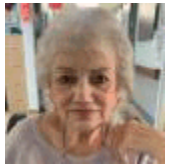


Bethany Gardens Skilled Living Center
800 W. Chestnut Street
Rome, NY 134402364
(315) 339-3210



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

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

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

Primary Payer:	Medicaid NY	Previous Address:	407 EAST BLOOMFIELD STREET ROME, NY 13440
SSN:	063-36-9307	County:	Oneida
Medicare A #:	2FA4Y63CQ91	Phone:	(315) 336-8079
Medicare B #:	2FA4Y63CQ91	Birth Date:	07/18/1944
Medicaid #:	EV07532Z	Age:	79
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:	

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

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

Advanced Directives:

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

Allergies:	Iodinated Contrast Media: (), Valium: ()
Intolerances:	
Diagnoses:	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
Alerts:	
Face Sheet Notes:	

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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Unit:	5TH FLOOR	Preferred Name:	
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