LIC 601 (8/08) Personal

IDENTIFICATION AND EMERGENCY INFORMATION

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.

A. ALL FACILITIES [EX	CEPT CHILD	CARE CENTER/FAMILY CHIL		CONTRACTOR OF THE PROPERTY OF		
NAME OF CLIENT OR CHILD		social security number (optional) 566-62-7161	03/16/1943	71	SEX F	
MARY PARVIN RESPONSIBLE PERSON OR PLACEMENT AGENCY		ADDRESS		TELEPHONE		
TIFFANY ANDERSON					(209) 625-8587	
3. NAME OF NEAREST RELATIVE (OPTIONAL) TIFFANY ANDERSON (POA)	COUSIN	ADDRESS		(209) 625-8587		
4. DATE ADMITTED TO FACILITY 06/26/2014	2 N. AVENA	A AVE, LODI CA 95240				
5. DATE LEFT	FORWARDING ADDRE					
5. REASONS FOR LEAVING FACILITY						
PERSON(S) RESPONSIBLE FOR FI	NANCIAL AFF	AIRS, PAYMENT FOR CARE,				
NAME		ADDRESS	T	ELEPHON	E	
TIFFANY ANDERSON	SON					
BARBARA (Cousin)			(707) 542-9	365		
			()			
OTHER F	ERSONS TO E	BE NOTIFIED IN EMERGENC	Y			
NAME		ADDRESS	7	ELEPHON	E	
a. PHYSICIAN Dr. Edmund Freund	1901 W. Ket	tleman Ln #200, Lodi Ca	(209) 334-85	540		
b. MENTAL HEALTH PROVIDER, IF ANY PA House Calls Medical Group (Alt Physician)	151 N Krae	mer Blvd, Placentia Ca 92870	0 (888) 929-4	789/FAX:7	14-829-14	
c. DENTIST	10111.11100		(000)			
			()			
d. RELATIVE(S)			()			
. FRIEND(S)						
	AEDOENOV UO	OSPITALIZATION PLAN	()			
O. EN	HENGENCY HO	ADDRESS OF HOSPITAL TO BE TAKEN IN				
LODI MEMORIAL		975 S. Fairmont Ave, Loc				
MEDICAL PLAN Medicare A:566627161A		Mutual Of Omaha /policy				
NAME OF DENTAL PLAN (IF ANY)		DENTAL PLAN NUMBER (IF ANY)				
10.	OTHER REQU	IRED INFORMATION				
a. AMBULATÓRY STATUS						
RELIGIOUS PREFERENCE NAME AND ADDRESS O	F CLERGYMAN OR RELI	GIOUS ADVISOR, IF ANY	TE	EPHONE		
			()		
11. COMMENTS						
			DAT	F		
SIGNATURE OF RESIDENT SIGNATURE OF PERSON	N COMPLETING FORM	TITLE	DAI			
20 004 (0100) Parasasi					Page	

Resident	System ID/MRN	DOB (A	qe)	Gender	Height/Weight	# Orders	
	17639 / 7231		943 (71 y)	Female		56	
Unit-Room-Bed	Last Admit	Renewa		The second second	Attending Physician		
4-49-A	04/16/2014		014, 30 days (#2)	Freund, MD, Edmund		
Primary Insurance		Membe			Plan ID	Group ID	
Medicare A		566627				O. 0.0 P. 10	
Insured Name		Relation			Medicare	Medicaid	
Parvin, Mary	Market and the second second	Self	(a) (i)	566627161a			
Advance Directives:		Joen			500027 10 1a		
Allergies: Latex, Natural Rubber; morphine	e: Sulfa (Sulfonan	nide Antibiotics	.1				
Active Diagnoses: V57.89-Specified reha 780.2-Syncope and collapse; V18.0-Family treatment measure; 780.96-Generalized paunspecified; 311-Depressive disorder, not Essential hypertension; unspecified; 780.52414.04-Coronary atherosclerosis; of artery listed, please refer to SigmaCare for a com	v history of; diabet ain; 564.0-Constip elsewhere classifi 2-Insomnia, unspe bypass graft: 438	tes mellitus; 40 ation; 564-Fun ed; 244.9-Uns ecified: 585 4-0	1.1-Essential hy ctional Digestive becified hypothyr Chronic kidney di late effects of co	pertension; be Disorders No oidism; 272.4 sease, Stage	enign; V07.8-Other spect of Elsewhere Classified; Other and unspecified LV (severe): 780.4-Dizz	ified prophylactic or 564.00-Constipation, hyperlipidemia; 401.9-	
Medication Orders			Other Orders				
zolpidem 5 mg tablet give 1 tablet (5 mg) by oral route once daily needed (For Insomnia m/b Sleeplessness) Schedule: PRN Protocol: Monitor for effectiveness after 60 Monitor: Effectiveness Follow-up (60 min.) Diagnosis: 780.52-Insomnia, unspecified	at bedtime as	ADMISSION 04/16/2014 2:33 pm	Consultation Annual Dental Original Order Ordering Pres Signed By: Fream Entered By: S	Evaluation A Date: 04/16/ criber: Freund eund, MD, Ed	2014 d, MD, Edmund mund on 05/09/2014 7:	05/09/2014 7:50 am	
Original Order Date: 04/16/2014 Authorized by Prescriber, Read Back Ordering Prescriber: Freund, MD, Edmun Order Source: Phone Signed By: Freund, MD, Edmund on 04/18 am Entered By: Vergel De Dios, LVN, Genel			Consultation Annual Eye Ex Original Order Ordering Pres	valuation As Date: 04/16/	Indicated	05/09/2014 7:50 am	
losartan 100 mg tablet		RENEW	Entered By: S	ervice, Readn	nission Orders		
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; u Original Order Date: 04/16/2014	unspecified	05/09/2014 7:50 am	Consultatio Annual Hearin Original Order Ordering Pres Signed By: Fre am Entered By: Se	7:50 am			
Ordering Prescriber: Freund, MD, Edmun- Order Source: Therapeutic Interchange			Consultatio		Management As Indic	RENEW	
Signed By: Freund, MD, Edmund on 05/09 am Start Date/Time: 04/17/2014 3:17 pm Entered By: Interchange, Therapeutic	/2014 7:50		Original Order Ordering Pres Signed By: Fre am	7:50 am			
ondansetron HCI 4 mg tablet give 1 tablet (4 mg) by oral route every 4 hg		RENEW	Entered By: Se	ervice, Readm	nission Orders		
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	d	05/09/2014 7:50 am	em Entered By: Se	Date: 04/16/2 criber: Freund eund, MD, Edr	d, MD, Edmund nund on 05/09/2014 7:5	05/09/2014 7:50 am	
am	72014 7:50		Dietary	-!-4		RENEW	
Start Date/Time: 04/18/2014 7:26 am Entered By: Taasin, RN, Rowena Lantus 100 unit/mL subcutaneou inject 15 units by subcutaneous route 2 time HOLD MED IF BS < 120 MG/DL FOR DM.		RENEW 05/09/2014 7:50 am	Diet Fluid Consoriginal Order Ordering Preso Signed By: Fre am Entered By: Se	criber: 04/16/2 criber: Freund und, MD, Edr	2014 d, MD, Edmund nund on 05/09/2014 7:5	05/09/2014 7:50 am	
Schedule: Every Day at 9:00 am; 9:00 pm) IE BC <	00 am	Dietary			RENEW	
Monitor: Blood Sugar Diagnosis: 250-Diabetes Mellitus Original Order Date: 04/18/2014 Ordering Prescriber: Freund, MD, Edmund Order Source: Phone	col: Monitor Blood Sugar(HOLD MED IF BS < G/DL) ior: Blood Sugar iorsis: 250-Diabetes Mellitus nal Order Date: 04/18/2014 ring Prescriber: Freund, MD, Edmund			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			
Start Date/Time: 04/18/2014 7:28 am Entered By: Taasin, RN, Rowena Hold Dates: 6/24/2014 9:00p-6/26/2014 9:0	0a						

Resident	system ID/MR	N DOB (A	DB (Age) Gender		Height/Weight	# Orders
Parvin, Mary 1	7639 / 7231	03/16/1	943 (71 y)	Female		56
Unit-Room-Bed L	.ast Admit	Renew	al Date		Attending Physician	
4-49-A	4/16/2014	04/30/2	014, 30 days (#2)	Freund, MD, Edmund	
Primary Insurance	and the Paris	Membe	r ID		Plan ID	Group ID
Medicare A		566627	161a		0	
Insured Name		Relatio	nship		Medicare	Medicaid
Parvin, Mary		Self			566627161a	
Advance Directives:						
Allergies: Latex, Natural Rubber; morphine	; Sulfa (Sulfon	amide Antibiotic	s)			
Active Diagnoses: V57.89-Specified rehab 780.2-Syncope and collapse; V18.0-Family treatment measure; 780.96-Generalized pai unspecified; 311-Depressive disorder, not el Essential hypertension; unspecified; 780.52-414.04-Coronary atherosclerosis; of artery blisted, please refer to SigmaCare for a comp	history of; diab n; 564.0-Const sewhere class Insomnia, uns vypass graft: 43	etes mellitus; 40 ipation; 564-Fui ified; 244.9-Uns pecified: 585 4-	01.1-Essential hy nctional Digestive pecified hypothy Chronic kidney di d late effects of co	pertension; b Disorders N oidism; 272.	penign; V07.8-Other speci lot Elsewhere Classified; ! 4-Other and unspecified he IV (severe); 780 4-Dizzi	fied prophylactic or 564.00-Constipation, hyperlipidemia; 401.9
Medication Orders			Other Orders			
Tylenol 325 mg tablet give 2 tablets (650 mg) by oral route every 6	hours	RENEW	General	D	77.77	RENEW
needed (For Mild Pain and Headache) Schedule: Every 6 Hours (PRN) Protocol: Monitor for effectiveness after 60 Monitor: Pain (Numeric); Pain (Numeric) Fo	minutes.	05/09/2014 7:50 am	Original Order Ordering Pres Signed By: Free am	r Date: 04/16 criber: Freu eund, MD, E	nd, MD, Edmund dmund on 05/09/2014 7:5	05/09/2014 7:50 am
min.) Diagnosis: 780.96-Generalized pain			Entered By: S	ervice, Read	mission Orders	
Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Order Source: Phone Signed By: Freund, MD, Edmund on 05/09/ am			General May Participate In Activities Reviewed and When Not In Conflict With Treatment Plan Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund			7:50 am
Start Date/Time: 04/16/2014 2:33 pm Entered By: Service, Readmission Orders			Signed By: Fre	eund, MD, Ed	dmund on 05/09/2014 7:50 mission Orders	0
Dulcolax 10 mg Rectal Suppositorinsert 1 suppository (10 mg) by rectal route of	ry	RENEW	General	51 1100, 110dd	THIOGICAL CAGO	RENEW
needed for Constipation 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		05/09/2014 7:50 am	Resident and Informed Of M Original Order Ordering Pres	edical Conc Date: 04/16 criber: Freu eund, MD, Ed	nd, MD, Edmund dmund on 05/09/2014 7:50	05/09/2014 7:50 am
Order Source: Phone Signed By: Freund, MD, Edmund on 05/09/2	2014 7:50		General			RENEW
Start Date/Time: 04/16/2014 2:33 pm Entered By: Service, Readmission Orders Fleet Enema 19 gram-7 gram/118		RENEW	I Certify that S On An Inpatier Patients Need Continuing Ba	nt Basis Bed For Skilled sis For The	s Are Required To Be Gi cause The Above Named Nursing Care On A Condition(s) For Which patient Hospital Service:	ven 05/09/2014 1 7:50 am
give 1 by rectal route as one dose PRN for C Schedule: PRN Protocol: for constipation if Dulcolax Supp is Monitor: Effectiveness Follow-up (480 min.) Diagnosis: 564-Functional Digestive Disorde Elsewhere Classified	constipation in ineffective	05/09/2014 7:50 am	Prior To His / I Original Order Ordering Pres	Her Transfer Date: 04/16 criber: Freur eund, MD, Ed	To The SNF /2014 nd, MD, Edmund Imund on 05/09/2014 7:50	
Original Order Date: 04/16/2014				, vioc, i teaul	THOSIGH OTUETS	DENEW/
Ordering Prescriber: Freund, MD, Edmund Order Source: Phone Signed By: Freund, MD, Edmund on 05/09/2	2014 7:50		Original Order Ordering President	Date: 04/16 criber: Freur	nd. MD. Edmund	05/09/2014 7:50 am
Start Date/Time: 04/16/2014 2:33 pm Entered By: Service, Readmission Orders			Signed By: Free am Entered By: Se		lmund on 05/09/2014 7:50 mission Orders)
Milk of Magnesia 400 mg/5 mL Or. jive 30 milliliters by oral route once daily as r Constipation 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	needed for	RENEW 05/09/2014 7:50 am	General Generic Equiva Specified Original Order Ordering Preso	Date: 04/16/ criber: Freur und, MD, Ed	Be Used Unless Otherwi 2014 Id, MD, Edmund mund on 05/09/2014 7:50	7:50 am
Signed By: Freund, MD, Edmund on 05/09/2 im Start Date/Time: 04/16/2014 2:33 pm Entered By: Service, Readmission Orders	2014 7:50	9				

					orth church street lodi	, 0/10021	
Resident	System ID/MI	Annual Contraction of the Contra		Gender	Height/Weight	# Orde	ers
Parvin, Mary Jnit-Room-Bed	17639 / 7231	100	1943 (71 y)	Female		56	
Juit-Room-Bed 1-49-A	Last Admit		al Date		Attending Physicia		
Primary Insurance	04/16/2014		2014, 30 days (#2	2)	Freund, MD, Edmur	COLUMN TO SERVICE DE LA COLUMN TO SERVICE DESTRUCTURA DE LA COLUMN TO SERVICE	
Medicare A		Memb			Plan ID	Group	ID
nsured Name		566627					
Parvin, Mary		Relatio	nship		Medicare	Medic	aid
dvance Directives:		Self			566627161a		
Ilergies: Latex, Natural Rubber; morphi	0.15- (0.15-			***************************************			
ctive Diagnoses: V57.89-Specified reh. 80.2-Syncope and collapse; V18.0-Famile atment measure; 780.96-Generalized pnspecified; 311-Depressive disorder, not ssential hypertension; unspecified; 780.914.04-Coronary atherosclerosis; of artery sted, please refer to SigmaCare for a cor	abilitation proce ly history of; dia ain; 564.0-Cons elsewhere clas 52-Insomnia, un	dure; other; 428. betes mellitus; 4 stipation; 564-Fu sified; 244.9-Uns	O-Congestive hea 01.1-Essential hy nctional Digestive specified hypothyl Chronic kidney did late effects of co	pertension; be Disorders N roidism; 272.4 isease, Stage erebrovascula	enign; V07.8-Other sp ot Elsewhere Classifie 4-Other and unspecifie	ecified pred; 564.00 hyperli	ophylactic or -Constipatio oidemia; 401
ledication Orders	The second second second		Other Orders		event and the second		
ubersol 5 tub. unit/0.1 mL Intra ject 0.1 milliliter by intradermal route as of 72.7) chedule: Every 12 Months on 16 at 3:00 rotocol: ANNUAL DOSE ead in 48 hours iagnosis: V07.8-Other specified prophyleatment measure	pm-11:00 pm	RENEW 05/09/2014 7:50 am	Original Order Ordering Pres	ed r Date: 04/16 criber: Freur eund, MD, Ed	nd, MD, Edmund dmund on 05/09/2014		RENEW 05/09/2014 7:50 am
riginal Order Date: 04/16/2014 rdering Prescriber: Freund, MD, Edmu	nd		General		THOUSEN CIGOTS	Į.	RENEW
rder Source: Phone gned By: Freund, MD, Edmund on 05/0 nart Date/Time: 04/16/2014 12:00 am ntered By: Service, Readmission Orders	9/2014 7:50		MD determine Mental Capaci	ty to make H sical or Tran re.	nt DOES NOT have to dealthcare decisions esfer orders or prefer	as ner	05/09/2014 7:50 am
spirin 81 mg chewable tablet ew 1 tablet (81 mg) by oral route once de chedule: Every Day at 9:00 am agnosis: V07.8-Other specified prophylate eatment measure riginal Order Date: 04/16/2014 dering Prescriber: Freund, MD, Edmur der Source: Phone gned By: Freund, MD, Edmund on 05/09	actic or	05/09/2014 7:50 am	Signed By: Fream Entered By: Se General Activity as tole Original Order Ordering Pres	eund, MD, Ed ervice, Readr erated Date: 04/16/ criber: Freun			RENEW 05/09/2014 7:50 am
art Date/Time: 04/16/2014 2:33 pm htered By: Service, Readmission Orders			Entered By: Se			7:50	
osorbide mononitrate ER 30 m		RENEW	General	Occument in	duration size in mm	in L	RENEW
blet, extended release 24 hr re 1 tablet (30 mg) by oral route once dai orning hedule: Every Day at 9:00 am agnosis: 428.0-Congestive heart failure, iginal Order Date: 04/16/2014 dering Prescriber: Freund, MD, Edmun der Source: Phone gned By: Freund, MD, Edmund on 05/08	ily in the unspecified	05/09/2014 7:50 am	Schedule: Ever Original Order Ordering Press Signed By: Fre am Start Date/Time Entered By: Se	ry 12 Months Date: 04/16/ criber: Freun- und, MD, Edi	on 18 at 3:00 pm-11:0 2014 d, MD, Edmund mund on 05/09/2014 7	00 pm	05/09/2014 7:50 am
	12014 7.50		General	OMEODE	EACURES O		RENEW
art Date/Time: 04/16/2014 2:33 pm tered By: Service, Readmission Orders /othyroxine 100 mcg tablet e 1 tablet (100 mcg) by oral route once of headule: Event Dcg) by oral route once of	7	RENEW 05/09/2014	FEEDING TUBE Original Order Ordering Preso	EAN OF NUT ES. Date: 04/18/2 criber: Freund	EASURES ONLY, NO RITION, INCLUDING 2014 d, MD, Edmund	TUBE	05/09/2014 7:50 am
nedule: Every Day at 6:30 am ptocol: Administer on an empty stomach ss of water at least 30-0 minutes before dication has boxed warning. gnosis: 244.9-Unspecified hypothyroidi	with a full breakfast	7:50 am	Signed By: Free am Entered By: Ta	Phone und, MD, Edr	mund on 05/09/2014 7	:50	
ginal Order Date: 04/16/2014			General Referral for Hos	spice		L	RENEW
dering Prescriber: Freund, MD, Edmunder Source: Phone ned By: Freund, MD, Edmund on 05/09			Original Order Ordering Presc Order Source:	Date: 05/07/2 riber: Freund Phone	2014 d, MD, Edmund nund on 05/09/2014 7:		05/09/2014 7:50 am

					orth church street lodi,	
Resident	System ID/MRI	V DOB (Age)	Gender	Height/Weight	# Orders
Parvin, Mary	17639 / 7231	03/16/	1943 (71 y)	Female		56
Unit-Room-Bed	Last Admit		al Date	a subdissa da anti-	Attending Physicia	
4-49-A	04/16/2014	04/30/2	2014, 30 days (#	# 2)	Freund, MD, Edmun	
Primary Insurance		Membe			Plan ID	Group ID
Medicare A		566627	'161a			
Insured Name		Relation	onship		Medicare	Medicaid
Parvin, Mary		Self			566627161a	
Advance Directives:						
Mergies: Latex, Natural Rubber; morphective Diagnoses: V57.89-Specified rel	ine; Sulfa (Sulfona	mide Antibiotic	s)			
780.2-Syncope and collapse, V18.0-Famreatment measure; 780.96-Generalized unspecified; 311-Depressive disorder, no assential hypertension; unspecified; 780 tal.04-Coronary atherosclerosis; of artested, please refer to SigmaCare for a commedication Orders Novolog 100 unit/mL Sub-Quect units by subcutaneous route 2 time stilliding scale for diabetes mellitus type 2	pani, 364.0-Consti to elsewhere classi .52-Insomnia, unsp ry bypass graft; 43 amplete list.	fied; 244.9-Uns	octional Digestive Specified hypoth Chronic kidney dilate effects of Other Order General Appt with Dr	ve Disorders N yroidism; 272.4 disease, Stage cerebrovascula	ot Elsewhere Classifie 4-Other and unspecifie 1-V (severe); 780.4-Di; ar disease; There are a	d; 564.00-Constipated hyperlipidemia; 4d hyperlipidemia; 4d zziness and giddine additional diagnoses INTERIN 05/14/20*
and dinner Schedule: Every Day at 6:30 am; 4:30 p Protocol: Insulin Sliding Scale F BS = .ess than or equal 150 = 0 Units 51- 200 = 3 Units 201- 250 = 5 Units		7.50 am	Authorized by Ordering Prescription Order Source Signed By: From	y Prescriber, escriber: Freur e: Phone	Read Back nd, MD, Edmund mund on 05/22/2014	11:24 an 5:12
51- 300 = 7 Units			General			INTERIM
101-350 = 10 Units 151-400 = 15 units 15 greater than 400 or below 70, Call MD 10 Monitor: Blood Sugar 10 Monitor: Bl	und		ALF with HH AND NARCO Original Orde Authorized b Ordering Pre Order Source	RN PT, OT HI TICS AND WH er Date: 06/27/ y Prescriber, scriber: Freun e: Phone	2014 Read Back d, MD, Edmund	bor 06/27/201 IEDS 2:27 pm
igned By: Freund, MD, Edmund on 05/m m tart Date/Time: 04/16/2014 2:33 pm ntered By: Service. Readmission Order	rs.		Laboratory TSH & T4 on Diagnosis: 24	6/27/14 then a	nnually, June.	INTERIM 06/26/201 3:42 am
iold Dates: 6/24/2014 9:00p-6/26/2014 9:00tin 1 mg tablet ive 1 tablet by oral route once daily chedule: Every Day at 9:00 am iagnosis: 269.2-Unspecified vitamin de	l and	RENEW 05/09/2014 7:50 am	- Authorized b	y Prescriber, I scriber: Freun e: Written	Read Back d, MD, Edmund	
riginal Order Date: 04/16/2014 Irdering Prescriber: Freund, MD, Edmu Irder Source: Phone igned By: Freund, MD, Edmund on 05/0 m tart Date/Time: 04/16/2014 2:33 pm	ond 09/2014 7:50		0. None 1. One on one 2. Ambulate	tervention(s) i PICS	monitoring everyshif	RENEW 05/09/201 7:50 am
ntered By: Service, Readmission Order exapro 20 mg tablet ve 1 tablet (20 mg) by oral route once da epression m/b Sad Facial Expressions) chedule: Every Day at 9:00 am iagnosis: 300.02-Generalized anxiety d riginal Order Date: 04/16/2014 rdering Prescriber: Freund, MD, Edmu rder Source: Phone gned By: Freund, MD, Edmund on 05/0 n	aily (For isorder	RENEW 05/09/2014 7:50 am	3. Activities 4. Toilet 5. Music/talkii 6. Give food/c 7. Change Po 8. Encourage 9. Return to r 10. Backrub/N 11. Aromathe 12. Other: Schedule: Eve	Irink sition Rest com Ilassage rapy ery Day at 4:00	am-6:00 am; 12:00 pr	m-
nart Date/Time: 04/16/2014 2:33 pm ntered By: Service, Readmission Orders	3		Protocol: Doci intervention(s) Original Order Ordering Pres Signed By: Fream	pm-10:00 pm ument in comm used r Date: 04/16/2	nents field any 2014 I, MD, Edmund nund on 05/09/2014 7:	

Resident	System ID/MRN	DOB (A	ige)	Gender	Height/Weight	# Orders
Parvin, Mary	17639 / 7231	03/16/1	943 (71 y)	Female		56
Unit-Room-Bed	Last Admit	Renewa	al Date		Attending Physician	
	04/16/2014	04/30/20	014, 30 days (#2)		Freund, MD, Edmund	
Primary Insurance		Membe	rID		Plan ID	Group ID
Medicare A		566627	161a			
Insured Name	A CALL STREET, MICH. CO. CO.	Relationship			Medicare	Medicaid
Parvin, Mary		Self			566627161a	
Advance Directives:						
Allergies: Latex, Natural Rubber; morphine						***************************************
Active Diagnoses: V57.89-Specified reha 780.2-Syncope and collapse; V18.0-Family treatment measure; 780.96-Generalized paunspecified; 311-Depressive disorder, not essential hypertension; unspecified; 780.5414.04-Coronary atherosclerosis; of artery listed, please refer to SigmaCare for a commedication Orders	in; 564.0-Constipation in; 564.0-Constipation elsewhere classified; 2 2-Insomnia, unspecified bynass graft: 438 9-Lin	eiiitus; 40 ; 564-Fun 44.9-Uns;	octional Digestive pecified hypothyro	Disorders No Didism; 272.4	nign; V07.8-Other speci t Elsewhere Classified; -Other and unspecified h	ified prophylactic or 564.00-Constipation, hyperlipidemia; 401.9-
potassium chloride ER 10 mEq	REI	NEW	Monitoring			RENEW
tablet, extended release give 1 tablet (10 meq) by oral route once da Schedule: Every Day at 9:00 am Protocol: Do not crush or chew. Give with Diagnosis: 584.5-Acute kidney failure with tubular necrosis Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Order Source: Phone Signed By: Freund, MD, Edmund on 05/09 am Start Date/Time: 04/16/2014 2:33 pm Entered By: Service, Readmission Orders	o5/05 7:50 food. lesion of	0/2014 0 am	Psychotropic Nevery shift Schedule: Ever 2:00 pm; 8:00 p Protocol: Docu using numeric s Original Order Ordering Presc Signed By: Fre am Start Date/Time Entered By: Se	y Day at 4:00 m-10:00 pm ment any sidicale 0 = none Date: 04/16/2 riber: Freunund, MD, Edr	d, MD, Edmund mund on 05/09/2014 7:5 2:33 pm	05/09/2014 7:50 am
furosemide 20 mg tablet give 1 tablet (20 mg) by oral route 2 times p 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; u Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Order Source: Phone Signed By: Freund, MD, Edmund on 05/09/ am Start Date/Time: 04/16/2014 2:33 pm Entered By: Service, Readmission Orders	ospecified 1 2014 7:50	V2014 0 am	medications, pl monitored: [] Crying/Tearf [] Attention sed [] Irritable/Easi [] Self deprecia [] Unmotivated [] Negative Sta [] Anger with s	ents on anti ease identifi ul eking Behav ly Annoyed tion/Wothle to Bathe, Eatements elf/others elf Isolation/	ssness at, etc. Reduced Social	05/09/2014 7:50 am
carvedilol 25 mg tablet give 1 tablet (25 mg) by oral route 2 times po 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; ui Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Order Source: Phone Signed By: Freund, MD, Edmund on 05/09/2 am	7:50	/2014 am	Schedule: Every 2:00 pm; 8:00 pm Protocol: Docum numeric scale If no behavior, do Original Order I Ordering Presci Signed By: Freu am Start Date/Time: Entered By: Ser	n-10:00 pm nent Behavio ocument 0 in Date: 04/16/2 riber: Freund nd, MD, Edm	014 , MD, Edmund lund on 05/09/2014 7:50 2:33 pm	g
Start Date/Time: 04/16/2014 2:33 pm			Monitoring Record Highest	Level Of Pai	n Eveny Shiff	RENEW
Entered By: Service, Readmission Orders famotidine 20 mg tablet 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 05/09/2 am Start Date/Time: 04/16/2014 2:33 pm Entered By: Service, Readmission Orders	7:50	EW 2014 am	u = No Pain 1 - 3 = Mild Pain 4 - 6 = Moderate 7 - 9 = Severe Pa 10 = Horrible / E Schedule: Every 2:00 pm; 8:00 pm Protocol: Docum 10 or uncontrolled every Shift Monitor: Pain Original Order D Ordering Prescr	e Pain ain xcruciating Day at 4:00 : -10:00 pm lent in common d with existing ate: 04/16/20 ber: Freund, nd, MD, Edmi	am-6:00 am; 12:00 pm- ent field - Notify MD If Le g intervention(s) 014 MD, Edmund und on 05/09/2014 7:50	

Parvin, Mary Unit-Room-Bed 4-49-A	System ID/MRN 17639 / 7231 Last Admit	CONTRACTOR DESCRIPTION	943 (71 y)	Gender Female	Height/Weight	# Orders 56
	Last Admit	CONTRACTOR DESCRIPTION	0.0(/.//	1 Official		
4-49-A		**************************************	Renewal Date		Attending Physician	
	04/16/2014		014, 30 days (#2)	Freund, MD, Edmund	
Primary Insurance		Membe			Plan ID	Group ID
Medicare A		566627			FIANTE	Group ID
Insured Name		Relatio			Modioare	No dia dia
Parvin, Mary		Self	пашр		Medicare	Medicaid
Advance Directives:		Joen			566627161a	
Allergies: Latex, Natural Rubber; morphir	e: Sulfa (Sulfonam	ide Antibiotic	a)			
Active Diagnoses: V57.89-Specified reha 780.2-Syncope and collapse; V18.0-Famil treatment measure; 780.96-Generalized p unspecified; 311-Depressive disorder, not Essential hypertension; unspecified; 780.5 414.04-Coronary atherosclerosis; of artery listed, please refer to SigmaCare for a con Medication Orders	ain; 564.0-Constipa elsewhere classifie 2-Insomnia, unsper	es meliitus; 40 attion; 564-Fui d; 244.9-Uns ciffied; 585.4- 9-Unspecified	Other Orders	Disorders No oidism; 272.4	enign; V07.8-Other spect of Elsewhere Classified; -Other and unspecified	cified prophylactic or 564.00-Constipation, hyperlipidemia; 401.9-
gabapentin 300 mg capsule give 1 capsule (300 mg) by oral route 2 tim Schedule: Every Day at 9:00 am; 5:00 pm Diagnosis: 357.2-Polyneuropathy in diabe Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmur Order Source: Phone Signed By: Freund, MD, Edmund on 05/03 am Start Date/Time: 04/16/2014 2:33 pm Entered By: Service, Readmission Orders NitroQuick 0.4 mg sublingual tal place 1 tablet (0.4 mg) by sublingual route of attack; may repeat every 5 min until relie persists after 3 tablets in 15 min, prompt m attention is recommended Schedule: PRN Protocol: Monitor effectivess after 5 minut Monitor: Effectiveness Follow-up (5 min.) Diagnosis: 413.9-Other and unspecified at Original Order Date: 04/16/2014 Ordering Prescriber: Freund, MD, Edmund Order Source: Phone Signed By: Freund, MD, Edmund on 05/05 am	blet at the 1st sign of; if pain edical es ngina pectoris d	RENEW 15/09/2014 7:50 am RENEW 5/09/2014 7:50 am	Protocol: Docu Original Order Ordering Preso	Ig Interventiced / Limb Elece / Emotions / Diversion (COM) / Ambul / Quiet Moving / Relaxa / Therapeutic Terry / Meditat Socialization erapy Ty Day at 4:00 m-10:00 pm ment in comnomer i	ons Needed vation al Support ation / Stretch ement tion Exercise fouch onent field every Shift 2014 d, MD, Edmund nund on 05/09/2014 7:5	
Start Date/Time: 04/16/2014 2:33 pm Entered By: Service, Readmission Orders hydrocodone 5 mg-acetaminoph tablet give 1 tablet by oral route every 6 hours as pain Schedule: Every 6 Hours (PRN) Protocol: MAXIMUM ACETAMINOPHEN 3 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	needed for 05	NTERIM 5/09/2014 1:56 pm	Protocol: Docur Original Order Ordering Presc	ate response uate response *** y Day at 4:00 m-10:00 pm ment in comm Date: 04/16/2 riber: Freund und, MD, Edm :: 04/16/2014	e to regimen te to regimen am-6:00 am; 12:00 pm ment field every Shift 014 , MD, Edmund aund on 05/09/2014 7:5	0
Signed By: Freund, MD, Edmund on 05/22 pm Entered By: Dhillon, Karambir glimepiride 2 mg tablet give 1 tablet (2 mg) by oral route once daily Schedule: Every Day at 9:00 am Diagnosis: 250.02-Diabetes mellitus; w/o m complication or manifestation; type II, uncon 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	06 nention of trolled	NTERIM /24/2014 7:48 pm	Read PPD resul induration size Schedule: Every Original Order I Ordering Presci	in mm in cor 12 Months of Date: 04/16/20 riber: Freund and, MD, Edm : 04/16/2014:	on 7 at 3:00 pm-11:00 p 014 , MD, Edmund und on 05/09/2014 7:50 2:33 pm	

Resident	System ID/MRN	DOB (A	ige)	Gender	Height/Weight	# Orders
Parvin, Mary	17639 / 7231	1	943 (71 y)	Female	rioigna reoigne	56
Unit-Room-Bed	Last Admit	Renewa		1 Omale	Attending Physician	
4-49-A	04/16/2014		014, 30 days (#2)	\	Freund, MD, Edmund	
Primary Insurance		Membe			Plan ID	A
Medicare A		566627			FIGILID	Group ID
Insured Name		Relatio			Madiana	
Parvin, Mary		Self	Hamp	And I was a second	Medicare	Medicaid
Advance Directives:		OGII			566627161a	
Allergies: Latex, Natural Rubber; morphine	e: Sulfa (Sulfonamide A	Antihiotics	-)	***************************************		***************************************
Active Diagnoses: V57.89-Specified rehal 780.2-Syncope and collapse; V18.0-Family treatment measure; 780.96-Generalized paunspecified; 311-Depressive disorder, not e Essential hypertension; unspecified; 780.52414.04-Coronary atherosclerosis; of artery listed, please refer to SigmaCare for a com Medication Orders	bilitation procedure; oth history of; diabetes me in; 564.0-Constipation; elsewhere classified; 26- lnsomnia, unspecified	ner; 428.0 ellitus; 40 564-Fun 14.9-Unsp	0-Congestive hea 1.1-Essential hypototional Digestive oecified hypothym	Disorders No oidism; 272.4	enign; V07.8-Other spec of Elsewhere Classified; -Other and unspecified	ified prophylactic or 564.00-Constipation, hyperlipidemia, 401.9-
Onglyza 2.5 mg tablet	INTE	RIM	Monitoring			RENEW
give 1 tablet (2.5 mg) by oral route once da Schedule: Every Day at 9:00 am Diagnosis: 250.00-Diabetes mellitus; w/o r complication or manifestation; type II, controloginal Order Date: 06/25/2014 Authorized by Prescriber, Read Back Ordering Prescriber: Freund, MD, Edmundorder Source: Phone Entered By: Gonzalez Jr, LVN, John	nention of olled	/2014 2 am	*Non-Drug Inte PSYCHOTROP 0. None 1. One on one 2. Ambulate 3. Activities 4. Toilet 5. Music/talking 6. Give food/dr	g books	monitoring everyshift:	05/09/2014 7:50 am
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			[] Has trouble f [] Has trouble s [X] Complaints [] Other: Schedule: Every Protocol: Docum numeric scale f no behavior, do Original Order D Ordering Prescr	ents on Hypredications, productions, product	please identify targeter p am-6:00 am in Comments field usin comments field 114 MD, Edmund und on 05/09/2014 7:50	g

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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.

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

Care Instructions of the state of the state of control of the state of

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 HEALTH CARE 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 Patiert 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.



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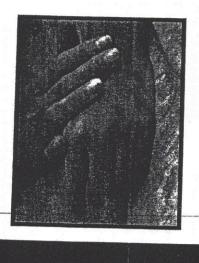
STATE OF CALIFORNIA
Arnold Schwarzenegger, Governor
HEALTH AND HUMAN
SERVICES AGENCY

S. Kimberly Belshé, Secretary DEPARTMENT OF

SOCIAL SERVICES

Port Power

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.

1

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

1

Patient Information	OLST TO OTHER HEALTH O	CARE P	ROVIDER	S AS NECESSA	ARY
Name (last, first, middle):		Date	of Birth:	Gender:	F
Health Care Provider Assisting with Fo	orm Preparation			Marian Marian	
Name:	Title:		Phone Num	nber:	, and the second
Additional Contact	在企业的企业基础的企业			STREET, STREET	7 17 9
Name:	Relationship to Patient:		Phone Num	nber:	

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 Volding 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