# FAX COVER PAGE

HomeCentris HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES

**Date:** 07/07/2026

**To:**
Anita Tammara , MD

**From:**
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284

**Phone:** 410-321-8448

**Fax:** 410-559-3002

**Subject:**
RE:Elizabeth Hall dob:5/26/1947

**Memo:**

HI per your request i am :faxing referral from rossville rehab. we will contact patient to schedule appointment you. best regards, donna hayes admission director homecentris homehealth

**URGENT: Please review and respond to this fax transmission promptly.**

# ADMISSION RECORD

Rossville Rehabilitation and Healthcare Center
6600 Ridge Rd
Baltimore, Baltimore, MD 21237-4209
TEL: (410) 574-4950
FAX: (410) 391-4386

Jul 6, 2026 14:10:00 ET

## RESIDENT INFORMATION

| Resident Name | Preferred Name | Unit | Room / Bed | Admission Date | Init. Adm. Date | Orig.Adm.Date | Resident # |
|---|---|---|---|---|---|---|---|
| Mrs. Hall, Elizabeth M. | | SEVERN | 125-2 | 04/22/2026 | 04/22/2026 | 04/22/2026 | 23368 |

| Previous address | Previous Phone # | Legal Mailing address |
|---|---|---|
| 1315 Chesaco Ave Apt 114, Rosedale, MD, 21237 | (410) 330-3639 | Same as Previous Address |

| Sex | Birthdate | Age | Marital Status | Religion | Race | Occupation(s) | Primary Lang. |
|---|---|---|---|---|---|---|---|
| F | 05/26/1947 | 79 | Widowed | Christian | White | | English |

| Admitted From | Admission Location | Birth Place | Citizenship | Maiden Name |
|---|---|---|---|---|
| Acute care hospital | Medstar Good Samaritan Hospital Baltimore | | U.S. | |

| Social Security #: | Medicare Beneficiary ID: | Medicare Replacement Name: | Medicare Replacement #: |
|---|---|---|---|
| 217-50-0025 | 7AQ5UR3MJ60 | | |
| **Co Insurance Plan:** | **Co-Insurance Policy #:** | **HMO/Commercial Plan:** | **HMO/Commercial Policy #:** |
| MedicareA | 7AQ5UR3MJ60 | UnitedAmerican | 008407219 |
| **Primary Medicaid #:** | **QMB or Full Medicaid** | **Auto/Workers Comp/Liab Ins:** | **Insurance Auth #:** |
| | | | |
| **Managed Medicaid Plan Name:** | **Managed Medicaid ID #:** | **Hospice Name:** | **Mass Medicaid #:** |
| | | | |
| **Mcr Rplcmt End Date:** | **Medicaid #:** | **LTC Insurance Policy #:** | **LTC Insurance Policy Name:** |
| | | | |
| **Claim #:** | **Bundled:** | **MLTSS Provider:** | **MLTSS ID #:** |
| | | | |
| **NEW MMIS MEDICAID#(xclaim):** | **Part D Insurance Name:** | **Part D Policy #:** | **Veteran #** |
| | | | |
| **2nd Insurance Name:** | **2nd Insurance Policy #:** | **3rd Insurance Name:** | **4th Insurance Name:** |
| | | | |
| **4th Insurance Policy #:** | **TPL:** | **Medical Record #:** | **Optum-SNF-LTC:** |
| | | 23368 | |
| **DO NOT USE** | **Do Not Use** | **Do Not Use** | **Do Not Use** |
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## PAYER INFORMATION

| | | | |
|---|---|---|---|
| **Primary Payer** | Medicare A | **Medicare #** | 7AQ5UR3MJ60 |
| **Second Payer** | Medicare A coins from Insurance | **Policy #** | |

## OTHER INFORMATION

| Most Recent Hospital Stay | | Allergies |
|---|---|---|
| 04/14/2026 | 04/22/2026 | No Known Allergies |

| Additional Financial Information | Admission Type | Community Physician | Facility Does Resident Laundry |
|---|---|---|---|
| | | | |
| **General Notes** | **Hospital Preference** | **Ins. Authorization Number and Days covered** | **Medicaid Eligibility** |
| | | | |
| **Medicare Coverage** | **Miscellanous Information:** | **Primary Care Physican (Name & Phone#)** | **Referring Physician** |
| | | | |
| **Resident Receives personal Mail?** | **Responsible Party** | **Rx Plan Name** | **Spouse's Name** |
| | | | |

## CARE PROVIDERS

| Provider | Phone | Address | UPIN | NPI |
|---|---|---|---|---|
| Atlas: Physician<br>(Primary Physician)<br>Basu, Dev | Office:(443) 275-9164 | 913 Southerly Rd suite#264<br>Baltimore, MD<br>21204 | | 1821386228 |
| Atlas: Nurse Practitioner<br>Muhati, Jared | Home:(443) 253-9709 | 7209 Rutherford Green Cir<br>Windsor Mill, MD<br>21244 | | 1760703185 |
| Atlas: Nurse Practitioner<br>Udoh, Julie | Office:(443) 875-9164<br>Home:(443) 529-5868 | 913 Southerly Rd Ste 264<br>Towson, MD | | 1982965950 |

## CARE PROVIDERS

| | | | | |
|---|---|---|---|---|
| Atlas: Nurse Practitioner<br>Udoh, Julie | Office:(443) 875-9164<br>Home:(443) 529-5868 | 21204 | | 1982965950 |
| Atlas: Physician<br>Baxi, Sunit | Office:(410) 668-8180<br>Fax:(410) 264-1732 | Benchmark Medical 904 Stags Head Road<br>Baltimore, MD<br>21286 | | 1629353420 |

## PHARMACY

| Pharmacy | Phone/Fax | Address |
|---|---|---|
| Specialty Rx Pennsylvania (Primary)<br>Primary Contact: Jen Krause | Phone: (877) 936-8028<br>Fax: (833) 678-0164 | 491A Blue Eagle Ave<br>Harrisburg, PA, 17112 |

## EXTERNAL FACILITIES (No Data Found)

| Facility Name | Phone | Facility Type |
|---|---|---|
| | | |

## CONTACTS

| Name | Contact Type | Relationship | Address | Phone/Email |
|---|---|---|---|---|
| Mrs. Hall, Elizabeth | AR Representative 1<br>Customer Satisfaction Survey Recipient | Self | 1315 Chesaco Ave<br>Apt 114<br>Baltimore, MD, 21237 | Cell:(443) 413-0613<br>Home:(410) 330-3639 |
| Ms. Perna, Karen | Emergency Contact # 1 | Daughter | 6 Lyndale Ave<br>Rosedale, MD, 21237 | Home:(443) 413-0613 |

## DIAGNOSIS INFORMATION

| Code | Description | Onset Date | Rank | Classification |
|---|---|---|---|---|
| I63.9 | CEREBRAL INFARCTION, UNSPECIFIED | 04/22/2026 | Primary | |
| E78.5 | HYPERLIPIDEMIA, UNSPECIFIED | 04/22/2026 | Secondary | |
| F43.21 | ADJUSTMENT DISORDER WITH DEPRESSED MOOD | 04/22/2026 | Secondary | |
| F51.01 | PRIMARY INSOMNIA | 04/22/2026 | Secondary | |
| I10 | ESSENTIAL (PRIMARY) HYPERTENSION | 04/22/2026 | Secondary | |
| I48.91 | UNSPECIFIED ATRIAL FIBRILLATION | 04/22/2026 | Secondary | |
| I50.9 | HEART FAILURE, UNSPECIFIED | 04/22/2026 | Secondary | |
| I69.020 | APHASIA FOLLOWING NONTRAUMATIC SUBARACHNOID HEMORRHAGE | 04/22/2026 | Secondary | |
| I73.9 | PERIPHERAL VASCULAR DISEASE, UNSPECIFIED | 04/22/2026 | Secondary | |
| N18.30 | CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED | 04/22/2026 | Secondary | |
| R47.1 | DYSARTHRIA AND ANARTHRIA | 04/22/2026 | Secondary | |

## ADVANCE DIRECTIVE

***SEE MOLST ***

**From:** Rossville Rehabilitation and Healthcare Center 6600 Ridge Rd Baltimore, MD, 21237-4209 (410) 574-4950 **Fax:** (410) 391-4386

**Printed Date:** Jul 6, 2026 14:07:47 ET

**Ordered By:** Basu, Dev
National Provider ID #1821386228
913 Southerly Rd suite#264
Baltimore, MD, 21204
(443) 275-9164

**Resident:** Hall, Elizabeth M (23368)
**DOB:** 05/26/1947
**Location:** SEVERN 125 2

**To:** **Prescriber**

Basu, Dev
913 Southerly Rd suite#264
Baltimore, MD, 21204

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**Order Date:** 07/06/2026 14:07

**Communication Method:** Phone

**Order ID:** 25296581

**Order Summary:** Discharge home 07/11/2026 with home health orders to include RN for medication management, PT/OT for evaluation and treatment, aid for ADL care.

**Confirmed By:** Alexis Fowler (Atlas: Director of Social Services)

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**Ordered By Signature:** Keisha Bilal LPN unit manager / Dr. Basu MD

**Signed Date:** 7-6-26

# Maryland Medical Orders for Life-Sustaining Treatment (MOLST)

| Patient's Last Name, First, Middle Initial | Date of Birth | |
|---|---|---|
| Hall, Elizabeth M. | 1947-05-26 | ☐ Male ☒ Female |

This form includes medical orders for Emergency Medical Services (EMS) and other medical personnel regarding cardiopulmonary resuscitation and other life-sustaining treatment options for a specific patient. It is valid in all health care facilities and programs throughout Maryland. This order form shall be kept with other active medical orders in the patient's medical record. The physician, nurse practitioner (NP), or physician assistant (PA) must accurately and legibly complete the form and then sign and date it. The physician, NP, or PA shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. A copy or the original of every completed MOLST form must be given to the patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.

**CERTIFICATION FOR THE BASIS OF THESE ORDERS:** Mark any and all that apply.

I hereby certify that these orders are entered as a result of a discussion with and the informed consent of:

__X__ the patient; or
_____ the patient's health care agent as named in the patient's advance directive; or
_____ the patient's guardian of the person as per the authority granted by a court order; or
_____ the patient's surrogate as per the authority granted by the Heath Care Decisions Act; or
_____ if the patient is a minor, the patient's legal guardian or another legally authorized adult.

Or, I hereby certify that these orders are based on:

_____ instructions in the patient's advance directive; or
_____ other legal authority in accordance with all provisions of the Health Care Decisions Act. All supporting documentation must be contained in the patient's medical records.

_____ Mark this line if the patient or authorized decision maker declines to discuss or is unable to make a decision about these treatments. **The patient's or authorized decision maker's participation in the preparation of the MOLST form is always voluntary.** If the patient or authorized decision maker has not limited care, except as otherwise provided by law, CPR will be attempted and other treatments will be given.

**CPR (RESUSCITATION) STATUS:** EMS providers must follow the *Maryland Medical Protocols for EMS Providers*.

__X__ **Attempt CPR:** If cardiac and/or pulmonary arrest occurs, attempt cardiopulmonary resuscitation (CPR). This will include any and all medical efforts that are indicated during arrest, including artificial ventilation and efforts to restore and/or stabilize cardiopulmonary function.

[If the patient or authorized decision maker does not or cannot make any selection regarding CPR status, mark this option. Exceptions: If a valid advance directive declines CPR, CPR is medically ineffective, or there is some other legal basis for not attempting CPR, mark one of the "No CPR" options below.]

1

**No CPR, Option A, Comprehensive Efforts to Prevent Arrest:** Prior to arrest, administer all medications needed to stabilize the patient. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.

_____ **Option A-1, Intubate:** Comprehensive efforts may include intubation and artificial ventilation.

_____ **Option A-2, Do Not Intubate (DNI):** Comprehensive efforts may include limited ventilatory support by CPAP or BiPAP, but do not intubate.

_____ **No CPR, Option B, Palliative and Supportive Care:** Prior to arrest, provide passive oxygen for comfort and control any external bleeding. Prior to arrest, provide medications for pain relief as needed, but no other medications. Do not intubate or use CPAP or BiPAP. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.

**SIGNATURE OF PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT (Signature and date are required to validate order)**

| Practitioner's Signature | Print Practitioner's Name | |
|---|---|---|
| Electronically signed by Julie Udoh on 04/27/2026 12:10 | Julie Udoh | |
| Maryland License # R203013 | Phone Number | Date 04/27/2026 12:12 |

| Patient's Last Name, First, Middle Initial | Date of Birth | Page 2 of 2 |
|---|---|---|
| Hall, Elizabeth M. | 1947-05-26 | ☐ Male ☒ Female |

Orders in Sections 2-9 below do not apply to EMS providers and are for situations other than cardiopulmonary arrest. Only complete applicable items in Sections 2 through 8, and only select one choice per applicable Section.

**2 ARTIFICIAL VENTILATION**

2a. __X__ May use intubation and artificial ventilation indefinitely, if medically indicated.

2b. _____ May use intubation and artificial ventilation as a limited therapeutic trial.
Time limit_____

2c. _____ May use only CPAP or BiPAP for artificial ventilation, as medically indicated.
Time limit_____

2d. _____ Do not use any artificial ventilation (no intubation, CPAP or BiPAP).

**3 BLOOD TRANSFUSION**

3a. __X__ May give any blood product (whole blood, packed red blood cells, plasma or platelets) that is medically indicated.

3b. _____ Do not give any blood products.

**4 HOSPITAL TRANSFER**

4a. __X__ Transfer to hospital for any situation requiring hospital-level care.

4b. _____ Transfer to hospital for severe pain or severe symptoms that cannot be controlled otherwise.

4c. _____ Do not transfer to hospital, but treat with options available outside the hospital.

**5 MEDICAL WORKUP**

5a. __X__ May perform any medical tests indicated to diagnose and/or treat a medical condition.

5b. _____ Only perform limited medical tests necessary for symptomatic treatment or comfort.

5c. _____ Do not perform any medical tests for diagnosis or treatment.

**6 ANTIBIOTICS**

6a. __X__ May use antibiotics (oral, intravenous or intramuscular) as medically indicated.

6b. _____ May use oral antibiotics when medically indicated, but do not give intravenous or intramuscular antibiotics.

6c. _____ May use oral antibiotics only when indicated for symptom relief or comfort.

6d. _____ Do not treat with antibiotics.

**7 ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION**

7a. __X__ May give artificially administered fluids and nutrition, even indefinitely, if medically indicated.

7b. _____ May give artificially administered fluids and nutrition, if medically indicated, as a trial.
Time limit_____

7c. _____ May give fluids for artificial hydration as a therapeutic trial, but do not give artificially administered nutrition.
Time limit_____

7d. _____ Do not provide artificially administered fluids or nutrition.

**8 DIALYSIS**

8a. __X__ May give chronic dialysis for end-stage kidney disease if medically indicated.

8b. _____ May give dialysis for a limited period.
Time limit_____

8c. _____ Do not provide acute or chronic dialysis.

**9 OTHER ORDERS** _____

**SIGNATURE OF PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT (Signature and date are required to validate order)**

| Practitioner's Signature | Print Practitioner's Name | |
|---|---|---|
| Electronically signed by Julie Udoh on 04/27/2026 12:10 | Julie Udoh | |
| Maryland License # R203013 | Phone Number | Date 04/27/2026 12:12 |

**Resident: Hall, Elizabeth M (23368) Active Orders As Of: 07/06/2026**

| | | | | | |
|---|---|---|---|---|---|
| **Resident:** | Hall, Elizabeth M (23368) | **Location:** | 125 2 | **Admission:** | 04/22/2026 |
| **Client Id Number:** | 23368 | **Gender:** | F | **Date of Birth:** | 05/26/1947 |
| **Physician:** | Basu, Dev | **Pharmacy:** | Specialty Rx Pennsylvania | | |
| **Allergies:** | No Known Allergies | | | | |
| **Diagnoses:** | CEREBRAL INFARCTION, UNSPECIFIED(I63.9), APHASIA FOLLOWING NONTRAUMATIC SUBARACHNOID HEMORRHAGE(I69.020), PERIPHERAL VASCULAR DISEASE, UNSPECIFIED(I73.9), UNSPECIFIED ATRIAL FIBRILLATION(I48.91), ESSENTIAL (PRIMARY) HYPERTENSION(I10), DYSARTHRIA AND ANARTHRIA(R47.1), HYPERLIPIDEMIA, UNSPECIFIED(E78.5), HEART FAILURE, UNSPECIFIED(I50.9), CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED(N18.30), ADJUSTMENT DISORDER WITH DEPRESSED MOOD(F43.21), PRIMARY INSOMNIA(F51.01) | | | | |

## Dietary - Diet

| Order Summary | Communication Method | Order Status | Order Date | Start Date | End Date |
|---|---|---|---|---|---|
| **NAS (No Added Salt) diet** Regular texture, Regular Fluid consistency | Phone | Active | 04/22/2026 | 04/22/2026 | |

## Other

| Order Summary | Communication Method | Order Status | Order Date | Start Date | End Date |
|---|---|---|---|---|---|
| *****SEE MOLST ***** | Phone | Active | 04/22/2026 | | |
| **Admit to SNF - Skilled Care Services. I have reviewed and approved all orders/Individual Person Centered Care Plan.** | Phone | Active | 04/22/2026 | | |
| **AHC MD: Appraise and observe every shift for changes in physical and mental condition. Notify Provider if observed.** every shift | Phone | Active | 04/22/2026 | 04/22/2026 | |
| **AHC MD: Pressure Reducing Wheel Chair Cushion in place to wheel chair** every shift | Phone | Active | 04/22/2026 | 04/22/2026 | |
| **AHC: Anticoagulant Side Effect Monitoring: Observe for Signs and Symptoms of Bleeding/Bruising every shift. Document unusual findings in progress note and notify provider.** every shift for Anticoagulant use | Phone | Active | 04/22/2026 | 04/22/2026 | |

**Resident: Hall, Elizabeth M (23368)** **Active Orders As Of: 07/06/2026**

**Resident:** Hall, Elizabeth M (23368) **Location:** 125 2 **Admission:** 04/22/2026

| Order Summary | Communication Method | Order Status | Order Date | Start Date | End Date |
|---|---|---|---|---|---|
| **AHC: COVID 19 PRN Test Order: Rapid Antigen/POC Testing** as needed for as needed for covid sx | Phone | Active | 04/22/2026 | 04/22/2026 | |
| **AHC: Crush Med - Food, May crush medications and administer per food.** | Phone | Active | 04/22/2026 | | |
| **AHC: Generic Equivalent: Generic equivalent may be used unless otherwise indicated.** | Phone | Active | 04/22/2026 | | |
| **AHC: Heart Failure: Edema Evaluation- Evaluate edema and Notify Provider of changes, If changes document in progress notes** every shift | Verbal | Active | 04/23/2026 | 04/23/2026 | |
| **AHC: Heart Failure: M-W-F- notify provider if gained 3 pounds in 24 hours and document in progress note** every day shift every Mon, Wed, Fri for CHF | Verbal | Active | 04/23/2026 | 04/24/2026 | |
| **AHC: Physiatry (PMR) Consult: Physiatrist Evaluation and Treatment as needed.** | Phone | Active | 04/22/2026 | | |
| **AHC: Psychiatry Consult : Psychiatry evaluation and treatment as needed.** | Phone | Active | 04/22/2026 | | |
| **AHC: Side Effect Monitoring: Opioid Usage: Monitor for side effects of Opioid Usage: 0. None Observed 1. Sedation 2. Respiratory Suppression 3. Constipation 4. Confusion 5. Nausea/Vomiting 6. Dry Mouth 7. Dizziness 8. Depression** every shift for Monitoring for Opioid Side Effects Document corresponding # of reported side effects. Notify practitioner as indicated. | Verbal | Active | 06/08/2026 | 06/08/2026 | |
| **AHC: Wound Care Consult and Treat** | Phone | Active | 04/22/2026 | | |
| **Atlas Heart Failure: Lung Sounds-Evaluate Lung Sounds. Notify provider of changes from baseline, if changes from baseline document in progress notes** every shift | Verbal | Active | 04/23/2026 | 04/23/2026 | |

**Resident: Hall, Elizabeth M (23368) Active Orders As Of: 07/06/2026**

**Resident:** Hall, Elizabeth M (23368) **Location:** 125 2 **Admission:** 04/22/2026

| Order Summary | Communication Method | Order Status | Order Date | Start Date | End Date |
|---|---|---|---|---|---|
| **Atlas MD: Non Pharmacological Interventions Pain Management 1: Repositioned, 2: Beverage Offered, 3: Music, 4: Lighting Changed, 5: Resident Refused NPI** as needed for Non pharmacological interventions | Verbal | Active | 04/22/2026 | 04/22/2026 | |
| **Atlas weekly skin check: complete Atlas weekly skin check under the assessments tab (you must schedule this-see shower schedule and skin check days).** every evening shift every Wed for Monitoring | Phone | Active | 04/22/2026 | 04/29/2026 | |
| **Bath/shower/nail care twice a week. Document refusals. (you must see the shower assignment and schedule accordingly).** every evening shift every Wed, Sat for Hygiene | Phone | Active | 04/22/2026 | 04/25/2026 | |
| **cardiology consult - triple AV nodal blockade** | Prescriber Entered | Active | 06/03/2026 | | |
| **Covid 19 symptom monitoring: Monitor for the following symptoms: Chills, Cough, SOB, Sore Throat, Fatigue, Muscle or Body Aches, Headache, New loss of Taste or Smell, Congestion or Runny Nose, Nausea or Vomiting or Diarrhea** every shift for Monitoring If symptoms identified, enter "Y" document in progress note and call MD, if no symptoms identifed enter "N" | Phone | Active | 04/22/2026 | 04/22/2026 | |
| **Dental consult and treatment as needed.** | Phone | Active | 04/22/2026 | | |
| **Discharge home 07/11/2026 with home health orders to include RN for medication management, PT/OT for evaluation and treatment, aid for ADL care.** | Phone | Active | 07/06/2026 | | |

**Resident: Hall, Elizabeth M (23368) Active Orders As Of: 07/06/2026**

**Resident:** Hall, Elizabeth M (23368) **Location:** 125 2 **Admission:** 04/22/2026

| Order Summary | Communication Method | Order Status | Order Date | Start Date | End Date |
|---|---|---|---|---|---|
| **F/u with neurology within 2-4 weeks call 443-777-7320 9000 Franklin Square Drive suite 2 CB f/u cva No appts until October per Danielle at office, no wait list continue to try and see if cancellations otherwise pt to f/u after rehab with neurology** | Phone | Active | 04/28/2026 | | |
| **I have participated in and approve of the resident centered care plan.** | Phone | Active | 04/22/2026 | | |
| **May cocktail medications except for enteral administration** | Phone | Active | 04/22/2026 | | |
| **may f/u with out pt wound clinic at GSH or FSH after d/c from rehab, while in rehab may be followed by wound team at rehab** | Phone | Active | 04/22/2026 | | |
| **May have PNEUMOVAX unless contraindicated per CDC recommendations.** | Phone | Active | 04/22/2026 | | |
| **Mouth care Q Shift** every shift for Hygiene | Phone | Active | 04/22/2026 | 04/22/2026 | |
| **Occupational Therapy Clarification Order: OT to eval and treat 3-5x/wk for 27 days with skilled OT treatment to include: therapeutic activity, therapeutic exercise, self care management, AD/AE training, pt/caregiver education, NMR, and d/c planning** | Phone | Active | 04/23/2026 | | |
| **OT evaluation and treat as indicated.** | Phone | Active | 04/22/2026 | | |
| **OT recert clarification order: Cont OT to maximize functl act tol; improve functl mob safety and I necessary to return to home at PLOF; improve BUE strength; cg/pt ed and dc planning 3-5x wk x 27 days** | Verbal | Active | 06/16/2026 | | |
| **OT recert order: Cont OT 3-5x daily for 27 days to address LUE coordination, med mgt, and safety with all ADLs; cg/pt ed and dc planning.** | Verbal | Active | 05/20/2026 | | |

**Resident: Hall, Elizabeth M (23368) Active Orders As Of: 07/06/2026**

**Resident:** Hall, Elizabeth M (23368) **Location:** 125 2 **Admission:** 04/22/2026

| Order Summary | Communication Method | Order Status | Order Date | Start Date | End Date |
|---|---|---|---|---|---|
| **Pain Monitoring: Verbal (Numerical Scale) 0= No Pain 1-3= Mild Pain 4-6= Moderate Pain 7-10= Severe Pain** every shift for Monitoring | Phone | Active | 04/22/2026 | 04/22/2026 | |
| **Podiatrist evaluation and treatment as needed.** | Phone | Active | 04/22/2026 | | |
| **Psych consult due to increase anxiety** | Prescriber Written | Active | 06/22/2026 | | |
| **Psych. Support Practitioner evaluation and treatment as needed.** | Phone | Active | 04/22/2026 | | |
| **PT evaluation and treat as indicated.** | Phone | Active | 04/22/2026 | | |
| **PT evaluation and treatment per approved plan of care 3-5 times per week for 27 days to include therapeutic exercise, neuro re-education, therapeutic activities, gait training, group, WC management and heat/cold/manual to left ankle for pain with patient/family/caregiver education and interdisciplinary discharge planning. May discontinue treatment when complete.** | Phone | Active | 04/23/2026 | | |
| **PT Recertification per approved plan of care 3-5 times per week for 27 days to include therapeutic exercise, neuro re-education, therapeutic activities, gait training, group, WC management and heat/cold/manual to left ankle for pain with patient/family/caregiver education and interdisciplinary discharge planning. May discontinue treatment when complete.** | Phone | Active | 06/16/2026 | | |
| **ST evaluation and treat as indicated.** | Phone | Active | 04/22/2026 | | |

**Resident: Hall, Elizabeth M (23368) Active Orders As Of: 07/06/2026**

**Resident:** Hall, Elizabeth M (23368) **Location:** 125 2 **Admission:** 04/22/2026

| Order Summary | Communication Method | Order Status | Order Date | Start Date | End Date |
|---|---|---|---|---|---|
| **ST Recertification Order: Pt to continue ST services 2-3x/wk for 27 days as tolerated for cognitive-linguistic tx, compensatory strategy training, pt education, group tx as indicated and dc planning.** | Verbal | Active | 06/23/2026 | | |
| **ST Recertification Order: Pt to continue ST services 3 to 5 times a week for 27 days as tolerated for cognitive-linguistic tx, compensatory strategy training, pt education, dc planning.** | Phone | Active | 05/21/2026 | | |
| **Turned and positioned and prn** as needed for Patient observation | Phone | Active | 04/22/2026 | 04/22/2026 | |
| **Turned and positioned and prn** every shift for Patient observation | Phone | Active | 04/22/2026 | 04/22/2026 | |

## Pharmacy

| Order Summary | Communication Method | Order Status | Order Date | Start Date | End Date |
|---|---|---|---|---|---|
| **Atorvastatin Calcium Oral Tablet 40 MG (Atorvastatin Calcium)** Give 1 tablet by mouth at bedtime for hyperlipidemia | Phone | Active | 04/22/2026 | 04/22/2026 | |
| **Dabigatran Etexilate Mesylate Oral Capsule 150 MG (Dabigatran Etexilate Mesylate)** Give 1 capsule by mouth two times a day for Afib/recurrent LLE DVT's | Phone | Active | 04/22/2026 | 04/22/2026 | |
| **Digoxin Oral Tablet 125 MCG (Digoxin)** Give 1 tablet by mouth one time a day for heart failure Hold if <60 | Verbal | Active | 05/18/2026 | 05/19/2026 | |
| **dilTIAZem HCl Oral Tablet 90 MG (Diltiazem HCl)** Give 1 tablet by mouth in the morning for HTN HOLD FOR SBP <110 OR HR <60 | Prescriber Entered | Active | 04/26/2026 | 04/27/2026 | |

**Resident: Hall, Elizabeth M (23368)** **Active Orders As Of: 07/06/2026**

**Resident:** Hall, Elizabeth M (23368) **Location:** 125 2 **Admission:** 04/22/2026

| Order Summary | Communication Method | Order Status | Order Date | Start Date | End Date |
|---|---|---|---|---|---|
| **Dulcolax Rectal Suppository 10 MG (Bisacodyl)** Insert 1 suppository rectally every 24 hours as needed for promote bm if miralax ineffective | Phone | Active | 04/22/2026 | 04/22/2026 | |
| **hydrOXYzine HCl Oral Tablet (Hydroxyzine HCl)** Give 25 mg by mouth in the evening for ANXIETY | Prescriber Entered | Active | 06/17/2026 | 06/17/2026 | |
| **Melatonin Oral Tablet 3 MG (Melatonin)** Give 1 tablet by mouth every 24 hours as needed for insomnia give at hs | Phone | Active | 04/22/2026 | 04/22/2026 | |
| **Metoprolol Tartrate Oral Tablet 50 MG (Metoprolol Tartrate)** Give 1 tablet by mouth two times a day for HTN hold sbp less than 110 and or heart rate less than 50 | Prescriber Written | Active | 06/02/2026 | 06/03/2026 | |
| **MiraLax Oral Powder 17 GM/SCOOP (Polyethylene Glycol 3350)** Give 1 scoop by mouth every 24 hours as needed for Bowel Regimen Dissolve in 4oz of water; hold for loose stools | Verbal | Active | 05/18/2026 | 05/18/2026 | |
| **Naloxone HCl Nasal Liquid 4 MG/0.1ML (Naloxone HCl)** 1 spray in nostril every 3 minutes as needed for suspected opioid overdose 1 spray in nostril every 3 minutes as needed for overdose may repeat in alternating nostrils every 3 minutes until Coherent. Call 911, continue until paramedics arrive. Notify provider | Verbal | Active | 06/08/2026 | 06/08/2026 | |
| **Senna-S Oral Tablet 8.6-50 MG (Sennosides-Docusate Sodium)** Give 1 tablet by mouth two times a day for bowel regimen Hold for loose stools | Phone | Active | 04/22/2026 | 04/22/2026 | |
| **traMADol HCl Oral Tablet 50 MG (Tramadol HCl)** Give 1 tablet by mouth every 8 hours as needed for pain 7-10 | Prescriber Written | Active | 04/22/2026 | 04/22/2026 | |
| **Tylenol Extra Strength Oral Tablet 500 MG (Acetaminophen)** Give 2 tablet by mouth every 8 hours as needed for pain | Prescriber Written | Active | 05/14/2026 | 05/14/2026 | |

**Resident: Hall, Elizabeth M (23368)** **Active Orders As Of: 07/06/2026**

**Resident:** Hall, Elizabeth M (23368) **Location:** 125 2 **Admission:** 04/22/2026

| Order Summary | Communication Method | Order Status | Order Date | Start Date | End Date |
|---|---|---|---|---|---|

**I have approved these orders for Hall, Elizabeth M (23368). Total pages 8.**

**Physician:** _____ **Signature:** _____ **Date:** _____

Primary Physician: All Progress Note Type: All Effective Date Range: Effective Time Range: All Created Date Range: All Created Time Range: All Author: _api_claimocity Department: All

| | | | | | |
|---|---|---|---|---|---|
| **Resident Name :** | Hall, Elizabeth M (23368) | **Location :** | SEVERN 125 2 | **Admission Date :** | 04/22/2026 |
| **Medical Record # :** | 23368 | **Gender :** | F | **Date of Birth :** | 05/26/1947 |
| **Physician :** | Basu, Dev | **Pharmacy :** | Specialty Rx Pennsylvania | | |
| **Allergies :** | No Known Allergies | | | | |
| **Diagnoses :** | No Medical Diagnosis Found | | | | |

Effective Date: 07/02/2026 00:55 Type: Physician/Practitioner Progress Notes

**Note Text :** SERVICE DATE: 7/1/2026
PATIENT: HALL, ELIZABETH (F | 5/26/1947 | 79 y/o)
FACILITY: Rossville Rehabilitation and Healthcare Center
Encounter Type: SUBSEQUENT JULIE UDOH, CRNP

SUBJECTIVE
Chief Complaint
Follow-up for medication and chronic disease management; wound status check.
Subjective
Patient seen in room resting quietly in bed. She was easily arousable, alert, and verbally responsive with mild baseline confusion and expressive aphasia secondary to prior left MCA stroke. She denies pain, shortness of breath, chest pain, urinary symptoms, or other acute complaints. Nursing reports that the chronic left lower extremity wound has healed completely. Medications were reviewed and reconciled with no acute concerns. Patient remains clinically stable.
79-year-old female with chronic atrial fibrillation, HFpEF, CKD stage 3, PAD, and prior left MCA stroke remains clinically stable in SAR. Left lower extremity ulcer has completely healed, and no acute medical issues are identified today. Continue current medication regimen, preventive skin care, vascular follow-up, and close monitoring of cardiovascular status and renal function

OBJECTIVE
Vital Signs
06/21/2026 07/01/2026
BP: 110 133/58 80 mmHg
HR: 68 88 bpm
RR: 18 breaths/min
Temp: 97.2 97.9 F
SpO : 95 98% on room air
Physical Examination
General: Sleeping quietly, arousable, no acute distress.
Neck: Supple without JVD or carotid bruit.
Respiratory: Lungs clear to auscultation bilaterally; respirations nonlabored.
Cardiovascular: Irregularly irregular rhythm, no murmurs, rubs, or gallops.
GI: Abdomen soft, nontender, nondistended; bowel sounds present.
Skin: Warm and dry. Left lower extremity ulcer completely healed with intact epithelium and no erythema or drainage.
Extremities: No cyanosis, clubbing, or significant edema.
Neurological: Alert with baseline expressive aphasia; follows simple commands; moves all extremities.
Psychiatric: Calm, cooperative, appropriate affect.

**Resident Name :** Hall, Elizabeth M (23368)
**Medical Record # :** 23368
**Physician :** Basu, Dev
**Allergies :** No Known Allergies
**Diagnoses :** No Medical Diagnosis Found

**Location :** SEVERN 125 2
**Gender :** F
**Pharmacy :** Specialty Rx Pennsylvania

**Admission Date :** 04/22/2026
**Date of Birth :** 05/26/1947

ASSESSMENT
Diagnosis
L97222: Non-Pressure Chronic Ulcer Of Left Calf With Fat Layer Exposed -
I70242: Atherosclerosis Of Native Arteries Of Left Leg With Ulceration Of Calf -
R8271: Bacteriuria -
I4891: Unspecified Atrial Fibrillation -
I509: Heart Failure, Unspecified (NTA: 1)-
N1830: Chronic kidney disease, stage 3 unspecified -
I10: Essential (Primary) Hypertension -
F419: Anxiety Disorder, Unspecified -
E785: Hyperlipidemia, Unspecified -
F5101: Primary Insomnia -

PLAN
Non-Pressure Chronic Ulcer of Left Calf Resolved
Left lower extremity ulcer fully healed with intact skin.
Continue daily skin care and use of emollients.
Maintain pressure reduction and heel offloading.
Monitor for signs of recurrence, drainage, or skin breakdown.
2. Peripheral Arterial Disease
Continue atorvastatin 40 mg nightly.
Continue leg elevation as tolerated.
Avoid compression therapy unless cleared by vascular surgery.
Arrange outpatient follow-up with vascular surgery.
3. Asymptomatic Bacteriuria
Urine culture positive for Streptococcus anginosus without symptoms.
No antibiotic treatment indicated at this time.
Encourage hydration as tolerated within cardiac restrictions.
Monitor for dysuria, fever, urinary frequency, flank pain, or acute mental status changes.
4. Chronic Atrial Fibrillation
Rate controlled and hemodynamically stable.
Continue dabigatran 150 mg BID for stroke prevention.
Continue:
Metoprolol tartrate 50 mg BID
Diltiazem 90 mg daily
Digoxin 0.125 mg daily
Monitor HR, BP, and signs of bleeding or bradycardia.
Continue periodic monitoring of renal function and digoxin levels.
5. Heart Failurewith Preserved Ejection Fraction
Clinically compensated without evidence of volume overload.
Continue current cardiac regimen.
Maintain sodium-restricted diet.
Monitor weights, edema, and respiratory status.
Avoid NSAIDs.
6. Chronic Kidney Disease Stage 3
Renal function remains stable.

Primary Physician: All Progress Note Type: All Effective Date Range: Effective Time Range: All Created Date Range: All Created Time Range: All Author: _api_claimocity Department: All

**Resident Name :** Hall, Elizabeth M (23368)
**Medical Record # :** 23368
**Physician :** Basu, Dev
**Allergies :** No Known Allergies
**Diagnoses :** No Medical Diagnosis Found

**Location :** SEVERN 125 2
**Gender :** F
**Pharmacy :** Specialty Rx Pennsylvania

**Admission Date :** 04/22/2026
**Date of Birth :** 05/26/1947

Continue renal dosing of medications.
Avoid nephrotoxic agents and unnecessary IV contrast.
Monitor BMP periodically.
7. Hypertension
Blood pressure well controlled.
Continue metoprolol and diltiazem withhold parameters.
Continue NAS diet and monitor BP trends.
8. Anxiety Disorder
Symptoms stable on hydroxyzine.
Continue hydroxyzine 25 mg nightly.
Encourage non-pharmacologic anxiety interventions.
Monitor for sedation, confusion, and anticholinergic side effects.
9. Hyperlipidemia
Continue atorvastatin 40 mg nightly.
Monitor for myalgias or hepatic symptoms.
Repeat lipid panel with routine labs.
10. History of Left MCA Stroke with Expressive Aphasia
Residual expressive aphasia remains stable.
Continue secondary stroke prevention with statin and anticoagulation.
Maintain fall precautions and communication support strategies.
Continue rehabilitation exercises as tolerated.
11. Primary Insomnia
Continue melatonin 3 mg at bedtime as needed.
Reinforce sleep hygiene and minimizenighttime disturbances.
Avoid sedative-hypnotic medications.

MIPS

** Document e-signed by JULIE UDOH, CRNP on Jul 1, 2026 9:55 PM PDT**

Author:_api_claimocity [e-SIGNED]

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Effective Date: 07/01/2026 19:47 Type: Physician/Practitioner Progress Notes

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**Note Text :** SERVICE DATE: 6/23/2026
PATIENT: HALL, ELIZABETH (F | 5/26/1947 | 79 y/o)
FACILITY: Rossville Rehabilitation and Healthcare Center
Encounter Type: SUBSEQUENT SUNIT BAXI, MD

SUBJECTIVE
Chief Complaint (CC)
Left lower leg/ankle pain and wound evaluation.
SUBJECTIVE
Nursing home resident seen for foot and lower leg pain. Discomfort has been

# * Final Report *
# Document Has Been Revised And Contains Addenda

## General Discharge Information

**Admission Date and Time: 03:09 pm on Apr 14, 2026**
**Attending Physician: Ng, MD, Alvin Tsz Hin**
Discharge Date:_. 4/22/26
CIR PCP External: Dr. Anita Tammara9000 Franklin Square DriveBaltimore, MD 21237443-777-8300
Primary Care Physician: Tammara, MD, Anita
Referring Physician: Unassigned, Unassigned
Full Code-Do CPR - Ordered
Advance Directives Documents: MO(L)ST
CIR CM Hospital Preferences: Medstar Franklin Square Medical Center

**Discharge Diagnoses**

**Etiologic Dx:**
Stroke

**Comorbidities:**
Dysarthria
Atrial fibrillation with RVR
Aphasia
Cognitive deficits
HTN (hypertension)

**Precautions**
Aspiration Precautions - Ordered
-- Neurological Condition / Mental Status

## Hospitalization Summary

**Chief Complaint**
as below

**Presentation and Hospital Course**
78 year old with hypertension, atrial fibrillation and recurrent DVT (on warfarin), mild coronary calcifications on CT, chronic kidney disease stage 3, hyperlipidemia, heart failure, preserved ejection fraction (EF 55-60% 2023) presented to the MedStar Franklin Square Mediacl Center ED with acute onset aphasia and altered mental status. Patient was found to be in atrial fibrillation with RVR.

History was obtained from patient's daughter. Patient's last known well was the prior evening. On the day of admission the patient's daughter called her and noticed she was altered and aphasic, answering with "13" when she was asking her mom questions. Daughter called EMS. On arrival, patient's blood pressure was 146/96. HCT was negative acute intracranial abnormalities. CTA showed a mild irregularity of right vertebral artery with focal outpouching 1 x 2 mm suggestive of atherosclerotic disease with pseudoaneurysm, otherwise no large vessel occlusion or carotid stenosis. CTA chest showed filling defect of left atrial appendage concerning for a thrombus, as well as bilateral pleural effusions. CT abdomen and pelvis showed wedge-shaped area of decreased enhancement in the anterior spleen, concerning for splenic infarct, diverticulosis, urinary bladder wall thickening with trace pericystic fat stranding, left inguinal lymphadenopathy.

Patient was outside the window for TNK and mechanical thrombectomy was not indicated. Patient was found to be in atrial fibrillation with RVR at 192 bpm. Patient was given 250 mcg of digoxin and 5 mg IV of metoprolol improvement of heart rate to 150-180s. Patient was transferred to NCCU for further evaluation and management. Patient was seen in the neuro ICU for acute aphasia thought to be cardioembolic due to her A-fib with RVR with a subtherapeutic INR on arrival. She was started on heparin drip for atrial fibrillation and she was closely monitored given her acute stroke for hemorrhagic conversion. After stabilization of her heart rate she was transferred to the neuro telemetry unit on 4/12/2026 for further management. Patient seen by the cardiology service on 4/13/2026 and recommended restarting her home medications for adequate rate control as well as continuing anticoagulation with transitioning to an alternative to Coumadin given her subtherapeutic INR. Although unlikely to represent atrial thrombus there was no indication for additional cardiac testing given lack of change of management. Neurohospitalist team did follow-up as well They recommended transitioning her to oral anticoagulation after repeat head CT given the fact that she was on a heparin drip with a recent stroke. Given her

Medicare insurance both Xarelto and Eliquis would be significant out-of-pocket cost until she met her deductible. She was transitioned to Pradaxa which can be affordable if used with a GoodRx coupon without insurance. Patient and daughter are aware and were agreeable with this plan. Of particular note patient was found to have splenic infarct on CT scan likely secondary to embolic phenomena. Patient had no significant pain and tolerated anticoagulation. Incidental finding of right lymphadenopathy needs to be follow-up as an outpatient and this information was placed in her discharge paperwork.
[1]

**#. Acute left MCA territory infarction**
Presented with aphasia - outside window for TNK, no LVO
- MRI brain: 1. Patchy acute infarcts in the left MCA territory as above. No significant associated mass effect or hemorrhage.2. Moderate chronic microangiopathic white matter changes.
- Afib with RVR- suspected etiology, subtherapeutic INR on warfarin on presentation
- Possible L atrial appendage thrombus on CT angiography; however, TTE did not show any thrombus.
- R vert pseudoaneurysm incidental
- LDL 90, A1c 5.9%
- Stroke etiology is atrial fibrillation with subtherapeutic INR on warfarin. INR 1.4 at presentation.
[] Continue dabigatran, high intensity statin, prediabetes and hypertension management as noted below for secondary stroke prophylaxis
[] PT/OT/SLP/Neuropsychology consultation
**[] Outpatient PCP, Neurology, Cardiology and PM and R**

Secondary Stroke Prevention
- Hypertension: management as below, goal chronically is less than 130/80 mmHg. Overall at goal at dc
- Dyslipidemia: statin therapy
- Diabetes mellitus: prediabetes managemetn as below
- Smoking cessation: N/A
- Antiplatelet(s): N/A
- Anticoagulant(s): dabigatran

**#. Left lower extremity wounds, POA, concern for cellulitis (improving)**
**WBC (last 7):**
WBC:6.44 k/uL (04/16/2026 05:39)
WBC:8.56 k/uL (04/15/2026 13:39)
WBC:6.54 k/uL (04/14/2026 04:31)
WBC:6.60 k/uL (04/13/2026 04:26)
WBC:9.10 k/uL (04/11/2026 11:00)
WBC:10.13 k/uL (04/11/2026 02:58)
WBC:10.0 k/uL (04/10/2026 17:13)
WBC:10.5 k/uL (02/27/2026 15:19)
4/15: Evaluated by Limb Salvage team who recommended:
- No acute surgical intervention
- Arterial studies ordered
- Pt reports increasing redness, edema, pain over the past 3 weeks. Given history, cellulitis cannot be excluded. Recommend course of PO doxy. **1 week of doxycycline ordered starting 4/15 (completed)**
- Local wound care: cleanse with vashe, apply Aquacel Ag, cover with ABD, Kerlix, light ACE wrap from toes to knee
- Pt can follow-up in the WHI at FSH or GSH after d/c if desired
[] Continue local wound care as above
[] Pain management as below
[] Outpatient Wound Healing Institute follow up

**#. PAD/Left popliteal artery stenosis**
**Arterial studies 4/15:** . Possible occlusion noted of the left distal femoral artery, which reconstitutes distally. 2. >75% stenosis of the left popliteal artery. 3. Less than 50% stenosis of the left external iliac, left common femoral, left deep femoral, left anterior tibial and left dorsalis pedis arteries.
Appreciate Vascular Surgery consult: *No acute surgical intervention at this time. No signs of acute limb ischemia. Patient will likely require an angiogram in the future. This can be done as an outpatient procedure.*

*Messaged vascular office for a follow-up appointment with Dr. Crowner.*
[] Continue pradaxa
[] Outpatient Vascular surgery follow up

**#. A-fib with RVR (improved)**
During acute hospital stay, Previously needed diltiazem drip, transitioned to home digoxin and metoprolol.
Echocardiogram with EF 55 to 60%, no wall motion abnormalities, no left ventricular thrombus. However did not not comment on on Left atrial appendage clot seen on CT chest
Titrated off of heparin drip to Pradaxa 4/13 after repeat head CT ruled out hemorrhage
s/p dig load in ED, previously on diltiazem drip
PLAN:
[] Continue home digoxin, metoprolol and diltiazem
[] Continue dabigatran
[] Outpatient Cardiology follow up

**#. Hypertension**
[] Continue metoprolol, monitor BP and adjust regimen as indicated, Goal BP is normotension; long-term target <130/80

**#. Prediabetes**
[] Diabetic diet education

**#. Bilateral pleural effusions on imaging-**
clinically asymptomatic
[] Encourage IS, continue to monitor clinically

**#. History of recurrent left lower extremity DVTs**
- INR subtherapeutic on admission, could have contributed to her strokes as well as splenic infarct
- duplex negative for DVT
[] Continue dabigatran

**#. Splenic infarcts on CT**
likely embolic in nature
[] Continue anticoagulation

***#. Incidental right lymphadenopathy noted on imaging***
*- Likely reactive. Outpatient surveillance.*

***#. Abnormal LFTs, resolved***
*CT with cholecystectomy, without biliary dilation. Splenic infarct noted.*
***LFTs (latest in last 72H):***
*04/14/2026 04:31*
***Total Protein:*** *6.5 gm/dL*
***Albumin Lvl:*** *3.5 gm/dL*
***AST:*** *20 units/L*
***ALT:*** *11 units/L*
***Bili Total:*** *1.1 mg/dL*
***Bili Direct:*** *0.46 mg/dL HI*
***Alk Phos:*** *89 units/L*
*[] Continue to trend intermittently.*

**#. Bowel Regimen:**
[] Docusate-Senna 2x/day, Miralax daily and Dulcolax Suppository PRN

**#. Pain Management:**
[] Tylenol as needed for pain.
[] Tramadol 50 mg 3x/day PRN severe pain added 4/15 due to high levels of LLE pain, pain controlled 4/22.

**#. DVT prophylaxis:**
- At increased risk due to decreased mobility.
[] On Dabigatran

**Consults**
Consult to Case Management - Completed
-- Reason: Lack of support system in home | Other (Specify in Special Instructions), Care Coordination
Consult to Neuropsychology - Completed
-- Reason: Neuropsychological evaluation and treatment, Service Notified
Consult to Pastoral Spiritual Care - Ordered
Consult to Podiatric Surgery - Ordered
-- Reason: nail care, Service Notified
Consult to Social Work - Completed
-- Reason: Decrease in Mobility
Consult to Vascular Surgery - Ordered
-- Reason: PAD possible occlusion in the left distal femoral artery and more than 75% stenosis in the left popliteal artery., Service Notified
Consult to Wound Ostomy - Completed
-- Leg, Other (Specify in Special Instructions), Yes, Other (Specify), LLE wound ulcer, One Time

# Medications

**Discharge Medications**

**Medications at Time of Discharge (9) as of 04/22/2026 09:50**
* Indicates a medication that was prescribed. All other listed medications are being continued.

**(1) acetaminophen (acetaminophen 500 mg oral tablet):**
1,000 mg = 2 tab PO q8h PRN pain, mild (1 to 3)

**(2) atorvastatin (atorvastatin 40 mg oral tablet):**
40 mg = 1 tab PO Nightly

**(3) dabigatran (dabigatran 150 mg oral capsule):**
150 mg = 1 ea PO 2x/day

**(4) digoxin (digoxin 125 mcg (0.125 mg) oral tablet):**
125 mcg = 1 tab PO Daily

**(5) diltiaZEM (diltiAZem 120 mg/24 hours oral tablet, extended release):**
120 mg = 1 tab PO Daily

**(6) docusate-senna (docusate-senna 50 mg-8.6 mg oral tablet):**
1 tab PO 2x/day

**(7) metoprolol (metoprolol tartrate 50 mg oral tablet):**
100 mg = 2 tab PO 2x/day

**(8) polyethylene glycol 3350 (polyethylene glycol 3350 oral powder for reconstitution):**
17 gm PO Daily

**(9) traMADol (traMADol 50 mg oral tablet):**
50 mg = 1 tab PO 3x/day PRN pain, severe (7 to 10)

**Allergies**
No Known Allergies

**Immunizations**

| Vaccine | Date | Status |
|---|---|---|
| SARS-CoV-2 (COVID-19) Ad26 vacc, recomb | 04/08/2021 | Recorded |
| influenza virus vaccine, inactivated | 09/10/2019 | Recorded |
| pneumococcal 13-valent vaccine | 10/14/2016 | Recorded |
| influenza virus vaccine, inactivated | 10/01/2014 | Recorded |

**Reconciliation History**
Larkin, PA-C, Katherine A at 04-21-2026 10:59 (Complete)

## Key Results

**Lab Results**
WBC: 7.84 k/uL (04/21/26 05:27:00)
Hgb: 15 gm/dL High (04/21/26 05:27:00)
Hct: 45.8 % High (04/21/26 05:27:00)
MCV: 86.6 FL (04/21/26 05:27:00)
MCH: 28.4 pg (04/21/26 05:27:00)
MCHC: 32.8 gm/dL (04/21/26 05:27:00)
RBC: 5.29 million/uL High (04/21/26 05:27:00)
Sodium Lvl: 140 mmol/L (04/21/26 05:27:00)
Potassium Lvl: 4.2 mmol/L (04/21/26 05:27:00)
Chloride: 105 mmol/L (04/21/26 05:27:00)
Creatinine: 0.78 mg/dL (04/21/26 05:27:00)
Glucose Lvl Random: 96 mg/dL (04/21/26 05:27:00)
Calcium Lvl: 9.4 mg/dL (04/21/26 05:27:00)

## Discharge Condition

**Rehab Course**

Upon Admission Functional Status
Bathing Lower Body: Rehab Moderate assistance
Bathing Upper Body: Rehab Minimal assistance
Bed Mobility: Rehab Contact guard assistance
Cognition: Independent.
Communication: Supervision
Dressing Lower Body: Rehab Moderate assistance
Dressing Upper Body: Rehab Minimal assistance
Eating: Supervision
Grooming: Rehab Contact guard assistance
Locomotion Walk: Rehab Minimal assistance
Locomotion Wheelchair: Other
Stairs: Other
Toilet Transfer: Rehab Moderate assistance
Toileting: Rehab Minimal assistance
Transfers: Rehab Minimal assistance
Tub, Shower Transfer: Other

Discharge Functional Status
PT
Bed Mobility Roll Left: Independent.
Bed Mobility Roll Right: Independent.
Bed Mobility Supine to Sit: Independent.
Bed Mobility Sit to Supine: Independent.
Bed Mobility Scooting: Independent.
Transfer Bed to Chair: Supervision
Transfer Car Rehab: Supervision
Transfer Chair to Bed: Supervision
Transfer Chair to Mat: Rehab Contact guard assistance
Transfer Mat to Chair: Rehab Contact guard assistance
Transfer Sit to Stand Rehab: Supervision
Transfer Stand to Sit Rehab: Supervision
Ambulation Rehab CIR: Supervision

**Patient Discharge Condition and Location**
No qualifying data available.

**Code Status**
Full Code-Do CPR - Ordered

Stairs Rehab: Supervision, Rehab Contact guard assistance
SLP
Expressive Aphasia SLP Diagnosis: Moderate
Oral Dysphagia SLP Diagnosis: WNL
Receptive Aphasia SLP Diagnosis: Mild, Moderate
Voice Disorder SLP Diagnosis: Minimal
CIR Cognitive Communication SLP Dx: Moderate
No qualifying data available.
Assessment Summary SLP

04/21/26 09:00:00
Pt participated in skilled SLP intervention targeting verbal expression, auditory comprehension, and cognition. Response Elaboration Training was introduced to promote increased semantic and syntactic features as pt continues w/ fluent output marked by reduced content. Pt required consistent cues and implementation of strategies when completing 2-step verbal sequencing task, demonstrating auditory comprehension deficits. Pt w/ consistent 28/30 on O-log, indicating improved carryover of functional information.

OT
Upper Extremity Dressing Level: Supervision or setup
Lower Extremity Dressing Level: Supervision or setup
Grooming Level: Modified Independent
Toileting Level: Supervision or setup
Bathing Level: Supervision or setup
LE Bathing Level: Supervision or setup
Shower Transfer Level: CGA
Transfer Toilet Level: Supervision or setup

**Physical Exam at Discharge**
Vitals & Measurements
**T:** 36.4 °C (Oral) **TMIN:** 36.3 °C (Oral) **TMAX:** 36.4 °C (Oral)
**HR:** 80 (Apical) **RR:** 12 **BP:** ↑144/82 **SpO2:** 94%
**WT:** 85.6 kg
**T:** 36.4 °C (Oral) **HR:** 80 (Apical) **RR:** 12 **BP:** ↑144/82
**SpO2:** 94%
**HT:** 164 cm **WT:** 85.6 kg **BMI:** 31.83

Braden Score: 18

Pain Assessment
Primary: Numeric Pain Score: 0 (04/21/26 19:00:00)
Pain Present: No actual or suspected pain (04/21/26 19:00:00)

General: No Acute Distress.
HEENT: EOMI. Neck is supple. Oral mucosa is pink and moist.
Sclera is nonicteric, noninjected.
Respiratory: Nonlabored breathing
Cardiovascular: S1S2
GI: Soft, nontender and nondistended.
MSK: Able to move all extremities greater than antigravity
Neurological: Awake and Alert. Follows one step commands.
Expressive aphasia.
Psych: Appropriate Affect.
Skin: No rash or sores appreciated.

**Lines/Tubes/Drains**
No lines/tubes/drains documented for this encounter.

**Skin**
Back Left Upper - Abnormality Type: Scratches (04/21/26 11:17:00)
Wrist Left - Abnormality Type: Bruise (04/21/26 11:17:00)
Arm Left Upper - Abnormality Type: Bruise (04/21/26 11:17:00)
Leg Left - Abnormality Type: Venous stasis ulcer (04/21/26 20:00:00)

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**Discharge and Follow-Up Information**
***Seek immediate medical attention for any:**
**- Chest pain**
**- Shortness of breath**
**- Severe pain**
**- Passing out**
**- Falls/Injury**
*****Seek immediate medical attention for any new or worsening: facial drooping, arm/leg weakness, speech changes, swallowing difficulties or confusion.**

**Future MedStar Appointments**

**MedStar Vascular Surgery at Good Samaritan Hospital**
5601 Loch Raven Blvd Baltimore, MD 21239
**Scheduled Provider:** Crowner, MD, Jason Ryan
**Appt. Date:**05/11/2026 13:15
**Appt. Type:**Return Appointment

**MedStar Medical Group Cardiology at Franklin Square Med Cntr**
9105 Franklin Square Drive Baltimore, MD 21237
**Scheduled Provider:** Ashvetiya, MD, Tamara
**Appt. Date:**05/13/2026 12:00
**Appt. Type:**Return Appointment

**Discharge Location: SAR**

**Followup Instructions**
**With:**Follow up with primary care provider
**Comments:**Call your doctor for medication refillFor problems call your regular doctor
**When:**Within 1 to 2 weeks
**Address:**

**With:**Follow up with Neurologist
**Comments:**Call for followup appointment 9000 Franklin Square DriveSuite 2CBBaltimore, MD, 21237443-777-7320
**When:**Within 2 to 4 weeks
**Address:**

**Education**
Stroke Prevention, Easy-to-Read - 04/21/2026 11:02
Fall Prevention in the Home, Adult - 04/21/2026 11:02
Warning Signs of a Stroke - 04/21/2026 11:02

**Pending Results**
**Pending Lab/Radiology Orders**
COMM ORDER Obtain Lab: Serum Glucose (04/14/2026 15:41)

**Diet**
Cardiac Diet AHA - Ordered
-- 04/14/26 15:41:00 EDT

# History

**Problem List/Past Medical History**

Ongoing

- Altered mental status
- Anticoagulated
- At risk of venous thromboembolus
- Cellulitis
- Chronic atrial fibrillation
- CVA (cerebrovascular accident)
- Diabetes mellitus
- Dysphagia
- Dyspnea on exertion
- Embolism and thrombosis of other arteries
- Heart failure
- Hyperlipidemia
- Hypertension
- Left atrial thrombus
- Long term (current) use of anticoagulants
- Mild mitral regurgitation
- Mild tricuspid regurgitation
- Orthopnea
- Palpitations
- Peripheral edema
- Persistent atrial fibrillation
- Subtherapeutic anticoagulation

**Time Spent on Coordinating Discharge**

[_] 30 Minutes or less

[X_] Greater than 30 minutes spent on the discharge process including care coordination, counseling and discussing plan of care with the patient/family at the bedside

**Past Surgical History**

- ULTRASONOGRAPHY OF HEART WITH AORTA, TRANSESOPHAGEAL | 10/10/2023
- RESTORATION OF CARDIAC RHYTHM, SINGLE | 10/10/2023

**Medical Records - Release of Information**

MedStar Good Samaritan Hospital
8am-4:30pm Mon-Fri
Phone: 443-444-3894
Fax: 443-444-4157

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[1] History and Physical - Rehab; Larkin, PA-C, Katherine A 04/15/2026 10:18 EDT

**Signature Line**

Electronically signed by:

Larkin, PA-C, Katherine A on: 04.22.2026 11:33 EDT

Electronically signed by:

Larkin, PA-C, Katherine A on: 04.22.2026 11:54 EDT

**Addendum by Nwadi, MD, Ezihe P. on April 22, 2026 11:57:20 EDT (Verified)**

**Physical Medicine and Rehabilitation**

**Discharge Note With Physician Assistant**

Patient was seen and examined by me. I have reviewed the Physician Assistant documentation, as charted above.
I agree with the discharge instructions and plan as noted above. Patient is medically stable for discharge to SAR on 4/22/2026.

Specific elements of the physical exam that I performed myself include _alert, no apparent acute distress, lungs clear on auscultation. LLE swelling.

# Physical Therapy
## Treatment Encounter Note(s)

Provider: Rossville Rehabilitation and Healthcare Center

Hall, Elizabeth M

**Identification Information**

| | | | |
|---|---|---|---|
| **Patient:** | Hall, Elizabeth M | | |
| **MRN:** | 23368 | **DOB:** | 5/26/1947 |

**Date of Service: 7/6/2026** **Completed Date: 7/6/2026**

***Summary of Daily Skilled Services***

| | |
|---|---|
| **Precautions** | Precautions = No precautions present. |
| **Contraindications** | Contraindications = No contraindications present. |
| **Allergies / Intolerances** | Allergies and Intolerances = No allergies/intolerances present. |
| **Pre-Tx** | Is skilled therapy needed to address pain? = Nursing to address |
| **97110** | 97110: Pt. declined to get OOB but did recall many bed exercise and performed the others with only minimal cuing/ encouragement including: ankle pumps, ankle inversion/ eversion, knee/ hip flexion/ extension, hip ab/ adduction and hip internal/ external rotation for increased strength, ROM, activity tolerance and function. |
| **97530** | 97530: Pt. educated on her current status, progress toward goals and POC as well as the importance of her participation in her PT, pt. reported an understanding but was too fatigued to get OOB on this date. Pt. participated in D/C planning with this PTA: pt. to D/C home with daughter as soon as it is safe to do so and in agreement to perform her HEP (OOB is better than in bed) and home health PT/ OT upon her D/C from this facility. |
| **Response to Tx** | Response to Session Interventions: Pt. tolerated session well but did decline to get OOB on this date. |
| **Complexities** | Barriers impacting treatment? = No |

***Functional Status as a Result of Skilled Interventions***

| | |
|---|---|
| **Bed Mobility** | Roll left and right = Independent |
| | Sit to lying = Independent |
| | Equipment During Tasks = Without handrails/equipment |
| | Lying to sitting on side of bed = Independent |
| **Dyspnea** | Is patient Short of Breath when lying flat? = No |
| **Transfers** | Sit to stand = Independent |
| | Chair/bed-to-chair transfer = Independent |
| | Toilet transfer = Independent |
| | Car transfer = Not applicable |
| | Assistive Device During Transfers = RW |
| **Ambulation** | Walk 10 feet = Independent |
| | Walk 50 feet with Two Turns = Independent |
| | Walk 150 feet = Independent |
| | Walking 10 feet on uneven surfaces = Setup or clean-up assistance |
| | Gait Distance = 500 feet; Assistive Device = Two-wheeled Walker |
| **Curbs/Stairs** | 1 step (curb) = Independent |
| | 4 steps = Independent |
| | 12 steps = Setup or clean-up assistance |
| **W/C Mobility** | Resident uses a wheelchair and/or scooter? = No |
| **Other** | Picking up object = Setup or clean-up assistance |
| **Dyspnea** | Is patient Short of Breath 10 mins post exercise/activity/exertion? = No |

I accept responsibility for the content I documented in this patient's record and attest, to the best of my knowledge, that it accurately reflects the current performance, condition and medically necessary, skilled services provided per this patient's current treatment plan.

Original Signature: Electronically signed by Chelsea Leigh Elswick, PTA, A3539 7/6/2026 02:00:56 PM EDT

Date

# Physical Therapy
## Treatment Encounter Note(s)

Provider: Rossville Rehabilitation and Healthcare Center

Hall, Elizabeth M

**Identification Information**

| | | | |
|---|---|---|---|
| **Patient:** | Hall, Elizabeth M | | |
| **MRN:** | 23368 | **DOB:** | 5/26/1947 |

**Date of Service: 7/3/2026** **Completed Date: 7/3/2026**

***Summary of Daily Skilled Services***

| | |
|---|---|
| **Precautions** | Precautions = No precautions present. |
| **Contraindications** | Contraindications = No contraindications present. |
| **Allergies / Intolerances** | Allergies and Intolerances = No allergies/intolerances present. |
| **Pre-Tx** | Is skilled therapy needed to address pain? = Nursing to address |
| **97112** | 97112: Pt. performed dynamic sitting balance on EOB in preparation for transfers with self-feeding activity with set-up and minimal cuing for safety, posture, BOS and weight shifting/ bearing initially. Balance/ strengthening Otago exercise in preparation for gait: sit to stands - two hands with supervision and minimal cuing for safety and limb positioning. Pt. performed dynamic standing balance via reaching activity with close supervision and minimal cung for safety, posture, BOS and weight shifting/ bearing. |
| **97116** | 97116: Pt. ambulated with supervision and minimal cuing for safety, posture, obstacle negotiation and pacing x20 feet around her room but could not be facilaited to leave her room on this date. |
| **97530** | 97530: Pt. performed bed mobility, transitioning supine to sit with supervision and minimal cuing for limb positioning and weight shifting. Pt. educated on her current status, progress toward goals and POC as well as the importance of her participation in her PT, pt. reported an understanding but was upset she was still in the hospital. Pt. participated in D/C planning with this PTA: pt. to D/C home with daughter as soon as it is safe to do so. |
| **Response to Tx** | Response to Session Interventions: Pt. tolerated session well but could not be facilitated to leave her room on this date. |
| **Complexities** | Barriers impacting treatment? = No |

***Functional Status as a Result of Skilled Interventions***

| | |
|---|---|
| **Bed Mobility** | Roll left and right = Independent |
| | Sit to lying = Independent |
| | Equipment During Tasks = Without handrails/equipment |
| | Lying to sitting on side of bed = Independent |
| **Dyspnea** | Is patient Short of Breath when lying flat? = No |
| **Transfers** | Sit to stand = Independent |
| | Chair/bed-to-chair transfer = Independent |
| | Toilet transfer = Independent |
| | Car transfer = Not applicable |
| | Assistive Device During Transfers = RW |
| **Ambulation** | Walk 10 feet = Independent |
| | Walk 50 feet with Two Turns = Independent |
| | Walk 150 feet = Independent |
| | Walking 10 feet on uneven surfaces = Setup or clean-up assistance |
| | Gait Distance = 500 feet; Assistive Device = Two-wheeled Walker |
| **Curbs/Stairs** | 1 step (curb) = Independent |
| | 4 steps = Independent |
| | 12 steps = Setup or clean-up assistance |
| **W/C Mobility** | Resident uses a wheelchair and/or scooter? = No |
| **Other** | Picking up object = Setup or clean-up assistance |

## Physical Therapy
## Treatment Encounter Note(s)

Provider: Rossville Rehabilitation and Healthcare Center

Hall, Elizabeth M

**Dyspnea** Is patient Short of Breath 10 mins post exercise/activity/exertion? = No

I accept responsibility for the content I documented in this patient's record and attest, to the best of my knowledge, that it accurately reflects the current performance, condition and medically necessary, skilled services provided per this patient's current treatment plan.

Original Signature: Electronically signed by Chelsea Leigh Elswick, PTA, A3539 7/3/2026 09:32:29 AM EDT

Date

# Physical Therapy
## Treatment Encounter Note(s)

Provider: Rossville Rehabilitation and Healthcare Center

Hall, Elizabeth M

**Identification Information**

| | | | |
|---|---|---|---|
| **Patient:** | Hall, Elizabeth M | | |
| **MRN:** | 23368 | **DOB:** | 5/26/1947 |

**Date of Service: 7/2/2026** **Completed Date: 7/2/2026**

***Summary of Daily Skilled Services***

| | |
|---|---|
| **Precautions** | Precautions = No precautions present. |
| **Contraindications** | Contraindications = No contraindications present. |
| **Allergies / Intolerances** | Allergies and Intolerances = No allergies/intolerances present. |
| **Pre-Tx** | Is skilled therapy needed to address pain? = Nursing to address |
| **97110** | 97110: Written HEP provided including knee bends, one leg stands, ham curls and heel raises standing at kitchen sink at hom. Patinet relayed that she does not need exercises,. Patient agreed to balance activities for decreawsed risk of falls. |
| **Response to Tx** | Response to Session Interventions: actively participates with skilled interventions. |
| **Complexities** | Barriers impacting treatment? = Yes |
| | Barriers Impacting Treatment: patiaent thinks that she no longer needs therapy. |
| **Tx Modifications** | Treatment Modifications to Overcome Barriers: Instruction for PT home safety eval |

***Functional Status as a Result of Skilled Interventions***

| | |
|---|---|
| **Bed Mobility** | Roll left and right = Independent |
| | Sit to lying = Independent |
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| | Lying to sitting on side of bed = Independent |
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| **W/C Mobility** | Resident uses a wheelchair and/or scooter? = No |
| **Other** | Picking up object = Setup or clean-up assistance |
| **Dyspnea** | Is patient Short of Breath 10 mins post exercise/activity/exertion? = No |

I accept responsibility for the content I documented in this patient's record and attest, to the best of my knowledge, that it accurately reflects the current performance, condition and medically necessary, skilled services provided per this patient's current treatment plan.

Original Signature: Electronically signed by Arlene D. Johns, PT, 19805 7/2/2026 01:25:08 PM EDT

Date