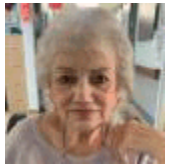


Bethany Gardens Skilled Living Center  
800 W. Chestnut Street  
Rome, NY 134402364  
(315) 339-3210



**Resident Face Sheet: SHEILA FAZIO (DNR/DNI) MRN: 3537-01**

<b>Unit:</b>	5TH FLOOR	<b>Preferred Name:</b>	
<b>Room/Bed:</b>		<b>Attending:</b>	Jeffrey Amidon - (315) 225-3534
<b>Status:</b>	Discharged	<b>Email:</b>	

<b>Admit Date:</b>	01/04/2022 12:59 PM (current)	<b>Last Qualifying Hospital Stay:</b>	
<b>Admitted From:</b>	Rome Memorial Hospital - NY (current)	<b>Referral Source:</b>	
<b>Discharged:</b>	04/11/2023 10:12 AM	<b>Discharged To:</b>	
<b>Primary Discharge Diagnosis:</b>		<b>Discharge Reason:</b>	
		<b>Condition on Discharge:</b>	

<b>Primary Payer:</b>	Medicaid NY	<b>Previous Address:</b>	407 EAST BLOOMFIELD STREET ROME, NY 13440
<b>SSN:</b>	063-36-9307	<b>County:</b>	Oneida
<b>Medicare A #:</b>	2FA4Y63CQ91	<b>Phone:</b>	(315) 336-8079
<b>Medicare B #:</b>	2FA4Y63CQ91	<b>Birth Date:</b>	07/18/1944
<b>Medicaid #:</b>	EV07532Z	<b>Age:</b>	79
<b>Responsible for Self:</b>	No	<b>Sex:</b>	F
<b>Pharmacy:</b>		<b>Religion:</b>	Catholic
<b>Service Connected Disability &amp; %:</b>	No 0.00%	<b>Marital Status:</b>	Widowed
<b>VA Claims Number:</b>		<b>Preferred Language:</b>	English
<b>Service Number:</b>		<b>Smoking Status:</b>	
<b>Military Svc:</b>		<b>Mother's Maiden Name:</b>	
<b>Veteran Elig (10-5588):</b>	No	<b>Prev Occupation:</b>	
<b>Last Branch of Service:</b>			
<b>Last Branch of Service Dates:</b>	-		
<b>Race:</b>	White	<b>Ethnicity:</b>	

**Insurance Information:**

Insurance	Group Name	Group #	Insured's ID #	Payer Address	Payer Phone
Other Coinsurance - Humana Health Plan			H62303411		
Medicaid NY			EV07532Z		

**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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<b>Status:</b>	Discharged	<b>Email:</b>	

<b>Admitted From:</b> ROME HOSPITAL	<b>Hospital Stay Days:</b> 1/3-1/4
<b>Medicare D Plan:</b> 2FA4Y63CQ91	<b>Resident Phone Number in Room:</b> .315-533-0582
<b>Resident Phone Number at Home:</b> 315-336-8079	<b>Length Of Stay Long/Short Term:</b> STR
<b>Insurance Notes:</b> SUPPLEMENTAL PAYER BEN PENDING	

### Advanced Directives:

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

<b>Allergies:</b>	<b>Iodinated Contrast Media:</b> ( ), <b>Valium:</b> ( )
<b>Intolerances:</b>	
<b>Diagnoses:</b>	U07.1 2019-nCoV acute respiratory disease(Primary), J44.9 Chronic obstructive pulmonary disease, unspecified(Admission), L85.3 Xerosis cutis, R05.9 Cough, unspecified, B37.9 Candidiasis, unspecified, H04.123 Dry eye syndrome of bilateral lacrimal glands, Z23 Encounter for immunization, F32.A Depression, unspecified, R41.0 Disorientation, unspecified, F31.60 Bipolar disorder, current episode mixed, unspecified, R30.0 Dysuria, L29.9 Pruritus, unspecified, Z86.16 Personal history of COVID-19, F20.9 Schizophrenia, unspecified, K21.9 Gastro-esophageal reflux disease without esophagitis, K58.9 Irritable bowel syndrome without diarrhea, R52 Pain, unspecified, R91.1 Solitary pulmonary nodule, N39.0 Urinary tract infection, site not specified, R26.81 Unsteadiness on feet, F41.9 Anxiety disorder, unspecified, G25.81 Restless legs syndrome, I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris, E08.40 Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified, E78.5 Hyperlipidemia, unspecified, F17.210 Nicotine dependence, cigarettes, uncomplicated, Z91.81 History of falling, Z96.653 Presence of artificial knee joint, bilateral, Z99.81 Dependence on supplemental oxygen
<b>Alerts:</b>	
<b>Face Sheet Notes:</b>	

### Contacts

Relationship	Name	Responsibilities	Call Order	Phone/Email	Address	Notes
Son	JOSEPH FAZIO	Emergency Contact Receive A/R Statement	1	Primary (315) 335-4538 Email Joe.fazio@yahoo.com	6566 Lawrence Street ROME, NY 13440	Essential Personal and Compassion Caregiver
Daughter	TRACY FAZIO	Emergency Contact	2	Primary (407) 365-9437	NA NA, FL	Essential Personal and Compassion Caregiver

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Room/Bed:		Attending:	Jeffrey Amidon - (315) 225-3534
Status:	Discharged	Email:	

Providers				
Provider Name	Type	Contact	Phone/Email	Address
	NP/PA	Judith Balch NP	Primary (315) 339-3210 Fax (315) 339-5259 Email judithbalch@teamhealth.com	9067 State Route 365, Holland Patent, NY 13354
	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	Pamela M Slagle NP	Primary (315) 339-3210 Fax (315) 339-6927 Email jbalch@teamhealth.com	800 West Chestnut St, Rome, NY 13440
	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