

This information is required under the H & S Code and the regulations of the Department to be maintained on every person admitted to a community care facility, to be readily available to the person in charge, but not accessible to unauthorized persons. All information must be kept current. See other side for additional information required for residential facilities for children.

IDENTIFICATION AND EMERGENCY INFORMATION

A. ALL FACILITIES [EXCEPT CHILD CARE CENTER/FAMILY CHILD CARE HOME COMPLETES LIC 700]

1. NAME OF CLIENT OR CHILD MARY PARVIN	SOCIAL SECURITY NUMBER (OPTIONAL) 566-62-7161	DATE OF BIRTH 03/16/1943	AGE 71	SEX F
2. RESPONSIBLE PERSON OR PLACEMENT AGENCY TIFFANY ANDERSON	ADDRESS		TELEPHONE (209) 625-8587	
3. NAME OF NEAREST RELATIVE (OPTIONAL) TIFFANY ANDERSON (POA)	RELATIONSHIP COUSIN	ADDRESS		TELEPHONE (209) 625-8587
4. DATE ADMITTED TO FACILITY 06/26/2014	ADDRESS PRIOR TO ADMISSION 2 N. AVENA AVE, LODI CA 95240			
5. DATE LEFT	FORWARDING ADDRESS			
6. REASONS FOR LEAVING FACILITY				

7. PERSON(S) RESPONSIBLE FOR FINANCIAL AFFAIRS, PAYMENT FOR CARE, LEGAL GUARDIAN, IF ANY		
NAME	ADDRESS	TELEPHONE
TIFFANY ANDERSON		(209) 625-8587
BARBARA (Cousin)		(707) 542-9665
		()

8. OTHER PERSONS TO BE NOTIFIED IN EMERGENCY		
NAME	ADDRESS	TELEPHONE
a. PHYSICIAN Dr. Edmund Freund	1901 W. Kettleman Ln #200, Lodi Ca	(209) 334-8540
b. MENTAL HEALTH PROVIDER, IF ANY PA House Calls Medical Group (Alt Physician)	151 N. Kraemer Blvd, Placentia Ca 92870	(888) 929-4789/FAX:714-829-1481
c. DENTIST		()
d. RELATIVE(S)		()
e. FRIEND(S)		()

9. EMERGENCY HOSPITALIZATION PLAN	
NAME OF HOSPITAL TO BE TAKEN IN AN EMERGENCY LODI MEMORIAL	ADDRESS OF HOSPITAL TO BE TAKEN IN AN EMERGENCY 975 S. Fairmont Ave, Lodi CA 95242
MEDICAL PLAN Medicare A:566627161A	MEDICAL PLAN IDENTIFICATION NUMBER Mutual Of Omaha /policy# 33165599
NAME OF DENTAL PLAN (IF ANY)	DENTAL PLAN NUMBER (IF ANY)

10. OTHER REQUIRED INFORMATION		
a. AMBULATORY STATUS		
b. RELIGIOUS PREFERENCE	NAME AND ADDRESS OF CLERGYMAN OR RELIGIOUS ADVISOR, IF ANY	TELEPHONE ()
11. COMMENTS		

SIGNATURE OF RESIDENT	SIGNATURE OF PERSON COMPLETING FORM	TITLE	DATE
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PHYSICIAN'S ORDERS

FACILITY
 Arbor Nursing and Rehab
 900 north church street lodi, CA 95240

Resident	System ID/MRN	DOB (Age)	Gender	Height/Weight	# Orders
Parvin, Mary	17639 / 7231	03/16/1943 (71 y)	Female		56
Unit-Room-Bed	Last Admit	Renewal Date	Attending Physician		
4-49-A	04/16/2014	04/30/2014, 30 days (#2)	Freund, MD, Edmund		
Primary Insurance	Member ID	Plan ID	Group ID		
Medicare A	566627161a				
Insured Name	Relationship	Medicare	Medicaid		
Parvin, Mary	Self	566627161a			
Advance Directives:					
Allergies: Latex, Natural Rubber; morphine; Sulfa (Sulfonamide Antibiotics)					
Active Diagnoses: V57.89-Specified rehabilitation procedure; other; 428.0-Congestive heart failure, unspecified; 251.2-Hypoglycemia, unspecified; 780.2-Syncope and collapse; V18.0-Family history of; diabetes mellitus; 401.1-Essential hypertension; benign; V07.8-Other specified prophylactic or treatment measure; 780.96-Generalized pain; 564.0-Constipation; 564-Functional Digestive Disorders Not Elsewhere Classified; 564.00-Constipation, unspecified; 311-Depressive disorder, not elsewhere classified; 244.9-Unspecified hypothyroidism; 272.4-Other and unspecified hyperlipidemia; 401.9-Essential hypertension; unspecified; 780.52-Insomnia, unspecified; 585.4-Chronic kidney disease, Stage IV (severe); 780.4-Dizziness and giddiness; 414.04-Coronary atherosclerosis; of artery bypass graft; 438.9-Unspecified late effects of cerebrovascular disease; There are additional diagnoses not listed, please refer to SigmaCare for a complete list.					
Medication Orders			Other Orders		
zolpidem 5 mg tablet give 1 tablet (5 mg) by oral route once daily at bedtime as needed (For Insomnia m/b Sleeplessness) Schedule: PRN Protocol: Monitor for effectiveness after 60 minutes. Monitor: Effectiveness Follow-up (60 min.) Diagnosis: 780.52-Insomnia, unspecified Original Order Date: 04/16/2014 Authorized by Prescriber, Read Back Ordering Prescriber: Freund, MD, Edmund Order Source: Phone Signed By: Freund, MD, Edmund on 04/18/2014 7:51 am Entered By: Vergel De Dios, LVN, Genel			ADMISSION 04/16/2014 2:33 pm		
losartan 100 mg tablet 1 TAB BY MOUTH EVERY DAY Schedule: Every Day at 9:00 am Protocol: Hold if SBP is less than 110. Hold if Pulse is less than 60. Monitor: Blood Pressure; Pulse Diagnosis: 401.9-Essential hypertension; unspecified Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Order Source: Therapeutic Interchange Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am Start Date/Time: 04/17/2014 3:17 pm Entered By: Interchange, Therapeutic			RENEW 05/09/2014 7:50 am		
ondansetron HCl 4 mg tablet give 1 tablet (4 mg) by oral route every 4 hours as needed for nausea/ vomiting. Schedule: Every 4 Hours (PRN) Monitor: Effectiveness Follow-up (60 min.) Diagnosis: 787.0-Nausea And Vomiting Original Order Date: 04/18/2014 Ordering Prescriber: Freund, MD, Edmund Order Source: Phone Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am Start Date/Time: 04/18/2014 7:26 am Entered By: Taasin, RN, Rowena			RENEW 05/09/2014 7:50 am		
Lantus 100 unit/mL subcutaneous solution inject 15 units by subcutaneous route 2 times per day HOLD MED IF BS < 120 MG/DL FOR DM. Schedule: Every Day at 9:00 am; 9:00 pm Protocol: Monitor Blood Sugar(HOLD MED IF BS < 120MG/DL) Monitor: Blood Sugar Diagnosis: 250-Diabetes Mellitus Original Order Date: 04/18/2014 Ordering Prescriber: Freund, MD, Edmund Order Source: Phone Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am Start Date/Time: 04/18/2014 7:28 am Entered By: Taasin, RN, Rowena Hold Dates: 6/24/2014 9:00p-6/26/2014 9:00a			RENEW 05/09/2014 7:50 am		
			Consultation Annual Dental Evaluation As Indicated Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am Entered By: Service, Readmission Orders		
			RENEW 05/09/2014 7:50 am		
			Consultation Annual Eye Evaluation As Indicated Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am Entered By: Service, Readmission Orders		
			RENEW 05/09/2014 7:50 am		
			Consultation Annual Hearing Evaluation & Treatment As Needed Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am Entered By: Service, Readmission Orders		
			RENEW 05/09/2014 7:50 am		
			Consultation Podiatry And Consultation Management As Indicated Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am Entered By: Service, Readmission Orders		
			RENEW 05/09/2014 7:50 am		
			Dietary Consistency: Regular Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am Entered By: Service, Readmission Orders		
			RENEW 05/09/2014 7:50 am		
			Dietary Diet Fluid Consistency: Thin Liquids Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am Entered By: Service, Readmission Orders		
			RENEW 05/09/2014 7:50 am		
			Dietary Diet: Regular Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Order Source: Phone Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am Entered By: Vergel De Dios, LVN, Genel		
			RENEW 05/09/2014 7:50 am		

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4-49-A	04/16/2014	04/30/2014, 30 days (#2)	Freund, MD, Edmund		
Primary Insurance	Member ID	Plan ID	Group ID		
Medicare A	566627161a				
Insured Name	Relationship	Medicare	Medicaid		
Parvin, Mary	Self	566627161a			

Advance Directives:

Allergies: Latex, Natural Rubber; morphine; Sulfa (Sulfonamide Antibiotics)

Active Diagnoses: V57.89-Specified rehabilitation procedure; other; 428.0-Congestive heart failure, unspecified; 251.2-Hypoglycemia, unspecified; 780.2-Syncope and collapse; V18.0-Family history of; diabetes mellitus; 401.1-Essential hypertension; benign; V07.8-Other specified prophylactic or treatment measure; 780.96-Generalized pain; 564.0-Constipation; 564-Functional Digestive Disorders Not Elsewhere Classified; 564.00-Constipation, unspecified; 311-Depressive disorder, not elsewhere classified; 244.9-Unspecified hypothyroidism; 272.4-Other and unspecified hyperlipidemia; 401.9-Essential hypertension; unspecified; 780.52-Insomnia, unspecified; 585.4-Chronic kidney disease, Stage IV (severe); 780.4-Dizziness and giddiness; 414.04-Coronary atherosclerosis; of artery bypass graft; 438.9-Unspecified late effects of cerebrovascular disease; There are additional diagnoses not listed, please refer to SigmaCare for a complete list.

Medication Orders	Other Orders
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Tylenol 325 mg tablet RENEW
 give 2 tablets (650 mg) by oral route every 6 hours as needed (For Mild Pain and Headache) 05/09/2014 7:50 am
Schedule: Every 6 Hours (PRN)
Protocol: Monitor for effectiveness after 60 minutes.
Monitor: Pain (Numeric); Pain (Numeric) Follow-up (60 min.)
Diagnosis: 780.96-Generalized pain
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

General RENEW
Care Plan has Been Reviewed And Approved 05/09/2014 7:50 am
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Entered By: Service, Readmission Orders

Dulcolax 10 mg Rectal Suppository RENEW
 insert 1 suppository (10 mg) by rectal route once daily as needed for Constipation 05/09/2014 7:50 am
Schedule: PRN
Protocol: if Milk Of Magnesia is ineffective
Monitor: Effectiveness Follow-up (480 min.)
Diagnosis: 564.0-Constipation
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

General RENEW
May Participate In Activities Reviewed and Approved When Not In Conflict With Treatment Plan 05/09/2014 7:50 am
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Entered By: Service, Readmission Orders

Fleet Enema 19 gram-7 gram/118 mL RENEW
 give 1 by rectal route as one dose PRN for Constipation 05/09/2014 7:50 am
Schedule: PRN
Protocol: for constipation if Dulcolax Supp is ineffective
Monitor: Effectiveness Follow-up (480 min.)
Diagnosis: 564-Functional Digestive Disorders Not Elsewhere Classified
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

General RENEW
Resident and Or Responsible Party Has Been Informed Of Medical Condition And Treatment Plan 05/09/2014 7:50 am
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Entered By: Service, Readmission Orders

Milk of Magnesia 400 mg/5 mL Oral Susp RENEW
 give 30 milliliters by oral route once daily as needed for Constipation 05/09/2014 7:50 am
Schedule: PRN
Protocol: for constipation
Monitor: Effectiveness Follow-up (480 min.)
Diagnosis: 564.00-Constipation, unspecified
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

General RENEW
I Certify that SNF Services Are Required To Be Given On An Inpatient Basis Because The Above Named Patients Need For Skilled Nursing Care On A Continuing Basis For The Condition(s) For Which He/She Was Receiving Inpatient Hospital Services Prior To His / Her Transfer To The SNF 05/09/2014 7:50 am
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Entered By: Service, Readmission Orders

General RENEW
May have Flu Vaccine annually when available 05/09/2014 7:50 am
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Entered By: Service, Readmission Orders

General RENEW
Generic Equivalents May Be Used Unless Otherwise Specified 05/09/2014 7:50 am
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Entered By: Service, Readmission Orders

PHYSICIAN'S ORDERS

FACILITY
 Arbor Nursing and Rehab
 900 north church street Iodi, CA 95240

Resident	System ID/MRN	DOB (Age)	Gender	Height/Weight	# Orders
Parvin, Mary	17639 / 7231	03/16/1943 (71 y)	Female		56
Unit-Room-Bed	Last Admit	Renewal Date	Attending Physician		
4-49-A	04/16/2014	04/30/2014, 30 days (#2)	Freund, MD, Edmund		
Primary Insurance	Member ID	Plan ID	Group ID		
Medicare A	566627161a				
Insured Name	Relationship	Medicare	Medicaid		
Parvin, Mary	Self	566627161a			

Advance Directives:

Allergies: Latex, Natural Rubber; morphine; Sulfa (Sulfonamide Antibiotics)

Active Diagnoses: V57.89-Specified rehabilitation procedure; other; 428.0-Congestive heart failure, unspecified; 251.2-Hypoglycemia, unspecified; 780.2-Syncope and collapse; V18.0-Family history of; diabetes mellitus; 401.1-Essential hypertension; benign; V07.8-Other specified prophylactic or treatment measure; 780.96-Generalized pain; 564.0-Constipation; 564-Functional Digestive Disorders Not Elsewhere Classified; 564.00-Constipation, unspecified; 311-Depressive disorder, not elsewhere classified; 244.9-Unspecified hypothyroidism; 272.4-Other and unspecified hyperlipidemia; 401.9-Essential hypertension, unspecified; 780.52-Insomnia, unspecified; 585.4-Chronic kidney disease, Stage IV (severe); 780.4-Dizziness and giddiness; 414.04-Coronary atherosclerosis; of artery bypass graft; 438.9-Unspecified late effects of cerebrovascular disease; There are additional diagnoses not listed, please refer to SigmaCare for a complete list.

Medication Orders

Tubersol 5 tub. unit/0.1 mL Intradermal RENEW
 inject 0.1 milliliter by intradermal route as one dose (Dx: V72.7) 05/09/2014 7:50 am
Schedule: Every 12 Months on 16 at 3:00 pm-11:00 pm
Protocol: ANNUAL DOSE
 Read in 48 hours
Diagnosis: V07.8-Other specified prophylactic or treatment measure
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 12:00 am
Entered By: Service, Readmission Orders

aspirin 81 mg chewable tablet RENEW
 chew 1 tablet (81 mg) by oral route once daily 05/09/2014 7:50 am
Schedule: Every Day at 9:00 am
Diagnosis: V07.8-Other specified prophylactic or treatment measure
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

isosorbide mononitrate ER 30 mg tablet,extended release 24 hr RENEW
 give 1 tablet (30 mg) by oral route once daily in the morning 05/09/2014 7:50 am
Schedule: Every Day at 9:00 am
Diagnosis: 428.0-Congestive heart failure, unspecified
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

levothyroxine 100 mcg tablet RENEW
 give 1 tablet (100 mcg) by oral route once daily 05/09/2014 7:50 am
Schedule: Every Day at 6:30 am
Protocol: Administer on an empty stomach with a full glass of water at least 30-0 minutes before breakfast
 Medication has boxed warning.
Diagnosis: 244.9-Unspecified hypothyroidism
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

Other Orders

General RENEW
May Crush Medications and open Capsules unless contraindicated 05/09/2014 7:50 am
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Entered By: Service, Readmission Orders

General RENEW
MD determine that Resident DOES NOT have the Mental Capacity to make Healthcare decisions as per History & Physical or Transfer orders or preferred intensity of care. 05/09/2014 7:50 am
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Entered By: Service, Readmission Orders

General RENEW
Activity as tolerated 05/09/2014 7:50 am
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Entered By: Service, Readmission Orders

General RENEW
Annual PPD - Document induration size in mm in comment box. 05/09/2014 7:50 am
Schedule: Every 12 Months on 18 at 3:00 pm-11:00 pm
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/18/2014 12:00 am
Entered By: Service, Readmission Orders

General RENEW
POLST: DNR, COMFORT MEASURES ONLY, NO ARTIFICIAL MEAN OF NUTRITION, INCLUDING TUBE FEEDING TUBES. 05/09/2014 7:50 am
Original Order Date: 04/18/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Entered By: Taasin, RN, Rowena

General RENEW
Referral for Hospice 05/09/2014 7:50 am
Original Order Date: 05/07/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Entered By: Vergel De Dios, LVN, Genel

PHYSICIAN'S ORDERS

FACILITY
Arbor Nursing and Rehab
900 north church street lodi, CA 95240

Resident	System ID/MRN	DOB (Age)	Gender	Height/Weight	# Orders
Parvin, Mary	17639 / 7231	03/16/1943 (71 y)	Female		56
Unit-Room-Bed	Last Admit	Renewal Date	Attending Physician		
4-49-A	04/16/2014	04/30/2014, 30 days (#2)	Freund, MD, Edmund		
Primary Insurance	Member ID	Plan ID	Group ID		
Medicare A	566627161a				
Insured Name	Relationship	Medicare	Medicaid		
Parvin, Mary	Self	566627161a			

Advance Directives:

Allergies: Latex, Natural Rubber; morphine; Sulfa (Sulfonamide Antibiotics)

Active Diagnoses: V57.89-Specified rehabilitation procedure; other; 428.0-Congestive heart failure, unspecified; 251.2-Hypoglycemia, unspecified; 780.2-Syncope and collapse; V18.0-Family history of; diabetes mellitus; 401.1-Essential hypertension; benign; V07.8-Other specified prophylactic or treatment measure; 780.96-Generalized pain; 564.0-Constipation; 564-Functional Digestive Disorders Not Elsewhere Classified; 564.00-Constipation, unspecified; 311-Depressive disorder, not elsewhere classified; 244.9-Unspecified hypothyroidism; 272.4-Other and unspecified hyperlipidemia; 401.9-Essential hypertension; unspecified; 780.52-Insomnia, unspecified; 585.4-Chronic kidney disease, Stage IV (severe); 780.4-Dizziness and giddiness; 414.04-Coronary atherosclerosis; of artery bypass graft; 438.9-Unspecified late effects of cerebrovascular disease; There are additional diagnoses not listed, please refer to SigmaCare for a complete list.

Medication Orders	Other Orders
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Novolog 100 unit/mL Sub-Q RENEW
 inject units by subcutaneous route 2 times per day per sliding scale for diabetes mellitus type 2 before breakfast and dinner 05/09/2014 7:50 am
Schedule: Every Day at 6:30 am; 4:30 pm
Protocol: Insulin Sliding Scale
 IF BS =
 Less than or equal 150 = 0 Units
 151- 200 = 3 Units
 201- 250 = 5 Units
 251- 300 = 7 Units
 301- 350 = 10 Units
 351- 400 = 15 units
 If greater than 400 or below 70, Call MD
Monitor: Blood Sugar
Diagnosis: 250-Diabetes Mellitus
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders
Hold Dates: 6/24/2014 9:00p-6/26/2014 9:00a

General INTERIM
Appt with Dr. Stenzler on 11/28/14 at 9:15am
Original Order Date: 05/14/2014 05/14/2014 11:24 am
Authorized by Prescriber, Read Back
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/22/2014 5:12 pm
Entered By: Vergel De Dios, LVN, Genel

biotin 1 mg tablet RENEW
 give 1 tablet by oral route once daily 05/09/2014 7:50 am
Schedule: Every Day at 9:00 am
Diagnosis: 269.2-Unspecified vitamin deficiency
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

General INTERIM
 discharge order for resident to discharge to Arbor ALF with HH RN PT, OT HH AIDE , CURRENT MEDS AND NARCOTICS AND WHEEL CHAIR. 06/27/2014 2:27 pm
Original Order Date: 06/27/2014
Authorized by Prescriber, Read Back
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Entered By: Brondial, LVN, Danilo

Lexapro 20 mg tablet RENEW
 give 1 tablet (20 mg) by oral route once daily (For Depression m/b Sad Facial Expressions) 05/09/2014 7:50 am
Schedule: Every Day at 9:00 am
Diagnosis: 300.02-Generalized anxiety disorder
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

Laboratory INTERIM
TSH & T4 on 6/27/14 then annually, June. 06/26/2014 3:42 am
Diagnosis: 244.9-Unspecified hypothyroidism
Original Order Date: 06/26/2014
Authorized by Prescriber, Read Back
Ordering Prescriber: Freund, MD, Edmund
Order Source: Written
Entered By: Cruz, RN, Gloria

Monitoring RENEW
***Non-Drug Intervention(s) monitoring everyshift:** 05/09/2014 7:50 am
PSYCHOTROPICS
 0. None
 1. One on one
 2. Ambulate
 3. Activities
 4. Toilet
 5. Music/talking books
 6. Give food/drink
 7. Change Position
 8. Encourage Rest
 9. Return to room
 10. Backrub/Massage
 11. Aromatherapy
 12. Other:
Schedule: Every Day at 4:00 am-6:00 am; 12:00 pm-2:00 pm; 8:00 pm-10:00 pm
Protocol: Document in comments field any intervention(s) used
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

PHYSICIAN'S ORDERS

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Arbor Nursing and Rehab
900 north church street lodi, CA 95240

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Medicare A	566627161a				
Insured Name	Relationship	Medicare	Medicaid		
Parvin, Mary	Self	566627161a			

Advance Directives:

Allergies: Latex, Natural Rubber; morphine; Sulfa (Sulfonamide Antibiotics)

Active Diagnoses: V57.89-Specified rehabilitation procedure; other; 428.0-Congestive heart failure, unspecified; 251.2-Hypoglycemia, unspecified; 780.2-Syncope and collapse; V18.0-Family history of; diabetes mellitus; 401.1-Essential hypertension; benign; V07.8-Other specified prophylactic or treatment measure; 780.96-Generalized pain; 564.0-Constipation; 564-Functional Digestive Disorders Not Elsewhere Classified; 564.00-Constipation, unspecified; 311-Depressive disorder, not elsewhere classified; 244.9-Unspecified hypothyroidism; 272.4-Other and unspecified hyperlipidemia; 401.9-Essential hypertension; unspecified; 780.52-Insomnia, unspecified; 585.4-Chronic kidney disease, Stage IV (severe); 780.4-Dizziness and giddiness; 414.04-Coronary atherosclerosis; of artery bypass graft; 438.9-Unspecified late effects of cerebrovascular disease; There are additional diagnoses not listed, please refer to SigmaCare for a complete list.

Medication Orders	Other Orders
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potassium chloride ER 10 mEq tablet, extended release RENEW
 give 1 tablet (10 meq) by oral route once daily with food
 Schedule: Every Day at 9:00 am
 Protocol: Do not crush or chew. Give with food.
 Diagnosis: 584.5-Acute kidney failure with lesion of tubular necrosis
 Original Order Date: 04/16/2014
 Ordering Prescriber: Freund, MD, Edmund
 Order Source: Phone
 Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
 Start Date/Time: 04/16/2014 2:33 pm
 Entered By: Service, Readmission Orders

Monitoring RENEW
Psychotropic Medication Side Effect Monitoring every shift
 Schedule: Every Day at 4:00 am-6:00 am; 12:00 pm-2:00 pm; 8:00 pm-10:00 pm
 Protocol: Document any side effect in comment field using numeric scale 0 = none, 1 = See Nurse's note
 Original Order Date: 04/16/2014
 Ordering Prescriber: Freund, MD, Edmund
 Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
 Start Date/Time: 04/16/2014 2:33 pm
 Entered By: Service, Readmission Orders

furosemide 20 mg tablet RENEW
 give 1 tablet (20 mg) by oral route 2 times per day
 Schedule: Every Day at 9:00 am; 5:00 pm
 Protocol: Hold for SBP less than 110
 Hold for Pulse less than 60
 Monitor: Blood Pressure; Pulse
 Diagnosis: 401.9-Essential hypertension; unspecified
 Original Order Date: 04/16/2014
 Ordering Prescriber: Freund, MD, Edmund
 Order Source: Phone
 Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
 Start Date/Time: 04/16/2014 2:33 pm
 Entered By: Service, Readmission Orders

Monitoring RENEW
List Medication: LEXAPRO
For those residents on anti depressant psychoactive medications, please identify targeted behaviors to be monitored:
 Crying/Tearful
 Attention seeking Behavior
 Irritable/Easily Annoyed
 Self depreciation/Worthlessness
 Unmotivated to Bathe, Eat, etc.
 Negative Statements
 Anger with self/others
 Withdrawn/Self Isolation/Reduced Social Interaction
 Sad Facial Expressions/Mood
 Other:
 Schedule: Every Day at 4:00 am-6:00 am; 12:00 pm-2:00 pm; 8:00 pm-10:00 pm
 Protocol: Document Behavior in Comments field using numeric scale
 If no behavior, document 0 in comments field
 Original Order Date: 04/16/2014
 Ordering Prescriber: Freund, MD, Edmund
 Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
 Start Date/Time: 04/16/2014 2:33 pm
 Entered By: Service, Readmission Orders

carvedilol 25 mg tablet RENEW
 give 1 tablet (25 mg) by oral route 2 times per day with food
 Schedule: Every Day at 9:00 am; 5:00 pm
 Protocol: Hold for SBP less than 110.
 Hold for Pulse less than 60.
 Monitor: Blood Pressure; Pulse
 Diagnosis: 401.9-Essential hypertension; unspecified
 Original Order Date: 04/16/2014
 Ordering Prescriber: Freund, MD, Edmund
 Order Source: Phone
 Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
 Start Date/Time: 04/16/2014 2:33 pm
 Entered By: Service, Readmission Orders

Monitoring RENEW
Record Highest Level Of Pain Every Shift
 0 = No Pain
 1 - 3 = Mild Pain
 4 - 6 = Moderate Pain
 7 - 9 = Severe Pain
 10 = Horrible / Excruciating
 Schedule: Every Day at 4:00 am-6:00 am; 12:00 pm-2:00 pm; 8:00 pm-10:00 pm
 Protocol: Document in comment field - Notify MD If Level 10 or uncontrolled with existing intervention(s) every Shift
 Monitor: Pain
 Original Order Date: 04/16/2014
 Ordering Prescriber: Freund, MD, Edmund
 Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
 Start Date/Time: 04/16/2014 2:33 pm
 Entered By: Service, Readmission Orders

famotidine 20 mg tablet RENEW
 give 1 tablet (20 mg) by oral route once daily
 Schedule: Every Day at 9:00 am
 Diagnosis: 530.81-Esophageal reflux
 Original Order Date: 04/16/2014
 Ordering Prescriber: Freund, MD, Edmund
 Order Source: Phone
 Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
 Start Date/Time: 04/16/2014 2:33 pm
 Entered By: Service, Readmission Orders

PHYSICIAN'S ORDERS

FACILITY
Arbor Nursing and Rehab
900 north church street lodi, CA 95240

Resident	System ID/MRN	DOB (Age)	Gender	Height/Weight	# Orders
Parvin, Mary	17639 / 7231	03/16/1943 (71 y)	Female		56
Unit-Room-Bed	Last Admit	Renewal Date	Attending Physician		
4-49-A	04/16/2014	04/30/2014, 30 days (#2)	Freund, MD, Edmund		
Primary Insurance	Member ID	Plan ID	Group ID		
Medicare A	566627161a				
Insured Name	Relationship	Medicare	Medicaid		
Parvin, Mary	Self	566627161a			

Advance Directives:

Allergies: Latex, Natural Rubber; morphine; Sulfa (Sulfonamide Antibiotics)

Active Diagnoses: V57.89-Specified rehabilitation procedure; other; 428.0-Congestive heart failure, unspecified; 251.2-Hypoglycemia, unspecified; 780.2-Syncope and collapse; V18.0-Family history of; diabetes mellitus; 401.1-Essential hypertension; benign; V07.8-Other specified prophylactic or treatment measure; 780.96-Generalized pain; 564.0-Constipation; 564-Functional Digestive Disorders Not Elsewhere Classified; 564.00-Constipation, unspecified; 311-Depressive disorder, not elsewhere classified; 244.9-Unspecified hypothyroidism; 272.4-Other and unspecified hyperlipidemia; 401.9-Essential hypertension; unspecified; 780.52-Insomnia, unspecified; 585.4-Chronic kidney disease, Stage IV (severe); 780.4-Dizziness and giddiness; 414.04-Coronary atherosclerosis; of artery bypass graft; 438.9-Unspecified late effects of cerebrovascular disease; There are additional diagnoses not listed, please refer to SigmaCare for a complete list.

Medication Orders	Other Orders
-------------------	--------------

gabapentin 300 mg capsule RENEW
give 1 capsule (300 mg) by oral route 2 times per day
Schedule: Every Day at 9:00 am; 5:00 pm
Diagnosis: 357.2-Polyneuropathy in diabetes
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

Monitoring RENEW
Non-Drug Intervention Key: PAIN
05/09/2014 7:50 am
0 - No Non-Drug Interventions Needed
1 - Repositioned / Limb Elevation
2 - Reassurance / Emotional Support
3 - Distraction / Diversion
4 - Exercise / ROM / Ambulation / Stretch
5 - Rest Period / Quiet Movement
6 - Deep Breathing / Relaxation Exercise
7 - Massage / Therapeutic Touch
8 - Guide Imagery / Meditation
9 - Laughter / Socialization
10 - Aroma Therapy
11 - Other

NitroQuick 0.4 mg sublingual tablet RENEW
place 1 tablet (0.4 mg) by sublingual route at the 1st sign of attack; may repeat every 5 min until relief; if pain persists after 3 tablets in 15 min, prompt medical attention is recommended
Schedule: PRN
Protocol: Monitor effectiveness after 5 minutes
Monitor: Effectiveness Follow-up (5 min.)
Diagnosis: 413.9-Other and unspecified angina pectoris
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

Schedule: Every Day at 4:00 am-6:00 am; 12:00 pm-2:00 pm; 8:00 pm-10:00 pm
Protocol: Document in comment field every Shift
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

hydrocodone 5 mg-acetaminophen 325 mg tablet INTERIM
give 1 tablet by oral route every 6 hours as needed for pain
Schedule: Every 6 Hours (PRN)
Protocol: MAXIMUM ACETAMINOPHEN 3-4 GRAMS; CHECK DAILY TOTAL
Monitor: Pain; Pain Follow-up (30 min.)
Diagnosis: 780.96-Generalized pain
Original Order Date: 05/09/2014
Authorized by Prescriber, Read Back
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Signed By: Freund, MD, Edmund on 05/22/2014 5:12 pm
Entered By: Dhillon, Karambir

Monitoring RENEW
0 = No issue of pain this shift
Y = Yes, adequate response to regimen
N = No, inadequate response to regimen
******Notify MD******
Schedule: Every Day at 4:00 am-6:00 am; 12:00 pm-2:00 pm; 8:00 pm-10:00 pm
Protocol: Document in comment field every Shift
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

glimepiride 2 mg tablet INTERIM
give 1 tablet (2 mg) by oral route once daily
Schedule: Every Day at 9:00 am
Diagnosis: 250.02-Diabetes mellitus; w/o mention of complication or manifestation; type II, uncontrolled
Original Order Date: 06/24/2014
Authorized by Prescriber, Read Back
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Start Date/Time: 06/25/2014 9:00 am
Entered By: Gapasin, LVN, Teresa

Monitoring RENEW
Read PPD result after 48 hours and Document induration size in mm in comment box.
Schedule: Every 12 Months on 7 at 3:00 pm-11:00 pm
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

PHYSICIAN'S ORDERS

FACILITY
Arbor Nursing and Rehab
900 north church street lodi, CA 95240

Resident	System ID/MRN	DOB (Age)	Gender	Height/Weight	# Orders
Parvin, Mary	17639 / 7231	03/16/1943 (71 y)	Female		56
Unit-Room-Bed	Last Admit	Renewal Date	Attending Physician		
4-49-A	04/16/2014	04/30/2014, 30 days (#2)	Freund, MD, Edmund		
Primary Insurance	Member ID	Plan ID	Group ID		
Medicare A	566627161a				
Insured Name	Relationship	Medicare	Medicaid		
Parvin, Mary	Self	566627161a			

Advance Directives:

Allergies: Latex, Natural Rubber; morphine; Sulfa (Sulfonamide Antibiotics)

Active Diagnoses: V57.89-Specified rehabilitation procedure; other; 428.0-Congestive heart failure, unspecified; 251.2-Hypoglycemia, unspecified; 780.2-Syncope and collapse; V18.0-Family history of; diabetes mellitus; 401.1-Essential hypertension; benign; V07.8-Other specified prophylactic or treatment measure; 780.96-Generalized pain; 564.0-Constipation; 564-Functional Digestive Disorders Not Elsewhere Classified; 564.00-Constipation, unspecified; 311-Depressive disorder, not elsewhere classified; 244.9-Unspecified hypothyroidism; 272.4-Other and unspecified hyperlipidemia; 401.9-Essential hypertension; unspecified; 780.52-Insomnia, unspecified; 585.4-Chronic kidney disease, Stage IV (severe); 780.4-Dizziness and giddiness; 414.04-Coronary atherosclerosis; of artery bypass graft; 438.9-Unspecified late effects of cerebrovascular disease; There are additional diagnoses not listed, please refer to SigmaCare for a complete list.

Medication Orders

Onglyza 2.5 mg tablet
give 1 tablet (2.5 mg) by oral route once daily
Schedule: Every Day at 9:00 am
Diagnosis: 250.00-Diabetes mellitus; w/o mention of complication or manifestation; type II, controlled
Original Order Date: 06/25/2014
Authorized by Prescriber, Read Back
Ordering Prescriber: Freund, MD, Edmund
Order Source: Phone
Entered By: Gonzalez Jr, LVN, John

INTERIM
06/25/2014
11:02 am

Other Orders

Monitoring **RENEW**
***Non-Drug Intervention(s) monitoring every shift:** 05/09/2014
PSYCHOTROPICS 7:50 am
0. None

- 1. One on one
- 2. Ambulate
- 3. Activities
- 4. Toilet
- 5. Music/talking books
- 6. Give food/drink
- 7. Change Position
- 8. Encourage Rest
- 9. Return to room
- 10. Backrub/Massage
- 11. Aromatherapy
- 12. Other:

Schedule: Every Day at 4:00 am-6:00 am; 12:00 pm-2:00 pm; 8:00 pm-10:00 pm
Protocol: Document in comments field any intervention(s) used
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

Monitoring **RENEW**
Psychotropic Medication Side Effect Monitoring 05/09/2014
every shift 7:50 am

Schedule: Every Day at 4:00 am-6:00 am; 12:00 pm-2:00 pm; 8:00 pm-10:00 pm
Protocol: Document any side effect in comment field using numeric scale 0 = none, 1 = See Nurse's note
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

Monitoring **RENEW**
List Medication: ZOLPIDEM 05/09/2014
For those residents on Hypnotic / Sedative 7:50 am
psychoactive medications, please identify targeted behaviors to be monitored:

- Has trouble falling asleep
- Has trouble staying asleep
- Complaints of insomnia
- Other:

Schedule: Every Day at 4:00 am-6:00 am
Protocol: Document Behavior in Comments field using numeric scale
If no behavior, document 0 in comments field
Original Order Date: 04/16/2014
Ordering Prescriber: Freund, MD, Edmund
Signed By: Freund, MD, Edmund on 05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm
Entered By: Service, Readmission Orders

Instructions:

Returns are limited to tablets and capsules in blister cards and manufactured sealed packages of other items. Please place re-order strip from pharmacy label in space provided. Indicate quantity and reason for return. Make copy for facility records and send original with returned medications.

Facility Name

Your Name - Patient Name

Date

ARBOR HEALTH CENTER



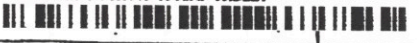



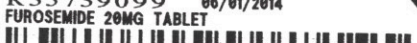

PARVIN, MARY

6/27/14

Delivery/Carrier Driver Signature:
(Required)

PT DISCHARGE

PHARMACY USE ONLY

Qty Returned	Prescription Number (Place Re-Order Sticker here)	Qty Disposed	Reason (Use Key)	Witnessed By	Credit Issued				
					Qty Rec'd	NO (use key)	YES	Tech Initials	
12	 37F823 ZFLIBZAB 20R R36655114 06/26/14 QTY 14 EA ONGLYZA 2.5MG TABLET GIVE 1 TABLET (2.5 MG) BY ORAL PARVIN, MARY 2192.257 ARBOR REHAB/NURSING RED7P DR. FREUND JR, REF:99								
28	 PARVIN, MARY 2192 R36655112 06/25/2014 GLIMEPIRIDE 2MG TAB								
8	 PARVIN, MARY 2192 R35739034 06/13/2014 LOSARTAN POTASSI 100MG TABLET								
5	 PARVIN, MARY 2192 R35738645 06/08/2014 GABAPENTIN 300MG CAPSULE								
9	 PARVIN, MARY 2192 R35738795 06/20/2014 FAMOTIDINE 20MG TAB								
13	 PARVIN, MARY 2192 R35738634 06/01/2014 CARVEDILOL 25MG TAB								
19	 PARVIN, MARY 2192 R35739099 06/01/2014 FUROSEMIDE 20MG TABLET								
10	 PARVIN, MARY 2192 R35764133 04/18/2014 ONDANSETRON HCL 4MG TAB								

We hereby certify that these drugs were disposed of as required by law:

Pharmacist _____
 Registered Nurse _____
 Licensed Nurse _____
 Date: _____

x Loft

6/27/14

pg 2/3

Instructions:

Returns are limited to tablets and capsules in blister cards and manufactured sealed packages of other items. Please place re-order strip from pharmacy label in space provided. Indicate quantity and reason for return. Make copy for facility records and send original with returned medications.

Facility Name

Your Name - PATIENT NAME

Date

ARBOR NURSING CENTER


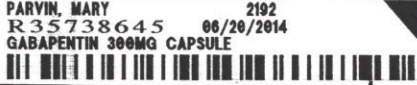
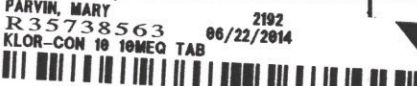


PARVIN, MARY

6/27/14

Delivery/Courier Driver Signature:
(Required)

PT DISCHARGE

PHARMACY USE ONLY

Qty Returned	Prescription Number (Place Re-Order Sticker here)	Qty Disposed	Reason (USE KEY)	Witnessed by	Credit Issued			Tech Initials
					Qty Rec'd	NO (use key)	YES	
20	 37FB23 ZFEKUAAB 22R MTSLO MECLIZINE HCL 25MG TAB PARVIN, MARY 2192.257 ARBOR REHAB/NURSING STAT DR. FREUND JR. REF:15		R35738582 04/16/14 QTY 21 EA GIVE 1 TABLET (25 MG) BY ORAL					
30	 PARVIN, MARY 2192 R35738645 06/26/2014 GABAPENTIN 300MG CAPSULE							
14	 PARVIN, MARY 2192 R35738563 06/22/2014 KLOR-CON 10 10MEQ TAB							
20	 37FB23 ZFPWX8GAB 22R N801 HYDROCOD/ACETAMIN 5/325 PARVIN, MARY 2192.257 ARBOR REHAB/NURSING RED7P DR. FREUND JR. QTY REM:374		M300/DZZ3 C3 06/12/14 QTY 26 EA TAKE 1 TAB BY MOUTH EVERY 6					
14	 37FB23 ZFEMZFDAB 22R N307 ZOLPIDEM TARTRATE 6MG TA PARVIN, MARY 2192.257 ARBOR REHAB/NURSING RED12N DR. RAHMAN, F QTY REM:15		R35764344 C4 04/18/14 QTY 15 EA TAKE 1 TAB BY MOUTH AT EACH					
3	ISOSORBIDE 30mg Rx: R35743091							
2	ESCITALOPRAM 20mg Rx: R35738518 - Depression							
1	KLOR-CON 10mg Rx: R35738563							

We hereby certify that these drugs were disposed of as required by law:

Pharmacist

Registered Nurse

Licensed Nurse

Date:

[Handwritten Signature]

HOUSE RULES & POLICIES

THIS FACILITY HAS A NO SMOKING POLICY. SMOKING IS ALLOWED ONLY IN OUTSIDE AREAS. OUTSIDE RESIDENT PATIO, IF AVAILABLE AND DOES NOT EFFECT OTHERS. (OUTSIDE ACTIVITY ROOM, OUTSIDE BUSINESS OFFICE) THE AREA IN WHICH YOU CHOOSE TO SMOKE AT MUST REMAIN CLEAN. *patio chairs*

ALCOHOL IS NOT PERMITTED ON THE PREMISES UNLESS IT HAS BEEN APPROVED BY THE ADMINISTRATION AND RESIDENT PHYSICIAN.

SMALL REFRIGERATORS AND MICROWAVES ARE ALLOWED IN RESIDENTS ROOMS IF SPACE PERMITS, HOWEVER MUST BE APPROVED BY ADMINISTRATOR. RESIDENT AND/OR RESPONSIBLE PARTY ARE REQUIRED TO KEEP CLEAN.

PERSONAL FURNITURE IS ALLOWED AS SPACE AND SAFETY PERMITS. SHOULD PERSONAL BED BE LARGER THAN TWIN SIZE, TWO (2) SETS OF SHEETS ARE REQUIRED AND TO BE SUPPLIED BY RESIDENT OR RESPONSIBLE PARTY.

THREE (3) DAY SERVICE FOR MEALS IS ALLOWED FOR TEMPORARY ILLNESS. AN EVALUATION WILL BE DONE AT THAT TIME TO DETERMINE THE CONTINUANCE OF TRAYS. ALL RESIDENTS ARE REQUESTED TO HAVE MEALS IN THE DINING ROOM UNLESS ARRANGEMENTS HAVE BEEN MADE WITH ADMINISTRATION.

ELECTRIC BLANKETS AND HEATING PADS ARE NOT ALLOWED, HOWEVER NO PORTABLE HEATERS ARE ALLOWED IN RESIDENT ROOMS.

24 HOUR PRIOR NOTICE OF NEEDED TRANSPORTATION IS REQUIRED.

GUESTS FOR MEALS ARE ALLOWED. DIETARY DEPARTMENT MUST BE NOTIFIED 2 HOURS IN ADVANCE. THE NUMBER OF GUESTS MAY BE LIMITED. COST IS \$5.00.

ALL BALANCES TO ARBOR PLACE ARE DUE AND PAYABLE UPON RECEIPT OF THE ARBOR PLACE STATEMENT. INTREST WILL BE CHARGED AT THE RATE OF 1.5 % ON ALL THE BALANCES OVER THIRTY (30) DAYS. IN THE EVENT OF NON-PAYMENT, ARBOR PLACE RESERVES THE RIGHT TO ENGAGE COLLECTION PROCEEDINGS. ALL COSTS OF SUCH ACTIONS, INCLUDING BUT NOT LIMITED TO COURT FEES, WILL BE CHARGED TO THE RESIDENT AND/OR THE RESPONSIBLE PARTY.

by 11th due

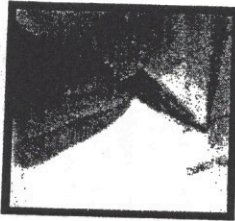
WHAT IF I CHANGE MY MIND?

You can change or cancel your advance directive at any time as long as you can communicate your wishes. To change the person you want to make your healthcare decisions, you must sign a statement or tell the doctor in charge of your care.

WHAT HAPPENS WHEN SOMEONE ELSE MAKES DECISIONS ABOUT MY TREATMENT?

The same rules apply to anyone who makes healthcare decisions on your behalf – a healthcare agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for you. All are required to follow your Health

Care Instructions or, if none, your general wishes about treatment, including stopping treatment. If your treatment wishes are not known, the surrogate must try to determine what is in your best interest. The people providing your health care must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another healthcare provider to take over your treatment.



WILL I STILL BE TREATED IF I DON'T MAKE AN ADVANCE DIRECTIVE?

Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you. Remember that:

- A **POWER OF ATTORNEY FOR HEALTHCARE** lets you name an agent to make decisions for you. Your agent can make most medical decisions – not just

those about life sustaining treatment – when you can't speak for yourself. You can also let your agent make decisions earlier, if you wish.

- YOU CAN CREATE AN **INDIVIDUAL HEALTHCARE INSTRUCTION** by writing down your wishes about health care or by talking with your doctor and asking the doctor to record your wishes in your medical file. If you know when you would or would not want certain types of treatment, an **Instruction** provides a good way to make your wishes clear to your doctor and to anyone else who may be involved in deciding about treatment on your behalf.

- THESE TWO TYPES OF **ADVANCE HEALTHCARE DIRECTIVES** may be used together or separately.

To implement Public Law 101-508, the California Consortium on Patient Self-Determination prepared this brochure in 1991; it was revised in 2000 by the California Department of Health Services, with input from members of the consortium and other interested parties, to reflect changes in state law.

HOW CAN I GET MORE INFORMATION ABOUT MAKING AN ADVANCE DIRECTIVE?

Ask your doctor, nurse, social worker, or healthcare provider to get more information for you. You can have a lawyer write an advance directive for you, or you can complete an advance directive by filling in the blanks on a form.

STATE OF CALIFORNIA

Arnold Schwarzenegger, Governor

HEALTH AND HUMAN SERVICES AGENCY

S. Kimberly Belsité,
Secretary



PUB 325 (1/04)

Flex your POWER
© 2001 State of California

DEPARTMENT OF
SOCIAL SERVICES

Your Right To Make Decisions About Medical Treatment



This brochure explains your right to make healthcare decisions and how you can plan now for your medical care if you are unable to speak for yourself in the future.

A federal law requires us to give you this information. We hope this information will help increase your control over your medical treatment.



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle):

Date of Birth:

Gender:

M **F**

Health Care Provider Assisting with Form Preparation

Name:

Title:

Phone Number:

Additional Contact

Name:

Relationship to Patient:

Phone Number:

Directions for Health Care Provider

Completing POLST

- Completing a POLST form is voluntary. California law requires that a POLST form be followed by health care providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders.
- POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- Certain medical conditions or treatments may prohibit a person from residing in a residential care facility for the elderly.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a person who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort Measures."
- Treatment of dehydration prolongs life. If person desires IV fluids, indicate "Limited Interventions" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment.
- A patient with capacity can, at any time, revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the individual or, if unknown, the individual's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.

For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED