back of his head, but not a significant headache. Son thinks patient hit his head on something left. He says when patient was walking , patient seemed to be dragging the right leg. On review of systems:

No fevers/chills.

No nausea/vomiting.

No vision changes, lightheadedness, dizziness.

No obvious facial droop.

No chest pain, shortness of breath, cough or sputum.

No abdominal pain, diarrhea, dysuria.

No numbness/tingling.

+ drooling.

At baseline, patient does not use a cane or walker.

No smoking or alcohol.

Son says patient doesn't always take his medications regularly.

Patient says he does not take an aspirin at home.

Currently son says patient's slurred speech is the same as when it first started.

ER course:

Patient Vitals for the past 24 hrs:

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

		Report				Height	Weight	
	BP	Temp	Pulse	Resp	SpO2			
07/12/23 0446	(!) 205/119	_	68	15	98 %	_	_	
07/12/23 0400	(!) 206/96		70 68	17	99 %			
07/12/23 0350	(!) 198/100		63	18	98 %	-	_	
07/12/23 0345	(!) 194/95 (!) 167/126	_	_	_	— 97 %		_	
07/12/23 0305 07/12/23 0250	(!) 174/110	_	64	16	31 70	1.626 m (5'	59.6 kg (131 lb 6.3	
07/12/23 0230	(!) 193/112	08 9 °F	85	18	99 %	4")	oz)	

No data found.

Recent Labs

Recent La	07/12/23 0247
WBC	13.1*
HGB	14.9
HCT	43.6
PLT	264

Mild new leukocytosis

Recent Labs

)\$
07/12/23
0247
82.2
10.2 1.34
0.70 5.3
0.5
1.3 0.17
10.78*
0.06
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜

Recent Labs

lecent La	07/12/23
	0247
VΔ	136
K	3.6
Cl	104
CO2	26 26*
BLIN	26*
CB	1.55*
NA K CL CO2 BUN CR GFR	45*
RBS	207*

Creatinine baseline

No results for input(s): LACTATE in the last 72 hours.

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

Recent Labs

	07/12/23 0247
TROP	18

No results for input(s): DDIMER in the last 72 hours.

No results for input(s): TBILI, ALKP, ALT, AST, AMYL, LIPASE in the last 72 hours.

Recent Labs

TCCEIT Lab	5
	07/12/23
USG	0358
ULEUKESTER	1.024
UNITRITE	Negative
UPROTEIN	Negative
	100 (2+)*

Recent Labs

	07/12/23 0358
JAGLU	150 (2+)*
KET	5 (TRACE)*
ROBILINOGEN	Negative
ABILI	Negative

Recent Labs

	07/12/23 0358
UAHGB	0.03 (1+)*
UWBC	0-2
URBC	0-3
UEPITH	None
UBACT	None
JPH	7.0

TSH 0.98 06/29/2023

CHOL 293 (H) 06/29/2023 **TRIG** 212 (H) 06/29/2023 HDL 40 06/29/2023 LDL CALC 211 (H) 06/29/2023 LDL

85 02/21/2021 CHOL/HDL

7.3 (H) 06/29/2023 TRIGLYCERIDE, NONFASTING 223 (H) 02/21/2021

HGBA1C 9.7 (H) 06/29/2023

No results found for this basename: IRON, IBC, FESAT, FERRITIN

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Report

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: --

No results found for this basename: Ferritin

05/20/2016 VIT B12 743

No results found for this basename: Folate

No results found for this basename: COVID19:*, COVID19AG:*

No results for input(s): PH, PCO2, PO2, HCO3, BE, O2SAT, HGBPC, HGBMETH in the last 72 hours.

Wt Readings from Last 10 Encounters:

59.6 kg (131 lb 6.3 oz) 07/12/23 63.4 kg (139 lb 12.4 oz) 06/29/23 63.1 kg (139 lb 1.8 oz) 05/08/23 54.5 kg (120 lb 2.4 oz) 05/06/23 62.8 kg (138 lb 7.2 oz) 07/11/22 59 kg (130 lb 1.1 oz) 01/13/21 59 kg (130 lb 1.1 oz) 11/25/20 57.6 kg (126 lb 15.8 oz) 09/17/19 62.6 kg (138 lb 0.1 oz) 10/11/18 63 kg (138 lb 14.2 oz) 04/27/18

Ekg normal sinus rhythm heart rate 65 right bundle branch block , biphasic t waves 3, avf, all seen previously

Ct head, ct angiography brain/ neck, ct perfusion

Wet Read

From the Telerad Application:

Radiologist's Findings: No intracranial hemorrhage or mass. Diffuse atrophy and chronic small vessel ischemic disease.

Radiologist: Abdel-sayed, Peter

Wet Read

From the Telerad Application:

Radiologist's Findings: Mild atherosclerotic calcifications. No stenosis or large vessel occlusion.

Radiologist: Abdel-sayed, Peter

Wet Read

From the Telerad Application:

Radiologist's Findings: Cortical blood volume was 30% was 0 mL. Tmax greater than 6 seconds was also 0 mL. No mismatch volume.

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request

Report

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

Radiologist: Cord, Jason

Code 24 called .

Patient received the following medications:

- · Iohexol Inj 100 mL (OMNIPAQUE 350)
- · Iohexol Inj 40 mL (OMNIPAQUE 350)
- · Labetalol IV Syg 10 mg

Internal medicine was consulted.

PMH:

Patient Active Problem List:

UNSPECIFIED ANXIETY DISORDER

ESSENTIAL HTN

DM 2 W DYSLIPIDEMIA

OCCULT BLOOD IN STOOL

TRIGGER FINGER.

DM 2 W CKD STAGE 2 (GFR 60-89 W OTHER KIDNEY DAMAGE MARKER)

ATYPICAL CHEST PAIN

HYPOGLYCEMIA

COLONOSCOPY

HX OF COLONIC POLYP

DIVERTICULOSIS OF COLON

INTERNAL HEMORRHOID

DM 2 W NEUROLOGICAL MANIFESTATION

POLYNEUROPATHY, DIABETIC.

DM 2 W PERIPHERAL NEUROPATHY

DM 2 w mild nonproliferative diabetic retinopathy.

DM 2 W UNSPECIFIED RETINOPATHY

DM 2 W CKD STAGE 3 (GFR 30-59), UNSPECIFIED.

GERD (GASTROESOPHAGEAL REFLUX DISEASE)

MULTINODULAR THYROID GOITER

DM 2 W CKD STAGE 3B (GFR 30-44)

LEFT BUNION

OSTEOARTHRITIS OF BILAT KNEES

VASCULAR DEMENTIA, UNSPECIFIED SEVERITY, W OTHER BEHAVIORAL DISTURBANCE.

PSH:

Past Surgical History:

· Procedure

Laterality

Date

11/4/2011

TRANSORAL EGD, FLEXIBLE, DIAGNOSTIC

 PAST SURGICAL HISTORY, OTHER bladder surgery

Meds:

Outpatient Medications Marked as Taking for the 7/12/23 encounter (Hospital Encounter) Sig

glipiZIDE (GLUCOTROL) 5 mg

Take 1 tablet by mouth daily 30 minutes before your

OC IRVINE MEDICAL CENTER L

6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: --

Report largest meal to control blood sugar

Atorvastatin (LIPITOR) 40 mg Oral Take 1 tablet by mouth daily to reduce risk of heart

Tab

metFORMIN (GLUCOPHAGE)

attacks and strokes Take 2 tablets by mouth 2 times a day with meals

500 mg Oral Tab

Lisinopril (PRINIVIL/ZESTRIL) 20

Take 2 tablets by mouth daily

mg Oral Tab

Allergies:

Allergies Allergen

Reactions

Nsaids, Non-Selective [Non-Steroidal Anti-

Inflammatory Agents]

"SURENET744 Kidney Disease. Exception to this NSAID intolerance is aspirin 81-325mg daily and topical or opthalmic NSAIDs"

Lovastatin.

Skin Rash and/or Hives

Social History

Socioeconomic History

Divorced

 Marital status: No social history on file Spouse name: No social history on file Number of children: No social history on file Years of education: No social history on file Highest education level:

Occupational History

No social history on file

Tobacco Use

Never Smoking status: Never Smokeless tobacco:

Substance and Sexual Activity

No Alcohol use: No Drug use:

Not Currently Sexual activity:

Other Topics

Concern

No social history on file

Social History Narrative

Updated on 11/3/2011 during admission:

Lives alone at 16272 Chipper Ln Huntington Beach CA 92649-2752. Has family in Northern CA.

Exercises daily at gym.

No chest pain or shortness of breath with exercise.

Family History Problem

Hypertension

Relation **Brother** Age of Onset

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: --

Report ROS: all other systems reviewed and negative unless mentioned in history of present illness

PE: BP (!) 205/119 (BP Location: LA-LEFT ARM) | Pulse 68 | Temp 98.9 °F (37.2 °C) | Resp 15 | Ht 1.626 m (5' 4") | Wt 59.6 kg (131 lb 6.3 oz) | SpO2 98% | BMI 22.55 kg/m²

GEN: no acute distress, well developed

PSYCH: alert and oriented (see history of present illness for orientation) , mood is normal

EYES: eyelids normal, conjunctiva clear

ENT: moist mucous membranes, oropharynx clear, extraocular movements intact

CV: s1s2, regular rate and rhythm, no murmurs

RESP: clear to auscultation anteriorly

GI: soft, nontender, nondistended. +bowel sounds.

LE: no edema SKIN: clear, no rash

NEURO: + dysarthria, with smiling, left side overall lower than right side but unclear if this is his facial anatomy, able to stick out tongue, able to lift up bilateral arms (left arm higher than right arm) , bilateral arm strength 5/5 (although right side overall slower compared to left arm) , able to lift up bilateral legs off bed but slower on the right leg compared to left leg, able to plantarflex/ dorsiflex at ankles, sensation to light touch intact

A/P: Ho Cao V is a 80 year old male with a history as below who presents with below.

SLURRED SPEECH / IMBALANCE, ct head/ ct angiography brain/ neck/ ct perfusion negative, see teleneurology

- teleneurology recommended dual antiplatelet therapy, patient failed nurse bedside swallow evaluation , hence plavix 300 mg po x 1 not given by nurse, aspirin 300 rectal daily for now , primary team to order once speech therapy consult done
- echocardiogram
- neuro check q4h
- physical therapy consult
- speech therapy consult
- neurology consult

HYPERTENSION, allow permissive hypertension

hold lisinopril 40 mg po daily

HYPERLIPIDEMIA

- rosuvastatin 40 mg po daily
- lipid panel

CHRONIC KIDNEY DISEASE STAGE 3, creatinine stable

DIABETES MELLITUS 2, HGBA1C 9.7 (H) 06/29/2023

- hold glipizide 5 mg po daily
- hold metformin 1000 mg po bid
- sliding scale insulin low

DEMENTIA

FEN

- npo strict
- normal saline 75 cc/hr x 1L

PROPHY



OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Report

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

- sequential compression devices bilateral

FULL CODE

Patient/Family Plan of Care

Life Care Planning Physician Wellness

Patient informed "We ask all adults about life care planning. This is where you choose an advocate for health decisions and think through future scenarios. You can do this online, watch a video or attend a workshop through our Center for

"If you were in a situation where you could not speak for yourself who would you want to be your back-up person? This person should be someone who knows you well, you trust to honor your wishes and values, able to make decisions in stressful times and agrees to be your decision maker. Do you know who this person would be for you?"

Healthcare Decision Maker Status: son / daughter

Physician life care planning serious illness treatment goals

Surrogacy

The patient has decision making capacity.

Select all topics that were covered: Understanding: "What questions do you have about the covered who has go	ways illness and how it may progress over time?"
Understanding: "What questions do you have about	your limess and not take this? What did you learn?"
Past Experiences: "Do you know anyone who has go	your illness and now it may progress one through something like this? What did you learn?" what's most important to you?" "What does quality of life m
Elicited Values: "If your health condition gets worse,	What's most important or y

Elicited Values: "If your health condition gets worse, what's most important to you?" "What does quality of life mean to Recommendations made: "Based on what we know about your health condition, and what I heard you say is important,

I have some recommendations"

Treatment Goals:

I have educated the patient and/or available/appropriate family/surrogate regarding their diagnoses, disease process, prognoses, and plan of care. Patient appeared to understand and communicated agreement with the plan of care.

Electronically signed by: **ESTHER JIHYE YU** 7/12/2023

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OC IRVINE MEDICAL CENTER L

6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request

Report

Cao. Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

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Hwe, John (R.N.), R.N.

Discharge Planning

Date of Service: 7/13/2023 12:22 PM

REGISTERED NURSE

Progress Note

Case Management

Signed

Met with son in room. Agrees with plan for local SNF then will take patient up north and place in assisted living. SNF referral placed. Covid test done. Negative. PASRR CID: 203-075-417 - closed. Awaiting accepting SNF.

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Wang, Diana Ting-Sui

Discharge Summary

Date of Service: 7/13/2023 1:15 PM

(M.D.), M.D.

Physician

Signed

Internal Medicine

KAISER PERMANENTE--ORANGE COUNTY INTERNAL MEDICINE POST ACUTE CARE FACILITY (PACF) TRANSFER / DISCHARGE SUMMARY & PHYSICIAN ADMISSION ORDERS

PATIENT NAME: Ho Cao V

KAISER NUMBER: 000016614366

DATE OF HOSPITAL ADMISSION: 7/12/2023 **DATE OF HOSPITAL DISCHARGE: 7/13/2023**

PRINCIPAL DISCHARGE DIAGNOSIS WITH BRIEF SUMMARY (SEE HOSPITAL COURSE **BELOW FOR DETAILS):**

Ho Cao V is a 80 year old male with h/o diabetes mellitus, hypertension, CKd3, dementia who was Cao, Ho V (MRN 000016614366) Printed by Kesler, Laura (L.V.N.), L.V.N. [C643347] at 7/14/2023 9:23 AM

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Report Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023. D/C: —

admitted on 7/12/2023 for acute stroke. Following admission, the patient has persisted right side paralysis and slurred speech. Patient seen by neurology, had negative CT head for acute intracranial bleeding, cTA shows diffuse intracranial atherosclerosis, no large vessel occlusions, and CT perfusion negative. However,MRI brain showed acute left basal ganglia ischemic stroke, repeat head CT negative for hemorrhage. Patient given ASA and clopidogrel(plavix), tolerated well. Per Dr Razmara of neurology, to continue with ASA and clopidogrel(plavix) for total of 21 days, and then ASA q daily indefinitely. May continue PHYSICAL THERAPY/OT at Skilled Nursing Facility. Son lives in Northern California planning to move patient to Northern California after completion of Skilled Nursing Facility treatment.

REASONS FOR CHANGED OR NEW OR HELD MEDICATIONS:

See list below

TEST RESULTS PENDING AT TIME OF DISCHARGE:

Unresulted Labs (In-Process and Collected)
None

Rad (In Process) (Last 50 days)
None

PATHOLOGY/BIOPSY/OTHER PENDING RESULTS NOT DISPLAYED ABOVE: none

OTHER FINDINGS REQUIRING FOLLOWUP OR FURTHER WORKUP AS OUTPATIENT:

OUTPATIENT TESTS/REFERRALS ORDERED PRIOR TO DISCHARGE: zio patch x 2 weeks

DME EQUIPMENT (INCLUDING OXYGEN):

none

Code Status

Status Date

Full Code Wed Jul 12, 2023 5:10 AM

Readmission Score (LACE)

Readmission Score (LACE) Total: 10

L-LENGTH OF STAY SCORE: 1

A-EMERGENT ADMISSION SCORE: 3

OC IRVINE MEDICAL CENTER L

6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request

Report

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

C-CHARLSON COMORBIDITY SCORE: 5 E-NUMBER OF ED VISITS SCORE: 1

PRIMARY CARE PHYSICIAN: Mai, Danny (M.D.)

HOSPITAL DISCHARGE DIAGNOSES: (Principal marked with asterisk)

Active Hospital Problems

ACUTE LACUNAR STROKE, UNSPECIFIED TYPE AND ARTERY

DYSARTHRIA, LATE EFFECT OF ISCHEMIC STROKE

PARALYSIS

MAJOR VASCULAR NEUROCOGNITIVE DISORDER (VASCULAR DEMENTIA)

GERD (GASTROESOPHAGEAL REFLUX DISEASE)

DIVERTICULOSIS OF COLON

DM 2 W DYSLIPIDEMIA

ESSENTIAL HTN

Resolved Hospital Problems
No resolved problems to display.

HOSPITAL PROCEDURES / OPERATIONS (with dates):

none

CONSULTS:

INPATIENT INTERNAL MEDICINE CONSULT
INPATIENT PHYSICAL THERAPY CONSULT
INPATIENT SPEECH THERAPY CONSULT
INPATIENT NEUROLOGY CONSULT
INPATIENT SOCIAL SERVICES CONSULT
INPATIENT SOCIAL SERVICES CONSULT

INPATIENT OCCUPATIONAL THERAPY CONSULT

REASON FOR HOSPITALIZATION:

Ho Cao V is a 80 year old male who presented to EMERGENCY ROOM first with stroke sx.

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Report Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: --

See H&P for details.

SUMMARY OF HOSPITAL COURSE:

80yo with h/o hypertension, diabetes mellitus, hyperlipidemia, CKD3, dementia who presented to EMERGENCY ROOM with slurred speech, gait imbalance and right sided incoordination, had negative CT head,CTA shows diffuse intracranial atherosclerosis, no large vessel occlusions, CT perfusion negative, given ASA 300mg PR x1 at EMERGENCY ROOM before admission for stroke. Overnight reported to have worsening speech disturbance and right side paralysis, follow up MRI shows acute left basal ganglia ischemic stroke, and repeat head CT negative for hemorrhage x2. Patient seen by tel-neurology and not a candidate for thrombolytic tx. Subsequently also seen by neurology Dr Razmara who felt patient had acute ischemic stroke due to small vessel disease and has completed the stroke, recommended ASA and clopidogrel(plavix) for 21 days after loading dose, continue with high intensity statin. Had negative Echocardiogram for thrombosis, no arrythmias on telemetry, no atrial fibrillation on telemetry. May d/c to Skilled Nursing Facility per neurology. We also advice son not to travel to Northern California at this time until completion of Skilled Nursing Facility treatment for PHYSICAL THERAPY/OT and then he could reassess the timing of moving the patient up to Northern California with him. Son with work with Skilled Nursing Facility rounder regarding safe transfer.

Active Problems:

ESSENTIAL HYPERTENSION-has Chronic Kidney Disease, will reduce lisinopril dose and add amlodipine. Skilled Nursing Facility rounder to titrate up blood pressure med slowly the next few days as per neurology.

DM 2 W DYSLIPIDEMIA-HGBA1C 9.7 (H) 06/29/2023

-to d/c metformin due to Chronic Kidney Disease, resume glipizide. Skilled Nursing Facility rounder to adjust med. To cover with sliding scale for now

DIVERTICULOSIS OF COLON

GERD (GASTROESOPHAGEAL REFLUX DISEASE)

ACUTE LACUNAR STROKE, UNSPECIFIED TYPE AND ARTERY

DYSARTHRIA, LATE EFFECT OF ISCHEMIC STROKE

PARALYSIS

MAJOR VASCULAR NEUROCOGNITIVE DISORDER (VASCULAR DEMENTIA)

SIGNIFICANT FINDINGS:

OC IRVINE MEDICAL CENTER L

6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request

Report

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: -

Recent Labs

IXECCIT Labs			
	07/13/23	07/12/23	07/12/23
	0632	0621	0247
WBC	8.3	9.7	13.1*
HGB	14.9	14.3	14.9
HCT	43.1	42.0	43.6
PLT	233	239	264
NA	139	138	136
K	3.4*	3.2*	3.6
CL	108	105	104
CO2	25	25	26
BUN	18	24*	26*
CR	1.60*	1.47*	1.55*
GFR	43*	48*	45*
RBS			207*
ANIONGAP3	6	8	6

No results for input(s): AMYL, ALT, AST, TBILI, ALKP, INR, LIPASE in the last 72 hours.

Imaging Studies:

See above

CONDITION AT TIME OF HOSPITAL DISCHARGE: Stable.

Stroke sx is unchanged

LTC PHYSICIAN / PRIMARY CARE PHYSICIAN TO FOLLOW-UP THESE STUDIES:

Unresulted Labs (In-Process and Collected)

None

Rad (In Process) (Last 50 days)

None

POST ACUTE CARE FACILITY PHYSICIAN ADMISSION ORDERS

REFERRAL SOURCE (KPMC ANA or IMC): KPMC IMC

REASON FOR SNF TRANSFER / ADMISSION: physical therapy, occupational therapy, speech

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY

IRVINE CA 92618-3734 SNF Placement Request

Report

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Adm: 7/12/2023, D/C: ---

therapy and medical management

LEVEL OF CARE: Skilled

ADVANCED DIRECTIVES:

Code Status

Status Date

Full Code Wed Jul 12, 2023 5:10 AM

INTENSITY OF CARE: full care

IS PATIENT AND/OR RESPONSIBLE PARTY AWARE OF DIAGNOSIS: Yes **DURABLE POWER OF ATTORNEY FOR PATIENT/EMERGENCY CONTACTS:**

Extended Emergency Contact Information

Primary Emergency Contact: Hanh

UNITED STATES

Work Phone: 510-331-7454 Mobile Phone: 510-881-1656

Relation: Daughter

Secondary Emergency Contact: Huy "Mark" Ho

Mobile Phone: 408-668-4440

Relation: Son

Allergies: Allergies

Allergen Reactions

 Nsaids, Non-Selective [Non-Steroidal Anti-Inflammatory Agents]

"SURENET744 Kidney Disease. Exception to this NSAID intolerance is aspirin 81-325mg daily and topical or opthalmic NSAIDs"

· Lovastatin.

Skin Rash and/or Hives

SNF MEDICATIONS: I have reviewed the prior to admission medications and reconciled them with the current inpatient medications and the following list is the result of that reconciliation.

Patient was evaluated for need for treatment with psychotropic medications. The benefits from therapy outweigh the potential risks associated with continued use. Informed consent was obtained from the patient and/or available surrogate for the psychotropic medications ordered for the skilled nursing facility.

Current Discharge Medication List

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Report

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Adm: 7/12/2023, D/C: —

STOP taking these medications

Atorvastatin 40 mg Tab Commonly known as: LIPITOR

metFORMIN 500 mg Tab

Commonly known as: GLUCOPHAGE

START taking these medications

One Opin	Morni ng	Aftern oon	Eveni ng	Bedti me	As Need
amLODIPine 5 mg Tab Commonly known as: NORVASC Take 1 tablet by mouth daily			g	1110	ed
Aspirin 81 mg Chew tab Last time this was given: July 13, 2023 10:11 AM Start taking on: July 14, 2023 Chew and swallow 1 tablet by mouth daily					
Clopidogrel 75 mg Tab Commonly known as: PLAVIX Last time this was given: July 13, 2023 10:12 AM Start taking on: July 14, 2023 Take 1 tablet by mouth daily					
Rosuvastatin 40 mg Tab Commonly known as: CRESTOR Last time this was given: July 13, 2023 10:12 AM Start taking on: July 14, 2023 Take 1 tablet by mouth daily					

CHANGE how you take these medications

Morni ng	Aftern oon	Eveni ng	Bedti me	As Need ed

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

Report				ELC.T	As
	Morni ng	Aftern	Eveni ng	Bedti me	Need ed
Lisinopril 20 mg Tab Commonly known as: PRINIVIL/ZESTRIL Last time this was given: July 13, 2023 10:12 AM Take 0.5 tablets by mouth daily What changed: how much to take					

CONTINUE taking these medications

CONTINUE taking these medications	Morni ng	Aftern	Eveni ng	Bedti me	As Need ed
glipiZIDE 5 mg Tab Commonly known as: GLUCOTROL Take 1 tablet by mouth daily 30 minutes before your largest meal to control blood sugar					

HOLD these med which were taken at home but are not ready to be resumed at time of transfer to Skilled Nursing Facility: none

- Bisacodyl (Dulcolax) suppository 1 per rectum every 2 days AS NEEDED constipation
- Acetaminophen 325 milligrams ONE tablet by mouth every 4 hrs AS NEEDED mild pain
- Acetaminophen 325 milligrams TWO tablets by mouth every 4 hrs AS NEEDED moderate pain or
- Docusate Sodium 100 milligrams by mouth TWO TIMES A DAY AS NEEDED constipation, hold
- Mylanta 30 MI by mouth before meals and at bedtime AS NEEDED heartburn
- Calcium 500 milligrams with 400 INTERNATIONAL UNIT Vit. D, 1 tab by mouth twice a day Multivitamin 1 tab by mouth daily

DVT PROPHYLAXIS: to work with PHYSICAL THERAPY 3 times a day

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Adm: 7/12/2023, D/C: --

If patient is on COUMADIN, check PATIENT/INR tomorrow morning Call anticoagulation pharmacy with results.

If patient is Diabetic:

Check Fingerstick blood sugars AC and HS.

Follow Insulin Sliding Scale Coverage:

If blood glucose: 70-120: No action 121-150: 1 units 151-200: 2 units 201-250: 3 units

251-300: 4 units

301-350: 6 units 351-400: 8 units

>400 Call physician

IV ACCESS DEVICE: none

TYPE OF NUTRITION / DIET: pureed

And mildly thick liquid

ASPIRATION PRECAUTIONS: yes

RESPIRATORY THERAPY / CARE:

SUCTION: Per facility protocol unless otherwise specified

NURSING TREATMENT / CARE:

FALL RISK PRECAUTIONS: yes

Routine skin care for prevention of skin breakdown per protocol If Foley catheter, then care per facility protocol If Ileostomy / Colostomy, then care per protocol

PPD 2-step or chest xray per facility protocol

ISOLATION: no

WOUND CARE: not applicable

EVALUATIONS / TREATMENTS: PT evaluation (additional orders per SNF MD), OT evaluation, Decubitus care as per protocol, Glucose POCT before meal(s) and qhs and Other skilled needs: rounder to adjust blood pressure med and diabetes mellitus med

Weight Bearing Status: Weight Bearing As Tolerated (WBAT)

SPEECH THERAPY: Swallowing

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Cao, Ho V

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LABS / IMAGING (to be done at SNF): defer to Skilled Nursing Facility rounder Report

PRIMARY CARE PROVIDER: Dr. Mai, Danny (M.D.) In 5-7 days after acute skilled nursing home FOLLOW UP APPOINTMENTS: discharge.

PATIENT/FAMILY EDUCATION & INFORMED CONSENT:

I have educated the patient and/or available/appropriate family/surrogate regarding the patient's diagnoses/disease process, prognoses, plan of care, as well as risks, benefits & alternatives of the treatments including any psychotropic medications as applicable.

I certify that the above services are required and authorized by me. This patient is under my care and either requires 24 hour skilled nursing care or custodial care.

TIME (IN MINUTES) SPENT ON DISCHARGE PROCESS :

The entire discharge process for this patient took MORE THAN 30 minutes

Electronically signed by: DIANA TING-SUI WANG MD 7/13/2023 1:15 PM **Department of Internal Medicine** Kaiser Orange County

----- CORE MEASURES INSTRUCTIONS -----

This patient does NOT have AMI - No further patient instructions/education needed.

This patient had a Stroke during this hospital admission.

- Was this patient assessed for rehabilitation service by physical, occupational, or speech therapy?
- Does this patient have atrial flutter or atrial fibrillation? No.
- Antiplatelet is prescribed.(ASA and clopidogrel(plavix))
- Statin is prescribed.

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OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request

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Date of Service: 7/13/2023 1:25 PM THERAPIST, Attested OCCUPATIONAL Rehabilitation **Consult Orders** INPATIENT OCCUPATIONAL THERAPY CONSULT [1288848470] ordered by Wang, Diana Ting-Sui (M.D.), Attestation signed by Wang, Diana Ting-Sui (M.D.), M.D. at 7/13/2023 4:35 PM Agree with plan, tx per protocol

OCCUPATIONAL THERAPY INPATIENT INITIAL ASSESSMENT with PLAN CERTIFICATION

Treatment Diagnosis: Impaired Activity of Daily Living and Functional Mobility

Admitting Diagnosis: slurred speech, imbalance

Onset Date: 7/13/2023 around 12:45am Last known well: 07/12/2023 at noon

TPA given: ☐ yes ☒ no

Date of hospitalization 07/12/2023

SUBJECTIVE

Nursing (RN) has cleared patient for Occupational Therapy Assessment. Son was in bed side

Precautions: cardiac,

diabetes. fall risk,

hypertension

Right sided weakness (Flaccid)

Slurred speech

weightbearing status no restrictions

Head of bed at 30 degrees

Pain Assessment:

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Report

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

☑ Patient complains of pain in right shoulder with ROM

Current level of pain: 0/10 at rest, unable to state/10 with activity

Language Preference: English and Vietnamese

Interpreter Used: no

BASELINE/PRIOR LEVEL OF FUNCTION: (obtained from the son who was in bedside)

BASELINE/PRIOR LEVEL Living Situation:	LOF FUNCTION: (obtained from the soft who was a likely start of the son, patient likely start of th
Bathroom set up at home: DME currently owned: Self care/functional mobility	■ Walk in shower
Job, occupations, and hobbies:	retired Walking

OBJECTIVE

OBJECTIVE	
Orientation Cognition Behavior Visual Perceptual	person and place altered judgment, problem solving, attention deficit and memory deficit relaxed/calm and cooperative field deficit right side visual tracking
Hearing Communication	within functional limits difficulty expressing verbally due to slurred speech

RANGE OF	MOTION:	L shoulder	WNL
R shoulder	WNL passively	L elbow	WNL
R elbow	WNL passively	L forearm	WNL
R forearm	WNL passively	L wrist	WNL
R wrist	WNL passively WNL passively	L hand	WNL
R hand	WINL passively	-	

STRENGTH R shoulder R elbow	0/5 (zero) 0/5 (zero)	L shoulder L elbow L forearm	4/5 (good) 4/5 (good)
R forearm	0/5 (zero)		L) L V N. [C643347] at 7/14/202

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY

IRVINE CA 92618-3734 SNF Placement Request Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

wrist		Report	
Rhand	0/5 (zero)	L wrist	4/5 (good)
	0/5 (zero)	L hand	4/5 (good)

TESTS		
UE Muscle Tone	Right: decreased flaccid	
Hand Dominance	Left: within normal limits	
Sensation	right	
dema	impaired right side	
	Right: no	
MOTOR	Left: no	
ross motor		
rocessing:	d Right impaired Left within normal limits	
ine motor coordination rocessing:	Right impaired Left within normal limits	
unctional Grasp		
rehension	Right impaired	
m Drift	Right impaired	
apid alternating movement	Right impaired flaccid Left within normal limits	
nger to Nose	TO THE TIME THE TIME TO THE TI	
oial O	INGULUIO NOT Test Left did	
•	INGIL IIIDSIFED LOFF within	
	right facial asymmetry on smiling and facial droop	
	and facial droop	

CURRENT FUNCTIONAL ASSESSMENT

ADL ASSESSMENT	
Grooming/hygiene Feeding Dressing UE Dressing LE Bed Mobility Functional ADL Transfers	contact guard assist with using a wash cloth using left hand bed level not tested not tested dependent / total assistance (subject 0-24%) maximum assistance (subject 25-49%)
BALANCE: Sitting balance, static	not tested not tested
Sitting balance, dynamic Standing balance, static Standing balance, dynamic	impaired maximum assist due to decrease trunk control could not test did not test did not test

MODIFIED RANKIN SCALE (mRS) for CVA patients only

No symptoms at all

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: --

No significant disability despite symptoms; able to carry out all usual duties and activities Slight disability; unable to carry out all previous activities, but able to look after own affairs (1)

Moderate disability; requiring some help, but able to walk without assistance

Moderately severe disability; unable to walk without assistance and unable to attend to own (2)(3)(4)

Severe disability; bedridden, incontinent and requiring nursing care and attention bodily needs without assistance (5)

(6)

Current mRS Score (0-6): 5

Education given: adapted activities of daily living, body mechanics, exercises for ROM / strengthening / mobility , mobility training , safety , self-management and wellness within the plan of care and weight bearing status

Treatment given: adapted activities of daily living techniques / adapted equipment , assess equipment needs, balance retraining, bed mobility training, body mechanics, joint protection, patient / family education, ROM, safety training, strengthening, therapeutic exercises, transfer training, and weight

Disposition after evaluation: alarm on, call button in reach, in bed 3 rails, no apparent distress, nursing staff notified, sequential compression device on and with family / friends

Responsibility of patient care and safety returned to nursing, and nursing agrees.

ASSESSMENT:

☑ Patient demonstrates impaired activities of daily living and functional mobility.

Patient demonstrates lack of right upper extremity function during activities of daily living and functional mobility participation.

☑ Patient demonstrates visual impairments (right side).

Patient demonstrates balance, ROM and coordination deficits which impairs safety judgment with activities of daily living/functional mobility/and occupational role performance.

□ Learning barriers: vision (right side)

Patient will benefit from skilled OT services to address functional deficits, maximize potential, and increase independence with ADLs and functional mobility.

Patient may benefit from therapy to progress towards prior level of function. (Based on Above RECOMMENDATIONS Findings)

PLAN OF CARE

Patient goal statement: not stated

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Report

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

GOALS to be met by 08/03/2023

Patient will demonstrate increased right upper extremity strength by 1/2 grade in order to participate in activities of daily living.

Patient will demonstrate minimal assistance (subject 75% or greater) with sitting balance and ability to maintain midline orientation for performing functional tasks at edge of bed.

Patient will demonstrate carry over of compensatory techniques of upper body self care for

Patient will demonstrate stand by assistance/contact guard assist in feeding, hygiene, grooming and minimal assist with upper body dressing safely.

Patient to be assessed for activities of daily living and functional mobility as patient appropriate.

Patient/caregiver will demonstrate/verbalize understanding/independence with SROM/ PROM/ AROM, ADLs and body mechanics Principles/techniques.

Patient/caregiver will demonstrate/verbalize independence with compensatory techniques provided

Rehabilitation potential for goals: Good

PLAN

Treatment plan: assess equipment needs, balance retraining, bed mobility training, compensatory strategies for neglect, ROM, safety training, strengthening, therapeutic exercises, tone facilitation/inhibition techniques and transfer training

Frequency: 4 times per week for 3 weeks

Reevaluation to be done at the end of plan of care, within 30 days or when any significant change(s)

I have reviewed the medical record for relevant medical history, medication, imaging and testing.

Informed consent: I have discussed the relative risks, benefits, and alternatives for treatment of this problem with the patient/family: Yes and patient and son verbalized understanding and agreement with the treatment.

Ordering physician: Please document your approval of the plan of care by co-signing this initial assessment note. If you do not approve the plan, please notify the therapist of disapproval and/or

Electronically signed by: MEDHAT LABIB GHATTAS OT 7/13/2023

Time In: 13:00

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Report

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MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: --

Time Out: 13:25

Evaluation: 10 minutes

Self Care/Homemaking Skills 5 minutes

Therapeutic activities: 10 minutes

Cosigned by:

Wang, Diana Ting-Sui (M.D.), M.D. at 7/13/2023 4:35 PM

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Multi-Discipline Progress Carrillo, Brenda M (Slp), Note S.T. THERAPIST, SPEECH Signed Rehabilitation

SPEECH PATHOLOGY TREATMENT NOTE

7/13/2023

RECOMMENDATION:

- 1) Puree, mildly thick following Swallow Precautions
- 2) Meds as tolerated
- 3) ST Dysphagia & DysarthriaTreatment

SWALLOW/ ASPIRATION PRECAUTIONS:

Sit upright as tolerated Limit distractions Slow rate of feeding/intake Small bites/sips Alternate liquids/solids 1:1 Caregiver assistance Check R side of mouth for spill and/or pocketing Maintain upright position for at least 30 minutes after meals

ASPIRATION RISK: Mild

REHABILITATION PLAN OF CARE 7/12/2023

Date of hospitalization 7/12/2023

Referring Provider: Dr.Yu

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

Referring Diagnosis: CVA

Treatment Diagnosis: Dysphagia, Dysarthria

Long-Term Goals:

- 1) Pt will tolerate the least restrictive diet free from s/s of aspiration to improve quality of life and/or to restore prior level of functioning
- 2) Patient will achieve the highest level of function for participation in basic communicative activities to improve quality of life and/or restore prior level of functioning.

Short-Term Goals:

- 1) Patient will tolerate diet of puree, mildly thick liquids free from overt s/sx of aspiration over 2/2 sessions. GOAL MET 7/13/2023
- 2) Patient will follow commands related to oral intake/ swallow precautions over 2/2 sessions.
- 3)Patient will use overarticulation strategy to articulate consonants at the word-level in order to increase articulatory precision and functional speech intelligibility in 8/10 trials and mod A
- 4) Patient will verbalize short phrase with functional speech intelligibility for ADLs given mod-max A

Type and Amount (procedures; modalities): evaluation, education,

Frequency during LOS: 3 times 4 times every 1 weeks for

Duration: 1 weeks

Recertification due: 7/19/23

Visit #: 2/4

SUBJECTIVE:

Followed for dysphagia and dysarthria.

Chart reviewed; cleared by RN for ST.

Patient sleeping but roused and cooperative with therapy.

Son at bedside and reports ongoing severe dysarthria with intermittent need to write intended

OBJECTIVE/ASSESSMENT:

Patient identifier x2: verbalized name, MRN, and wristband verified

COGNITION: Alert and oriented to person, place, situation CURRENT DIET: Mildly Thick Liquids (IDDSI Level 2)

Pureed (IDDSI Level 4)

DYSPHAGIA

SOLID CONSISTENCIES given: puree LIQUID CONSISTENCIES given: thin liquids

Feeding: Assisted

SPO2 99%, HR 74, RR 18

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

	Report		
	shrug	L elbow	within normal limits
Relbow	Passive within normal	r einow	
	limits	L hand	within normal limits
R hand	Passive within normal	Liland	
	limits		

7 Islan	Passive within normal	L hip	within normal limits
R hip	limits Passive within normal	L knee	within normal limits
R knee	limits	L ankle	within normal limits
R ankle	Passive within normal limits	Edimo	

STRENGTH		سمامات ا	3+/5 (fair plus)
		L shoulder	
R shoulder	0/5 (zero)	L elbow	5/5 (normal)
R elbow	0/5 (zero)		3+/5 (fair plus)
	0/5 (zero)	L hand	3170 (10.11
R hand	0/3 (2610)		

Rhand	0/3 (2010)		
		L hip	3/5 (fair)
R hip	0/5 (zero)	L knee	5/5 (normal)
R knee	1 to 2-/5	L ankle	3/5 (fair)
R ankle	0/5 (zero) tone	Land	

Balance:	impaired poor sitting balance, tries to push over and falls to right an
Sitting balance, static	impaired poor sitting butters,
	backwards
Sitting balance, dynamic	could not test
Standing balance, static	could not test
Standing balance, dynamic	did not test

CURRENT FUNCTIONAL A Bed Mobility/Transfers:	MOBILITY Rolling: Moderate Assist; Maximum Assist Supine - Sit: Dependent Sit - Supine: Maximum Assist Sit - Stand: Not Tested Stand - Sit: Not Tested Transfer: NOT TESTED Assistive Device: None (rail)	MARCIE
Gait: Stairs: Wheelchair Mobility:		

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734

SNF Placement Request

Cao, Ho V MRN: 000016614366, DOB: 2/1/1943, Sex: M Adm: 7/12/2023, D/C: —

TESTS	Report
Endurance Sensation Coordination Edema Muscle Tone	impaired but works hard sitting at edge of bed to maintain upright posture and lift head not tested impaired right side none
	mixed Upper Extremity flaccid, mildly resistant & tone pattern at foot

FAMILY TRAINING

None, son not in room

Comments/Other: recommend 2 person for sitting balance at edge of bed

Patient after stretches and practice able to maintain upright posture for 30 seconds with 2 pillows

Patient is hard to understand but is funny. I was trying to get the patient to use his left side trunk muscles to maintain upright posture and touched them . The pt giggled and laughed then tickled me. Treatment Rendered:

Education given: body mechanics, energy conservation, equipment use rail, exercises for ROM / strengthening / mobility , mobility training , safety and weight bearing status

Treatment given: balance retraining, bed mobility training, body mechanics, cognitive training, energy conservation instruction in home exercise program, joint protection, neuromuscular reeducation , pain management , patient / family education , positioning , relaxation , ROM , safety training, therapeutic exercises, visual / perceptual motor training and weight bearing

Disposition after evaluation: alarm on, call button in reach, in bed 3 rails, no apparent distress and nursing staff notified, ICDs

Responsibility of patient care and safety returned to nursing, and nursing agrees.

ASSESSMENT: Patient is not performing at baseline due to...

Learning barriers: cognition and slurred speech

Impairments: Functional Mobility, Activity Tolerance, Bed Mobility, Transfers, Ambulation/Gait, Weight Bearing, Equipment Use, ROM, Strength, Coordination, Balance and Safety Awareness Functional limitations: bed mobility, transfer, gait train

Modified Rankin Scale Assessment 7/13/2023 Interviewed Inpatient

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request Report

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: -

Observed **Findings**

5 - Severe disability. Bedridden, incontinent and requiring constant nursing care and attention

Patient will benefit from additional physical therapy intervention based on above findings.

RECOMMENDATIONS Equipment Recommendation: Hospital Bed, Wheelchair and to bed determined	The patient can with nurse bed mobility	Therapy Recommendation: ⊠ Patient may benefit from continued skilled therapy 4 per week with good potential to progress towards prior level of function	

Patient goal statement: patient liked sitting at edge of bed and working on trunk control but did not state any goals

Goal:	board to writer will be independent with nome exercise
-------	--

Rehabilitation potential for goals: good

Treatment plan: balance retraining, bed mobility training, caregiver instruction, compensatory strategies for neglect, endurance training, gait training, progressive, instruction in home exercise program, pain management, patient / family education, ROM, safety training, therapeutic exercises, tone facilitation/inhibition techniques and transfer training Frequency of visits in hospital setting: 4 times per week for 3 weeks

Goals to be met by 8/3/2023

Reevaluation to be done at the end of plan of care or when any significant change(s) in the patient's

I have reviewed the medical record for relevant medical history, medication, imaging and testing. status has occurred.

Informed consent: I have discussed the relative risks, benefits, and alternatives for treatment of this Cao, Ho V (MRN 000016614366) Printed by Kesler, Laura (L.V.N.), L.V.N. [C643347] at 7/14/2023 9:23 AM

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 SNF Placement Request

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: __

problem with the patient/family: Yes and patient verbalized understanding and agreement with the Report

Ordering physician: Please document your approval of the plan of care by co-signing this initial assessment note. If you do not approve the plan, please notify the therapist of disapproval and/or modification to the plan.

Electronically signed by: TERESA M BROWN PT 7/13/2023

Time In: 449 Time Out: 515

Evaluation: 8 minutes

Therapeutic exercises: 5 minutes Therapeutic activities: 5 minutes

Gait training: 0 minutes

Neuromuscular reeducation: 8 minutes Wheelchair management: 0 minutes

Disclaimer: This document contains Protected Health Information (PHI). This document is to be used by the recipient for purposes of treatment, payment and/or health care operations only in accordance with Health Information Portability and Accountability Act (HIPAA) and other state and federal laws and regulations. This document is not to be forwarded or sent outside the agency/office/clinic, where the patient is receiving care except with prior written consent of the patient or his/her personal representative for further treatment of the patient. Order Providers

Wang, Diana Ting-Sui (M.D.)

Order Information

Date Department 7/13/2023 **5MS2**

Released By Hwe, John (R.N.), R.N. (autoreleased)

Authorizing Wang, Diana Ting-Sui (M.D.), M.D.

Original Order

Ordered On 7/13/2023 12:20 PM

Ordered By Hwe, John (R.N.), R.N.

SARS-COV-2 (COVID-19), INFLUENZA A + B, MULTIPLEX NAA [1289419399]

Electronically signed by: Wang, Diana Ting-Sui (M.D.), M.D. on 07/13/23 1635

Status: Completed

Mode: Ordering in Telephone with Readback mode

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734 ROI LAB AND RESULTS

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: -

SARS-COV-2 (COVID-19), INFLUENZA A + B, MULTIPLEX NAA [1289419399] (continued) Ordering provider: Wang, Diana Ting-Sui (M.D.), M.D.

Ordering user: Hwe, John (R.N.), R.N. 07/13/23 1220 Authorized by: Wang, Diana Ting-Sui (M.D.), M.D.

Frequency: Once 07/13/23 1230 - 1 occurrence

Answer Questionnaire **Immediate** Question Result Release to patient? No Patient symptomatic? NURSE

Order comments: ORDERING PROVIDER ONLY: Local Command Center must approve this order and provide a SPECIFIC SWAB required for this test. Otherwise, this order may be cancelled. Deliver samples to lab immediately after collection. THICKER NASAL SWAB: Observe Enhanced Droplet Precautions. Swab into first nostril until resistance is met at the level of turbinates, rotating the swab a few times against the nasal wall and then insert the same swab into the second nostril, repeating the same steps; place swab into a sterile container with viral transport media. Store/transport refrigerated or on ice. THIN/MINI-TIPPED NASOPHARYNGEAL SWAB: Observe Enhanced Droplet Precautions. Swab into a nostril parallel to palate for a few seconds to absorb secretions; place swab into a sterile container with viral transport media. Store/transport refrigerated or on ice.

Answer **Order Questions Immediate** Question Result Release to patient? Patient symptomatic?

Note: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea. Question required by US Department of Health and Human Services based on CARES Act

WHO IS OBTAINING THIS SAMPLE?

Priority and Order Details

Class **Priority**

Nurse Collect Timing Critical

Resulted: 07/13/23 1531, Result status: Final SARS-COV-2 (COVID-19), INFLUENZA A + B, MULTIPLEX NAA Order status: Completed [1289419419]

Ordering provider: Wang, Diana Ting-Sui (M.D.), M.D. External ID: 6384497185 07/13/23 1220 Resulting lab: KFH IRVINE LABORATORY

Collected By Specimen Information RNC 07/13/23 1407 Source Type NASAL SWAB C0000220231 94048084

Components Reference Lab Flag Range Value 398 Not Detected Component Not SARS-COV-2 (COVID-19), Detected 398 Not Detected QUALITATIVE, NAA Not INFLUENZA VIRUS A, PCR Detected 398 Not Detected INFLUENZA VIRUS B RNA, PCR Not Detected

Comment:

OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734

Cao, Ho V

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

Order Comments (continued)

Respiratory Needs: 1. Oxygen 2L n/c

Liter Flow: yes If yes, specify: 2 LPM

Nutrional Needs:

1. Other: Diabetic Consistent Carbohydrate: 225gm Avg/d (about 1800 calorie); Pureed

Long Term Care Plan: Home with Family Member. Family is from Nor Cal and will take patient back home and place in assisted living up north. Son Huy already travels back and forth between norcal and patient's address to check on him. Huy currently at

MediCal Application Initiated: no

Next of Kin/ DPOA: Hanh (daughter)

Phone #: 510-881-1656. Huy (son) 408-668-

Irvine Medical Center

Phone: (949) 932-5474

Fax: (949) 932-5317

Schedule Details

Start Date/Time 07/13/23 12:15 PM

End Date/Time 07/13/23 12:15 PM

Order Providers

Authorizing Provider

Wang, Diana Ting-Sui (M.D.), M.D.

Encounter Provider

None

Original Order

Ordered On

7/13/2023 12:16 PM

Ordered By

Hwe, John (R.N.), R.N.

Release Information

Released On

7/13/2023 12:16 PM

Released By

Hwe, John (R.N.), R.N. (auto-released)

Order Questions

Question What are the Clinical Indicators?

Therapies 0-60 min/day / 6 days/week

Enter the skilled benefit days available at the time of

Referral Type:

Referred to Location/POS:

Skilled Nursing Facility - Skilled FACILITY TO BE DETERMINED

Is this patient returning to Home SNF?

No



OC IRVINE MEDICAL CENTER L 6640 ALTON PKWY IRVINE CA 92618-3734

MRN: 000016614366, DOB: 2/1/1943, Sex: M

Adm: 7/12/2023, D/C: —

Cosign Order Info

Action Ordering Created on 07/13/23 1216 Order Mode Telephone

Entered by Hwe, John with Readback (R.N.), R.N. Responsible Provider Wang, Diana Ting-Sui (M.D.), M.D.

Signed on Signed by 07/13/23 1635 Wang, Diana Ting-Sui (M.D.), M.D.

Reference Links

Acknowledgement Info

At For 07/13/23 1216 Placing Order

Acknowledged By Garcia, Mary Angeline Mijares (R.N.),

Acknowledged On 07/13/23 1253

END OF REPORT