



**Resident Face Sheet: Deanna Ventura (DNR/DNI) MRN: 3410-01**

<b>Unit:</b> <b>Room/Bed:</b> <b>Status:</b>	5TH FLOOR 515/P In House	<b>Preferred Name:</b> <b>Attending:</b> <b>Email:</b>	 Dr. Jeffrey Amidon - (716) 849-8750  		
<b>Admit Date:</b> <b>Admitted From:</b> <b>Discharged:</b> <b>Primary Discharge</b> <b>Diagnosis:</b>	07/07/2023 11:24 AM (latest return) 04/21/2021 11:46 AM (current)    	<b>Last Qualifying</b> <b>Hospital Stay:</b> <b>Referral Source:</b> <b>Discharged To:</b> <b>Discharge Reason:</b> <b>Condition on Discharge:</b>	07/01/2023 - 07/07/2023     		
<b>Primary Payer:</b>  <b>SSN:</b> <b>Medicare A #:</b> <b>Medicare B #:</b> <b>Medicaid #:</b> <b>Responsible for Self:</b> <b>Pharmacy:</b>  <b>Service Connected Disability &amp; %:</b> <b>VA Claims Number:</b> <b>Service Number:</b> <b>Military Svc:</b> <b>Veteran Elig (10-5588):</b> <b>Last Branch of Service:</b> <b>Last Branch of Service Dates:</b> <b>Race:</b>	Medicaid NY  120-34-8307 1V42MX1TV00 1V42MX1TV00 AW40811D No  No 0.00%    No - White	<b>Previous Address:</b>  <b>County:</b> <b>Phone:</b> <b>Birth Date:</b> <b>Age:</b> <b>Sex:</b> <b>Religion:</b> <b>Marital Status:</b> <b>Preferred Language:</b> <b>Smoking Status:</b> <b>Mother's Maiden Name:</b> <b>Prev Occupation:</b>  <b>Ethnicity:</b>	2 Paris Rd Apt B17 New Hartford, NY 13413  Oneida (315) 922-4878 09/28/1942 81 F Catholic Widowed English     Not Hispanic, Latino/a, or Spanish origin		
<b>Insurance Information:</b>					
<b>Insurance</b>	<b>Group Name</b>	<b>Group #</b>	<b>Insured's ID #</b>	<b>Payer Address</b>	<b>Payer Phone</b>
Medicaid NY			AW40811D		
<b>Health Information Exchange Consent</b>					
<b>Consent Decision</b>				<b>Consent Date/Time</b>	
Pending - Consent has not yet been given. Opt Out (prohibits CCD from being exchanged)					
<b>Additional Fields:</b>					

Bethany Gardens Skilled Living Center  
800 W. Chestnut Street  
Rome, NY 134402364  
(315) 339-3210

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<b>Status:</b>	In House	<b>Email:</b>	

<b>Admitted From:</b> Upstate Hospital	<b>Hospital Stay Days:</b> 07/01/23-07/07/23
<b>Resident Phone Number at Home:</b> 315-864-3543	<b>Length Of Stay Long/Short Term:</b> Short Term
<b>Insurance Notes:</b> UHC MCR ID#119968548	

**Advanced Directives:**

Directive	Copy On File?	Notes
Do Not Resuscitate (DNR)		
Do Not Intubate (DNI)		

<b>Allergies:</b>	<b>Augmentin:</b> ( ), <b>Bactrim:</b> ( ), <b>Bactrim DS:</b> ( ), <b>Demerol:</b> ( ), <b>oxycodone:</b> ( ), <b>pravastatin:</b> ( ), <b>Sulfonamides (Sulfa):</b> ( )
<b>Intolerances:</b>	
<b>Diagnoses:</b>	148.92 Unspecified atrial flutter(Primary), T79.A21D Traumatic compartment syndrome of right lower extremity, subsequent encounter(Admission), K59.00 Constipation, unspecified, R11.2 Nausea with vomiting, unspecified, B02.9 Zoster without complications, L03.818 Cellulitis of other sites, J15.9 Unspecified bacterial pneumonia, E56.9 Vitamin deficiency, unspecified, G47.00 Insomnia, unspecified, J96.01 Acute respiratory failure with hypoxia, N76.0 Acute vaginitis, B36.9 Superficial mycosis, unspecified, B37.31 Acute candidiasis of vulva and vagina, U07.1 2019-nCoV acute respiratory disease, Z87.440 Personal history of urinary (tract) infections, R19.7 Diarrhea, unspecified, R05.9 Cough, unspecified, K04.7 Periapical abscess without sinus, J06.9 Acute upper respiratory infection, unspecified, H04.123 Dry eye syndrome of bilateral lacrimal glands, R30.0 Dysuria, E03.9 Hypothyroidism, unspecified, Z23 Encounter for immunization, I82.401 Acute embolism and thrombosis of unspecified deep veins of right lower extremity, N39.0 Urinary tract infection, site not specified, R13.14 Dysphagia, pharyngoesophageal phase(History of), R23.4 Changes in skin texture, L03.115 Cellulitis of right lower limb, R52 Pain, unspecified, B02.9 Zoster without complications, J44.9 Chronic obstructive pulmonary disease, unspecified, K21.9 Gastro-esophageal reflux disease without esophagitis, K59.00 Constipation, unspecified, M62.81 Muscle weakness (generalized), H40.20X0 Unspecified primary angle-closure glaucoma, stage unspecified, E55.9 Vitamin D deficiency, unspecified, G89.29 Other chronic pain, B37.9 Candidiasis, unspecified, D50.9 Iron deficiency anemia, unspecified, E78.5 Hyperlipidemia, unspecified, E87.6 Hypokalemia, F33.9 Major depressive disorder, recurrent, unspecified, F41.9 Anxiety disorder, unspecified, G20 Parkinson's disease, R53.1 Weakness, R60.9 Edema, unspecified, T78.40XA Allergy, unspecified, initial encounter, Z47.89 Encounter for other orthopedic aftercare, Z95.0 Presence of cardiac pacemaker, I48.20 Chronic atrial fibrillation, unspecified
<b>Alerts:</b>	Senior Network Health Case manager is Melinda Hubble phone #315-624-4510
<b>Face Sheet Notes:</b>	Funeral Home of Choice- Heintz (315) 797-5550

**Contacts**

Relationship	Name	Responsibilities	Call Order	Phone/Email	Address	Notes
Other	Jeanie Youngkrans	Emergency Contact Receive A/R Statement	1	Primary (315) 269-0021	41 Oxford Town Court New Hartford, NY 13413	Essential Personal and Compassion Caregiver
Other	Marianne Carzo	Emergency Contact POA - Health Care	2	Primary (315) 269-0681	7 Calais Drive Whitesboro, NY 13492	Essential Personal and Compassion caregiver

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Providers				
Provider Name	Type	Contact	Phone/Email	Address
	Physician	Dr. Jeffrey Amidon DO	Primary (716) 849-8750 Fax (716) 849-8756 Email Jeffrey_Amidon@Temahealth.com	879 Higby Rd, New Hartford, NY 13413
		<b>-Attending</b>		
	Physician	Vivienne Taylor MD	Primary (315) 339-3210 Fax (315) 339-5259 Email ahluska@bethanynursing.com	800 West Chestnut St, Rome, NY 13440
		-Alternate		
	NP/PA	Brittney Husnay NP	Primary (315) 339-3210 Fax (315) 339-3210 Email ahluska@bethanynursing.com	800 West Chestnut St, Rome, NY 13440
	NP/PA	Carolyn McMahon NP	Primary (315) 525-9394 Fax (855) 691-1877 Email egreen@ipcm.com	One John James Audobon Parkway, Amherst, NY 14228
	NP/PA	Amanda North NP	Primary (315) 339-3210 Fax (315) 339-6927 Email ahluska@bethanynursing.com	800 West Chestnut St, Rome, NY 13440
	NP/PA	Susan Samuels NP	Primary (929) 359-2612 Fax (315) 864-3596 Email s_samuels@optum.com	300 Meridian Center, Suite 320, Rochester, NY 14618
	NP/PA	Claudia Walker-Lewis NP	Primary (315) 339-3210 Fax (315) 339-6927 Email cwlewis@tapestryhealth.com	800 West Chestnut St, Rome, NY 13440