

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



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

Unit:	5TH FLOOR	Preferred Name:	
Room/Bed:	515/P	Attending:	Dr. Jeffrey Amidon - (716) 849-8750
Status:	In House	Email:	

Admit Date:	07/07/2023 11:24 AM (latest return) 04/21/2021 11:46 AM (current)	Last Qualifying Hospital Stay:	07/01/2023 - 07/07/2023
Admitted From:		Referral Source:	
Discharged:		Discharged To:	
Primary Discharge Diagnosis:		Discharge Reason:	
		Condition on Discharge:	

Primary Payer:	Medicaid NY	Previous Address:	2 Paris Rd Apt B17 New Hartford, NY 13413
SSN:	120-34-8307	County:	Oneida
Medicare A #:	1V42MX1TV00	Phone:	(315) 922-4878
Medicare B #:	1V42MX1TV00	Birth Date:	09/28/1942
Medicaid #:	AW40811D	Age:	81
Responsible for Self:	No	Sex:	F
Pharmacy:		Religion:	Catholic
Service Connected Disability & %:	No 0.00%	Marital Status:	Widowed
VA Claims Number:		Preferred Language:	English
Service Number:		Smoking Status:	
Military Svc:		Mother's Maiden Name:	
Veteran Elig (10-5588):	No	Prev Occupation:	
Last Branch of Service:			
Last Branch of Service Dates:	-		
Race:	White	Ethnicity:	Not Hispanic, Latino/a, or Spanish origin

Insurance Information:

Insurance	Group Name	Group #	Insured's ID #	Payer Address	Payer Phone
Medicaid NY			AW40811D		

Health Information Exchange Consent

Consent Decision	Consent Date/Time
Pending - Consent has not yet been given. Opt Out (prohibits CCD from being exchanged)	

Additional Fields:

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

Advanced Directives:

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

Allergies:	Augmentin: (), Bactrim: (), Bactrim DS: (), Demerol: (), oxycodone: (), pravastatin: (), Sulfonamides (Sulfa): ()
Intolerances:	
Diagnoses:	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
Alerts:	Senior Network Health Case manager is Melinda Hubble phone #315-624-4510
Face Sheet Notes:	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
		-Attending		
	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