

FACE SHEET

Garden Crest Rehab Center

909 North Lucile Ave. Los Angeles, CA 90026 Tel # (323) 663-8281 Fax # (323) 663-8393

Latest Admission Date: 10/10/2013

Resident Name HORWITZ, DOROTHY



Birthdate 01/25/1930 Age 83 Yrs Sex F
Race Caucasian /White
Marital Status Widowed
Occupation
Religion Jewish
Address 8429 E Village Lane Rosemead CA 91770 626-571-0653
MRN Number 13-270
Admission No. 270
Social Sec. No. 054205622
Medicare No.
Medicaid No. Issue Date:
S.S.I. Number

Room Number 37 A

Unit None Floor Station B

Admission/Discharge/Transfer History

Advanced Directives

DISCHARGE DATE: 10/19/2013 DISCHARGED TO: Board and care/Garden Crest Residential
ADMISSION DATE:(original) 10/10/2013 ADMITTED FROM: Acute Care Hospital (Kaiser Permanente Sunset)

QUALIFY HOSPITAL START DATE: 10/03/2013

QUALIFY HOSPITAL END DATE: 10/10/2013

Primary Payment Sources

Insurance (HMO/PPO) effective date (primary) 10/10/2013

KAISER HEALTH PLAN P.O. BOX 7004 DOWNEY CA 90242-7004
POLICY # 11714452

Insurance Secondary Payment Sources

Occupancy Status Discharged

Primary and Alternate Physician

KHANG, PETER MD 3699 WILSHIRE BLVD, 3RD FLOOR L.A. CA 90010 323-783-7047

Dentist

LUMINA HEALTH CARE 222 NORTH SEPULVEDA BLVD. STE. 1800 EL SEGUNDO CA 90245 800-373-5400

Finance Responsible Party/Emergency Call

Health Care Contact: Dorothy Horwitz 8429 E. Village Lane Rosemead CA 91770 (H)626-571-0653 Client responsible

Additional Contact : Rose Aparicio 5135 Muscatel Ave. San Gabriel CA 91776 (H) 626-614-8298 Durable POA- HC

Additional Contact :

Financial Contact: Dorothy Horwitz 8429 E. Village Lane Rosemead CA 91770 (H)626-571-0653 Client responsible

Funeral Home

ARMSTRONG FAMILY Martin Lee 931 VENICE BLVD LOS ANGELES CA 90015 213-747-9121

Primary Diagnosis

Allergies

ANEMIA NOS (Anemia) 285.9
SECONDARY MALIG NEO BONE (Bone Marrow Metastases) 198.5
HYPERTENSION NOS (Compensatory Hypertension) 401.9
DVRTCLO COLON W/O HMRHG (Diverticular Disease) 562.10