

Interdisciplinary Discharge Summary / Recapitulation of Stay v.4

Resident: CAO, HO (2020530)
Initial Admission: 07/14/2023
Score: NA

Effective Date: 07/25/2023 11:28
Admission: 07/14/2023
Category: NA

Location: Third Floor 337 B
Date of Birth: 02/01/1943
Physician: PELLEGRINO, MARK

A. Recapitulation of Resident's Stay

A. Admit and Discharge Information

1. Most Recent Admission: 07/14/2023 17 53

2. Admitting Diagnoses:

I63.9 CEREBRAL INFARCTION, UNSPECIFIED I69.322 DYSARTHRIA FOLLOWING CEREBRAL INFARCTION F01.50 VASCULAR DEMENTIA, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY E11.69 TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION E78.5 HYPERLIPIDEMIA, UNSPECIFIED E11.22 TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE N18.30 CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED E11.40 TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED I15.2 HYPERTENSION SECONDARY TO ENDOCRINE DISORDERS K57.30 DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING M62.81 MUSCLE WEAKNESS (GENERALIZED) R26.89 OTHER ABNORMALITIES OF GAIT AND MOBILITY K21.9 GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS W19.XXXD UNSPECIFIED FALL, SUBSEQUENT ENCOUNTER N39.0 URINARY TRACT INFECTION, SITE NOT SPECIFIED

3. Allergies

No known allergies

4. Influenza: (M/D/YYYY)

5. Pneumovax: (M/D/YYYY)

Signed By

Signed Date

Sheila Correa, Case Manager [e-SIGNED]

08/01/2023

B. Summary - Nursing

A. CARE PROVIDED

1. Care Provided

- ☒ 1. Physical Therapy (PT)
- ☒ 2. Occupational Therapy (OT)
- ☒ 3. Speech Therapy (ST)
- ☒ 5. IV Therapy
- ☒ 9. Medication
- ☒ 13. Other

1a. Describe Other:

Foley Catheter dc'd 7/25/23

B. SKIN

1. Condition:

- ☒ 1. Intact/ Clear

Handwritten signature/initials

Resident: CAO, HO (2020530)

C. VITAL SIGNS & WEIGHTS

1. Most Recent Weight
Weight: 123.0 Date: 07/24/2023 10:58
Scale: Mechanical Lift
2. Most Recent Blood Pressure
Blood Pressure: 122/76 Date: 08/01/2023 08:05
Position: Lying r/arm
3. Most Recent Temperature
Temperature: 97.3 Date: 08/01/2023 08:05
Route: Forehead (non-
4. Most Recent Pulse
Pulse: 67 Date: 08/01/2023 08:05
Pulse Type: Regular
5. Most Recent Respiration
Respiration: 16.0 Date: 08/01/2023 08:05
6. Most Recent Blood Glucose
Blood Glucose: 99.0 mg/dL Date: 08/01/2023 07:36
7. Most Recent O2 sats
O2 sats: 99.0 (%) Date: 08/01/2023 08:05
Method: Room Air
8. Most Recent Pain Level
Pain Level: 0 Date: 08/01/2023 08:05
Pain Scale: Numerical

D. DIAGNOSTIC & LABORATORY

1. Recent Laboratory Results:
2. Diagnostic Test:

E. SENSORY/ FUNCTIONAL ABILITY

1. Bowel & Bladder
 - ☐ 1. Continent.
 - ☐ 2. Incontinent.
 - ☐ 3. Other
2. Vision
 - ☒ 1. Adequate
3. Speech:
 - ☒ 1. Verbal
4. Hearing
 - ☒ 1. Normal.
5. Dental:
 - ☒ 1. Own Teeth
6. Cognition:
 - ☐ 1. Able to make needs known
 - ☐ 2. Unable to make needs known

Resident: CAO, HO (2020530)

F. FUNCTIONAL STATUS

1. Bed Mobility:
☒ 5. Total Dependent
2. Transfer:
☒ 5. Total Dependent
3. Eating:
☒ 3. Limited Assist
4. Toileting:
☒ 5. Total Dependent
5. Ambulation/ Locomotion:
☒ 5. Total Dependent

G. EQUIPMENT/ DEVICES/ DISCHARGE NEEDS

1. Equipment Needs/ Assistive Devices/ Orthotics:
☒ 1. Commode
☒ 2. Special Bed
☒ 3. Wheelchair

H. PERSONAL BELONGINGS

1. Personal belongings sent:
☒ 1. yes
2. Sent to:
☒ 2. with family

I. ADDITIONAL INFORMATION

1. Additional Notes

Body Assessment done by treatment nurse prior to discharged. Per treatment nurse, resident has no skin issues.

Signed By

Signed Date

Sheila Correa, Case Manager [e-SIGNED]

08/01/2023

C. List of Medications - Nursing

A. MEDICATIONS

A1. Medications/ Prescription sent to the resident?

☒ 1. yes

LIST OF MEDICATIONS:

1. Medication #1:
 glipiZIDE Oral Tablet 5 MG||1 tablet||by mouth|| one time a day
2. Medication #2:
 Calcium 600+D Plus Minerals Oral Tablet 600-400 MG-UNIT||1 tablet||by mouth|| two times a day
3. Medication #3:
 Acetaminophen Oral Tablet 325 MG||2 tablet||by mouth|| every 6 hours as needed
4. Medication #4:
 Magnesium Oxide Oral Tablet 400 MG||1 tablet||by mouth|| one time a day
5. Medication #5:

Resident: CAO, HO (2020530)

Multivitamin Oral Tablet||1 tablet||by mouth|| one time a day

6. Medication #6:

Aspirin 81 Oral Tablet Chewable||1 tablet||by mouth|| one time a day

7. Medication #7:

Rosuvastatin Calcium Oral Tablet 40 MG||1 tablet||by mouth|| at bedtime

8. Medication #8:

9. Medication #9:

10. Medication #10:

11. Medication #11:

12. Medication #12:

13. Medication #13:

14. Medication #14:

15. Medication #15:

16. Medication #16:

17. Medication #17:

18. Medication #18:

19. Medication #19:

20. Medication #20:

21. Medication #21:

22. Medication #22:

23. Medication #23:

24. Medication #24:

25. Medication #25:

26. Medication #26:

RC

Resident: CAO, HO (2020530)

27. Medication #27:

28. Medication #28:

29. Medication #29:

30. Medication #30:

B. OTHER INFORMATION

1. Additional Notes:

Additional medications: 1> Amlodipine (NORVASC) 5mg oral tab- 1 tablet orally every morning and 1/2 tablet orally every afternoon on a twice a day schedule 2> Docusate Sodium (COLACE) 250mg oral cap- Take 1 capsule by mouth daily to prevent constipation. STOP taking if loose bowel movements or no longer needed 3> Sennosides (SENOKOT) 8.6mg oral tab- two tablets orally at bedtime to prevent constipation. May increase up to 4 tablets 2 times a day as needed for severe constipation. DO NOT EXCEED 8 tablets in 24 hours. STOP taking if loose bowel movements or no longer needed 4> Lactulose 10gram/15ml oral soln- Take 30ml by mouth 2 times a day as needed for constipation 5> Clopidogrel (PLAVIX) 75mg oral tab- Take 1 tablet by mouth daily with the last dose to be taken 8/3/23

Signed By

Signed Date

Sheila Correa, Case Manager [e-SIGNED]

08/01/2023

D. Summary- Social Services**A. STATUS**

1. Mental and psychosocial status:

☒ 1. Able to make needs known

2. Cognitive Status:

☒ 1. Alert**B. IDENTIFICATION OF DISCHARGE NEED/ SUPPORT**

1. Informed resident/ resident representative of final discharge plan?

☒ 1. yes

2. Reason for discharge/ transfer:

☒ 2. Goals of care & treatment achieved

3. Discharge location:

☒ 3. Board & Care

3a3. Board & Care name, address & telephone number:

Sterling Senior Community - 15442 Columbia Lane, Huntington Beach, CA, 92647 (714) 357-1377

4. Has a referral been made to the Local Contact Agency?

☒ 1. yes

4a. Date Notified:

07/31/2023

4b. List of the Contact Agencies:

☒ 1. Contact Agency #1

4b1. Contact Agency #1:

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Kaiser home health: Orange County Med 1542 17th Street, suite 300 Tustin, Ca 92781 30714734-4500

5. Was standardized patient assessment data on QM and data on resources used to assist the resident/ resident representative in selecting post-acute care provider?

☒ 1. yes

6. Will resident have a caregiver post discharge?

☒ 1. yes

6a. Responsible caregiver:

staff

6b. How many caregiver hours per day?

24

6c. Indicate caregiver's capacity/ capability to perform required care?

capable

7. Ombudsman or APS notified:

☒ 1. yes

7a. Date Notified:

07/31/2023

8. Is there a physician's order for Home Health?

☒ 1. yes

8a. Home Health name, address and telephone number:

Kaiser home health: Orange County Med 1754217th Street, suite 300 Tustin, Ca 92780 714 734-4500

9. Discipline ordered:

☒ 1. Physical Therapy (PT)

☒ 2. Occupational Therapy (OT)

10. Is there a physician's order for Hospice?

☒ 2. no

C. OTHER INFORMATION

1. Equipment/ supplies ordered:

☒ 1. yes

1a. List of equipment/ supplies ordered:

☒ 3. Commode

☒ 4. Hospital Bed

☒ 5. Wheelchair

1c. Type of wheelchair:

standard

D. DISCHARGED INFORMATION

1. Is this a facility-initiated transfer?

☒ 2. No

2. Is this a resident-initiated discharge?

☒ 1. Yes

3. Is discharge to the community feasible?

☒ 1. Yes

E. ADDITIONAL INFORMATION

1. Additional Notes:

LC

Resident: CAO, HO (2020530)

Signed By

Signed Date

Cherise Pratti, Social Services Coordinator [e-SIGNED]

07/31/2023

E. Summary - Dietary

A. DIETARY INFORMATION

1. Diet Order:

Controlled Carbohydrate diet

2. Texture:

Puree texture with nectar/mildly thick liquids

3. Eating habits/ preferences:

B. NUTRITIONAL CONCERNS

1. Other concerns:

☒ 2. Swallowing problem

C. ADDITIONAL INFORMATION

1. Additional Notes:

Recommend to continue nutrition supplement such as Glucerna, Boost Diabetic or equivalent

Signed By

Signed Date

Trisha Dutton, Registered Dietician [e-SIGNED]

07/25/2023

F. Summary- Activity

A. ACTIVITY INFORMATION

1. Activity preference:

☒ 2. Group

B. ADDITIONAL INFORMATION

1. Additional Notes:

Mr. Cao is being assisted to group activities, for short periods of time or as tolerated.

Signed By

Signed Date

Christina Castillo, Activities Director [e-SIGNED]

07/26/2023

G. Summary- Rehab

A. REHAB SUMMARY

1. Rehab Progress:

☒ 1. Goals met.

B. ADDITIONAL INFORMATION

100

Resident: CAO, HO (2020530)

1. Additional Notes:

Signed By

Signed Date

Sheila Correa, Case Manager [e-SIGNED]

08/01/2023

H. Discharge Information - Nursing

A. DISCHARGE INFORMATION

1. Discharge diagnosis:

Acute Lacunar Stroke/Late effect -Ischemic Stroke

2. Personal Physician post-discharge:

Dr. Danny Mai

3. Personal physician's address:

3401 South Harbor Blvd., Santa Ana, CA 92704

4. Personal physician's telephone number:

(833) 574-2273

5. Follow-up appointment:

Left a message. Kaiser will resident's son- Huy Mark Ho

6. SNF physician's last visit:

07/31/2023

B. OTHER INFORMATION

1. Additional Notes:

Additional Appointments: 1> Family Practice appt. with LVN Angelica Scorza on 8/31/23 @2:50pm @ 34 01 South Harbor Blvd., Santa Ana, CA 92704 (888) 988-2800 (immunization- 2nd shingles)

Signed By

Signed Date

Sheila Correa, Case Manager [e-SIGNED]

08/01/2023

I. Additional Information:

A. ADDITIONAL INFORMATION

1. Additional Departmental Notes:

- ☐ 1. Nursing
- ☐ 2. Social Services
- ☐ 3. Activity.
- ☐ 4. Dietary
- ☐ 5. Rehab
- ☐ 6. Other

Signed By

Signed Date

Sheila Correa, Case Manager [e-SIGNED]

08/01/2023

KE

Resident: CAO, HO (2020530)

HK