

Resident Face Sheet

Cypress Garden Center for Nursing & Rehabilitation

139-66 35th Avenue

Flushing, NY 11354

(718) 961-5300



Resident: Zheng, Sai h.
DOB: 01/30/1930 (93 y)

Unit-Room-Bed: 5F-522-A
System/Facility ID: 5373/5373

Home Address: 94-50 46TH AVENUE
ELMHURST, NY 11373
Phone (h): (917) 346-9977
Medicare Number: 3K16DM2YF64

Gender: Female
Marital: Widowed
Race: Other Asian

Language:
Religion:

Admission

Attending Physician: DAVE, DEVANG
First Admission: 02/21/2017 5:30 pm
Last Admission Source: Acute care hospital: Elmhurst Hospital

Phone: (718) 359-4152
Last Admission: 10/04/2023 6:45 pm

Insurance

Plan: Medicaid - NH **ID#:** UY62993X **Coverage:** Medical **Expiration:**

Diagnoses

S32.592G - Other specified fracture of left pubis, subsequent encounter for fracture with delayed healing; S02.19XA - Other fracture of base of skull, initial encounter for closed fracture; I25.10 - Atherosclerotic heart disease of native coronary artery without angina pectoris; E78.5 - Hyperlipidemia, unspecified; I10 - Essential (primary) hypertension; Z96.651 - Presence of right artificial knee joint; R60.9 - Edema, unspecified; H40.063 - Primary angle closure without glaucoma damage, bilateral; E87.6 - Hypokalemia; R60.0 - Localized edema; R50.9 - Fever, unspecified; Z41.8 - Encounter for other procedures for purposes other than remedying health state; M80.00XS - Age-related osteoporosis with current pathological fracture, unspecified site, sequela; F32.0 - Major depressive disorder, single episode, mild; M86.9 - Osteomyelitis, unspecified; S32.000S - Wedge compression fracture of unspecified lumbar vertebra, sequela; M46.20 - Osteomyelitis of vertebra, site unspecified; F03.90 - Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety; R63.4 - Abnormal weight loss; R26.81 - Unsteadiness on feet; I50.32 - Chronic diastolic (congestive) heart failure; R12 - Heartburn; E03.8 - Other specified hypothyroidism; Z23 - Encounter for immunization; R52 - Pain, unspecified; J39.8 - Other specified diseases of upper respiratory tract; J18.9 - Pneumonia, unspecified organism; R05 - Cough; N39.0 - Urinary tract infection, site not specified; Z29.9 - Encounter for prophylactic measures, unspecified; H04.123 - Dry eye syndrome of bilateral lacrimal glands; R06.02 - Shortness of breath; U07.1 - COVID-19; L08.9 - Local infection of the skin and subcutaneous tissue, unspecified; Z71.2 - Person consulting for explanation of examination or test findings; Z20.828 - Contact with and (suspected) exposure to other viral communicable diseases; M19.041 - Primary osteoarthritis, right hand; K59.00 - Constipation, unspecified; R11.10 - Vomiting, unspecified; B00.9 - Herpesviral infection, unspecified; R22.32 - Localized swelling, mass and lump, left upper limb; Z20.822 - Contact with and (suspected) exposure to COVID-19; Z91.81 - History of falling; K08.89 - Other specified disorders of teeth and supporting structures; R29.6 - Repeated falls; R11.2 - Nausea with vomiting, unspecified; F33.0 - Major depressive disorder, recurrent, mild; N18.4 - Chronic kidney disease, stage 4 (severe); Z11.52 - Encounter for screening for COVID-19; R11.0 - Nausea; R09.02 - Hypoxemia; E86.0 - Dehydration; E87.8 - Other disorders of electrolyte and fluid balance, not elsewhere classified; R13.10 - Dysphagia, unspecified; R05.1 - Acute cough; G47.00 - Insomnia, unspecified; R23.8 - Other skin changes; G62.9 - Polyneuropathy, unspecified; Z48.89 - Encounter for other specified surgical aftercare; S72.21XA - Displaced subtrochanteric fracture of right femur, initial encounter for closed fracture; Z29.89 - Encounter for other specified prophylactic measures; E56.9 - Vitamin deficiency, unspecified; R05.9 - Cough, unspecified

Allergies

NKA

Advanced Directives

Comfort Measures Only (CMO); Health Care Proxy: daughter/Lau, Mei Fang (HCP is invoked due to resident lost capacity); Do Not Intubate (DNI); Do Not Resuscitate (DNR); No Feeding Tube

Contacts

Name: Lau, Mei Fang (Primary)
10831 47TH Ave 2nd fl
Corona, NY 11368
Phone (h):
Phone (w):
Phone (m): (917) 215-8867
Relationship: Daughter
PHI?: Full
Role: Healthcare Proxy

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Name: Chen, Rui	Phone (h): (917) 346-9977	Relationship: Son
	Phone (w):	PHI?: Full
	Phone (m):	Role: Healthcare Proxy
Name: Lau, Raymond	Phone (h):	Relationship: Grandson
	Phone (w):	PHI?: Full
	Phone (m): (917) 868-5188	Role:
Name: Chen, Rui	Phone (h): (917) 346-9977	Relationship: Other
	Phone (w):	PHI?: Not specified
	Phone (m):	Role:

Referral Source

Current Admission Referral:

Facility: Elmhurst Hospital

Admit: 09/20/2023

Discharge:

08/03/2018 Admission Referral:

Facility: New York Presbyterian Queens

Admit: 07/23/2018

Discharge: 08/03/2018

07/03/2018 Admission Referral:

Facility: NY Hosp. Med. Center of Queens

Admit: 06/15/2018

Discharge: 07/03/2018

Notes

2/21/17: Resident being admitted for Short-term care under Americhoice - United HC Medicare primary, and Elderserve managed medicaid secondary. Covered at 100% based on medical necessity.

Auth# 0211260699. CM: Sophia Johnson Ph: 952-202-4373 Fax: 888-615-2464.

Referred to homefirst on 09-12-2017

Referral # 20170912C8883DCF

646-776-6045 romaine medford plz call when plan to plan transfer is complete

9/30/17: Resident returned from NYHQ under a new 100 day spell of Medicare. Exhausted all 14 days of bed-hold during this admission. Pt was denied by new plan due to patient being enrolled into new plan. I told homefirst if they can send that in writing because patient was not enrolled into new plan. new request put in on 10-30-2017 20171030dd67d26f.

Nursing will be coming in on 11-17-2017 for assessment to Homefirst (10-31-17)

7/3/18: Resident returning from NYHQ under a new 100 day spell of Medicare and Elderplan - Homefirst Medicaid secondary. Covered at 100% based on medical nec.