

Pear Dr Cheng - I apologize for missing my appointment, and hope that some progress can be made in correcting major errors in my medical records, aside from having a physical examination performed! Thanks, Bonze Blayk 2/16/23

December 28, 2022

Browser tabs: New Activity Ad x Patient Portal x Page indexing x Blayk Web Site x Track your DNA x

Address bar: mycayugahealth.cayugamed.org/mt3v05x2000015pgx9.mthd

Page title: Cayuga MEDICAL CENTER Home | Log Off

Bonzeanne Blayk's Health Record

Select an item below or a button in the column to the right to view more details.
Select Health Summary to view, print or download a summary of your care.
Select medication TEXT below to view details about the specific medication chosen.
Select the medication BUTTON in the column to your right to view and print your medication list. [Learn More](#)

Allergies	Current Conditions
ampicillin	DVT prophylaxis
hydrochlorothiazide	Fever
latex	Leukocytosis
	Nasal bone fracture
	Rib fracture
	<u>Unspecified psychosis</u>
	<u>Unspecified senile psychotic condition</u>

- Health Summary
- Visit History
- Results
- Medications
- Allergies & Conditions
- Reports
- Questionnaires
- Download Medical Record

My house had been vandalized, and when I ran out of funds for hotels, the shelter refused me because I was not "in dire need" in 20°F weather! I got the ambulance VOLUNTARILY!

Bonzeanne Blayk's Report

Bonze Blayk

12/29/22

History & Physical

FALSEHOODS IN RED UNDERLINE.
Green is TRUE.

History & Physical

Patient: BLAYK, BONZE ANNE ROSE
DOB/Age: 05/01/1956 60
Admission Date: 12/25/16

Account Number: A00082793308
Medical Record#: M000597460

Provider: Mafuzur Rahman MD

HISTORY AND PHYSICAL:

DATE OF ADMISSION: 12/25/16

IDENTIFYING DATA: Ms. Blayk who also wants to be known as Anne, is a male to female individual who was admitted to the behavioral health unit because of some bizarre behavior. This is her second hospitalization on this unit. The first one was on 04/27/02.

CHIEF COMPLAINT: "I don't believe you are a real psychiatrist, rather a fake psychiatrist, go away."

HISTORY OF PRESENT ILLNESS: This patient with known history of mental illness was admitted because of agitated and angry state while he was yelling at others including staff at the emergency department, accusing them of harassing him. Initially, he was brought from the Sunoco Gas Station due to an altercation with another person and people around him/her felt unsafe and they called 911. Today, I tried to interview him multiple times. At first, he/she was unwilling to go into a room to talk to me. Then, I tried to get him to the comfort room with the help of staff to assess him, he would not get in there. He wanted to go to my office, which I do not have one. Then he became very angry, started pointing his fingers at me and put it on my face and calling me a fake doctor from India and asked me to go away. Staff tried to intervene. He became agitated and very disrespectful to everyone on the hallway. When he saw the security officers coming through the door, he somewhat calmed down, but continued to be agitated and disrespectful. At that point, we decided to postpone the interview and allowed him to go back to his room. From the collaterals mentioned in the original mental health evaluation, we found the same history as mentioned earlier. During that time, he claimed that he was an officer of federal government and some bad guys were hacking his software and were trying to kill him. During the entire time, he was pressured, tangential with flight of ideas. He would not answer any questions pertaining to the history taking.

"Think fast 2" - Some can, some can't.

Other than being homeless and wandering on the streets of Binghamton, no other psychosocial history is available. No family history, medical history, or personal history is obtainable at this time.

PHYSICAL EXAMINATION

Physical exam was offered. He would not even consider going close to him because he does not believe that I am a doctor and I should go back to where I come from. He does not appear to be in any physical distress. I reviewed his labs as well as vital signs taken this morning. He declined to get his vitals taken.

LABORATORY DATA: Labs included CBC with differential, chemistry, urinalysis, and tox screen. CBC shows a WBC count of 7.3, hemoglobin 16.6, hematocrit 48, MCV 94, platelet count 339. Chemistry shows sodium level of 130, slightly lower than normal; potassium 3.8; chloride 100; carbon dioxide 20; BUN 13; creatinine 1.08; estimated GFR 98 for African American, 76.9 for non African American; glucose 106; hemoglobin A1c 10.2. His fingersticks showed a blood sugar of 374. Urinalysis showed 2+ urine ketones, 1+ blood in the urine, squamous cell epithelium of slightly higher than normal is present, urine glucose 3+. Tox screen showed positive benzodiazepines. Rest of it is unremarkable.

MENTAL STATUS EXAMINATION: This is a healthy appearing, average height male to female wearing a scarf with long hair, poorly groomed with poor personal hygiene. He is pacing and unable to settle down. Alert and oriented to time, place and person. Irritable mood with dysphoria. Speech is pressured, tangential with frequent flight of ideas. Illogical. Thought process with delusions of persecution. Would not answer about experiencing any hallucinations. Unable to

Bonzeanne Blayk's Report**History & Physical**

detect his memory functions because of uncooperative behavior; however, his insight and judgment appears to be impaired. Would not answer question of suicide or homicide; however, he could be a potential for physical violence on the unit.

SUMMARY: This 60-year-old male to female individual with known history of mental illness, currently admitted to the unit in a very disorganized state of mind with psychosis.

DIAGNOSIS: Axis I: Psychotic disorder, not otherwise specified, rule out schizophrenia versus schizoaffective disorder.

PHYSICAL HEALTH DIAGNOSIS: None.

TREATMENT RECOMMENDATIONS: The patient will remain hospitalized for now for his and others' safety. His code status is going to be full. Supportive milieu, individual, and group therapy will be offered. At this time, he is unwilling to take any medications; however, we will consider antipsychotic with or without mood stabilizer to stabilize him. If he continues to refuse, he may need to go to the court for treatment over objection. Also may need to be transferred to one of the state facilities for intermediate to longer term care.

85518/725366516/CPS #: 9283576

<Electronically signed by Mafuzur Rahman MD> 12/26/16 1314

Mafuzur Rahman MD

Dictated Date/Time: 12/25/16 1644

Transcribed Date/Time 12/25/16 1834

Copy to:

CC: Mafuzur Rahman MD

Printed by: Bonzeanne R Blayk on 07/28/21 at 1:32 pm from Cayuga Medical Center at Ithaca Patient Portal

CORNELL UNIVERSITY
 — FORMERLY —
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 Network Programmer/Analyst
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UNITED STATES DEPARTMENT OF COMMERCE
 BUREAU OF EXPORT ADMINISTRATION
 WASHINGTON, D.C. 20230

APPLICATION REVIEWED BY THE NSA AND FBI

08/21/2001
 CCATS #: G021989
 PAGE NO: 1

DATABEAST, INC
 ATTN: KEVIN ERIC SAUNDERS
 1668 TRUMANSBURG ROAD
 ITHACA, NY 14850-9213

databeast, inc.
 network software systems

1668 Trumansburg Road
 Ithaca, NY 14850-9213
 607-277-5808

Kevin Eric Saunders a/k/a bonze blayk
 President kes1@cornell.edu

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NORMAN LACROIX
 DIVISION DIRECTOR

FOR INFORMATION CONCERNING THIS CLASSIFICATION CONTACT
 LYNNE-MARIE GRIFFIN
 PHONE #: (202) 482-5725
 BXA/STC/IT

FORM BXA-6002(LREV. 7/96)

Commerce Control List Overview and the Country Chart

Supplement No. 1 to Part 738--page 1

Commerce Country Chart

Reason for Control

Countries	Chemical & Biological Weapons			Nuclear Nonproliferation		National Security		Missile Tech		Regional Stability		Firearms Conventio n			Crime Control		Anti-Terrorism	
	CB 1	CB 2	CB 3	NP 1	NP 2	NS 1	NS 2	MT 1	RS 1	RS 2	FC 1	CC 1	CC 2	CC 3	AT 1	AT 2		
	Afghanistan	X	X	X	X		X	X	X	X	X		X		X			
Albania	X	X		X		X	X	X	X	X		X	X					
Algeria	X	X		X		X	X	X	X	X		X		X				
Andorra	X	X		X		X	X	X	X	X		X		X				

Molina Healthcare of New York, Inc.
 5232 Witz Drive
 North Syracuse, NY 13212-6501
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BONZEANNE BLAYK
 1668 TRUMANSBURG RD
 ITHACA NY 14850

"This is just a psychiatric cover up for a case of police brutality." - Bonze Annette Rose Blayk to Clifford Ehmke MD 10/10/18

Page 1 of 6
 Date: 11/07/2018
 Group Name: Molina Healthcare of New York
 Patient Name: BLAYK, BONZEANNE ROSE
 Contract Number: AN33246W
 Claim Number: 18274331407
 Dates of Service: 09/19/2018 - 09/24/2018
 DRG Code: 3422
 Provider Name: CAYUGA MEDICAL CENTER AT ITHACA

PATIENT EXPLANATION OF BENEFITS

Days/ Cnt	Svs No	Service Date	Service	Billed Amount	Denied Amount	Ex Codes	Allowed Amount	Medicare Allowed	Medicaid Paid	Deductible Amount	Co Pay Amount	Co Ins Amount	Third Party Payment	Paid Amount
01	0202	09/19/18	Hospital - Inpatient	\$1,537.00	\$1,537.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04	0206	09/19/18	Hospital - Inpatient	\$4,752.00	\$4,752.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
08	0250	09/19/18	Hospital - Inpatient	\$66.25	\$66.25		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01	0270	09/19/18	Hospital - Inpatient	\$26.50	\$26.50		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	0300	09/19/18	Hospital - Inpatient	\$1,568.00	\$1,568.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01	0301	09/19/18	Hospital - Inpatient	\$38.00	\$38.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04	0320	09/19/18	Hospital - Inpatient	\$1,119.00	\$1,119.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05	0350	09/19/18	Hospital - Inpatient	\$5,663.00	\$5,663.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01	0360	09/19/18	Hospital - Inpatient	\$2,672.00	\$2,672.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01	0370	09/19/18	Hospital - Inpatient	\$180.00	\$180.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01	0450	09/19/18	Hospital - Inpatient	\$983.00	\$983.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	0636	09/19/18	Hospital - Inpatient	\$479.75	\$479.75		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	0710	09/19/18	Hospital - Inpatient	\$231.00	\$231.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01	0730	09/19/18	Hospital - Inpatient	\$70.00	\$70.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals				\$19,385.50	\$19,385.50		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Explanation Code Charges denied for failure to report admission to Cayuga Medical Center - "Setup" for admission to Behavioral Service Unit AS IF I had not been assaulted by Ofc. G.I. Herz and Lt. John Joly of the Ithaca Police Department on the morning of September 19 2018.

START DATE	DENIED AMT	EXPLANATION
1 DAY 9/19/18	\$5,506.50	Beaten, Tased, Nose & Shoulder broken & subsequently dosed with 2 mg/kg Ketamine = 300mg to induce Retrograde Amnesia - K is a well-known "date rape" drug.
4-5 DAYS 9/19/18	\$11,534.00	Stay in PACU Post-Anaesthesia Recovery Unit - HOSPITALIZATION FOR POLYTRAUMA
27 DAYS 9/19/18	\$17,040.50	SUBTOTAL for all charges incurred from 9/19/18 to 9/24/18 prior to TRANSFER TO BSU
	\$1,568.00	Total duration of hospitalization INCLUDING poisoning with Invega Sustenna 234 & 156mg under a thoroughly perjured Treatment Over Objection argued by Clifford Ehmke MD of the "Behavioral Services Unit" of the Cayuga Medical Center at Ithaca before Judge Scott A. Miller on October 5 2018 Tompkins INDEX 2018-0315.

Bonzeanne Blayk's Allergies & Conditions

Allergies	Last Updated
ampicillin	Jan 22, 2021
hydrochlorothiazide	Jan 22, 2021
latex	Jan 22, 2021

Current Conditions	Onset Date
✓ DVT prophylaxis	
✗ Fever	
✗ Leukocytosis - Normal for Type O-	
✓ Nasal bone fracture	
✓ Rib fracture	
"Unspecified psychosis" → ICD-10 F64.8 Transsexualism!	
Unspecified senile psychotic condition	

Clifford Ehmke MD:

"Risks to self - likely to be assaulted"

Bonze Blayk
2/22/22

ICD-10-CM	Disorder, condition, or problem	Number
F50.8	Binge-eating disorder	5.89
F50.8	Other specified feeding or eating disorder	5.9
F50.8	Pica, in adults	8.10
F50.9	Unspecified feeding or eating disorder	0
F51.3	Non-rapid eye movement sleep arousal disorders, Sleepwalking type	1
F51.4	Non-rapid eye movement sleep arousal disorders, Sleep terror type	3
F51.5	Nightmare disorder	9
F52.0	Male hypoactive sexual desire disorder	0.0
F52.21	Erectile disorder	F80.8
F52.22	Female sexual interest/arousal disorder	F80.8
F52.31	Female orgasmic disorder	F80.9
F52.32	Delayed ejaculation	F80.9
F52.4	Premature (early) ejaculation	F81.0
F52.6	Genito-pelvic pain/penetration disorder	F81.2
F52.8	Other specified sexual dysfunction	F81.8
F52.9	Unspecified sexual dysfunction	F82
F54	Psychological factors affecting other medical conditions	F84.0
F60.0	Paranoid personality disorder	F88
F60.1	Schizoid personality disorder	F88
F60.2	Antisocial personality disorder	F89
F60.3	Borderline personality disorder	F90.0
F60.4	Histrionic personality disorder	F90.1
F60.5	Obsessive-compulsive personality disorder	F90.2
F60.6	Avoidant personality disorder	F90.8
F60.7	Dependent personality disorder	F90.9
F60.81	Narcissistic personality disorder	F91.1
F60.89	Other specified personality disorder	F91.2
F60.9	Unspecified personality disorder	F91.3
F63.0	Gambling disorder	F91.8
F63.1	Pyromania	F91.9
F63.2	Trichotillomania (hair-pulling disorder)	F91.9
F63.3	Kleptomania	F93.0
F63.81	Intermittent explosive disorder	F94.0
F64.1	Gender dysphoria in adolescents and adults	F94.1
F64.2	Gender dysphoria in children	F94.2
F64.8	Other specified gender dysphoria	F95.0
F64.9	Unspecified gender dysphoria	F95.1
F65.0	Fetishistic disorder	F95.2
F65.1	Transvestic disorder	F95.8
F65.2	Exhibitionistic disorder	F95.9
F65.3	Voyeuristic disorder	F98.0
F65.4	Pedophilic disorder	F98.1
F65.51	Sexual masochism disorder	F98.2
F65.52	Sexual sadism disorder	
F65.81	Frotteuristic disorder	

F64.0 Transsexualism
 F64.1 Dual-Role Transvestism

CAUOGNEPHILIA? F65.1:
 otherwise: Delusional Disorder

BenzieAnne Blayk

Bonzeanne Blayk's Report

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Progress Notes**Progress Note**

Patient:
BLAYK,BONZE
ANNE ROSE
DOB/Age: 05/01/1956 62
Admission Date: 09/19/18

Account Number: A00088518428

Medical Record#: M000597460

Provider: Frederick R Caballes MD

Subjective**Date of Service:** 09/21/18**Interval History:**

Pt seen and examined. Meds and labs reviewed. Pt continues to refuse medications and laboratory draws. Afebrile O/N

CC: Intermittent left sided CP due to known 9th left rib fx

ROS: Denied HA/dizziness, F/C, N/V, SOB, increased cough, sputum production, abd pain, diarrhea, constipation, dysuria, myalgias, arthralgias, throat pain, and new skin lesions. The rest of the 14 point ROS are unremarkable.

PHYSICAL EXAM:

GEN APPEARANCE: Awake, not in acute distress
HEENT: NC/AT, PERRLA, moist oral mucosa, (-) throat erythema
NECK: Soft, supple, (-) cervical LAD, (-)JVD
HEART: S1S2 WNL, RRR, No MRG
CHEST: CTA, BL, GAE, No W/R/R, tender left lateral chest wall
ABD: Soft, ND/NT, NABS 4x Q
EXT: No C/C/E
SKIN: Warm to touch
PSYCH: No active psychosis, hallucinations, depression, SI/HI

Objective**Active Medications:**

Acetaminophen (Tylenol Tab*) 975 mg PO BID SCH
Haloperidol Lactate (Haldol Inj Iv/Im*) 5 mg IV SLOW PU Q2H PRN
PRN Reason: AGITATION/ANXIETY/INSOMNIA
Last Admin: 09/19/18 23:51 Dose: 5 mg
Hydralazine HCl (Apresoline Iv*) 10 mg IV SLOW PU Q6H PRN
PRN Reason: BLOOD PRESSURE
Hydromorphone HCl (Dilaudid Inj1s*) 0.5 mg IV SLOW PU Q6H PRN
PRN Reason: PAIN

Bonzeanne Blayk's Report

Progress Notes

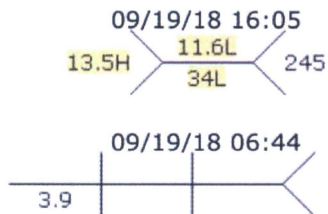
Last Admin: 09/19/18 12:14 Dose: 0.5 mg
 Levofloxacin (Levaquin Tab*) 500 mg PO Q24H SCH
 Last Admin: 09/21/18 11:10 Dose: Not Given
 Lorazepam (Ativan Inj*) 2 mg IV PUSH Q4H PRN
 PRN Reason: AGITATION
 Olanzapine (Zyprexa *Odt*) 10 mg PO DAILY SCH
 Last Admin: 09/21/18 09:25 Dose: Not Given
 Oxycodone/Acetaminophen (Percocet 5/325 Tab*) 1 tab PO Q6H PRN
 PRN Reason: PAIN

Vital Signs - 8 hr

	09/21/18 08:00	09/21/18 08:06
Temperature		98.9 F
Pulse Rate		91
Respiratory Rate	18	20
O2 Sat by Pulse Oximetry		95

Oxygen Devices in Use Now: None

Result Diagrams:



Assess/Plan/Problems-Billing

Assessment:

- Patient Problems

(1) Unspecified senile psychotic condition

Current Visit: Yes **Status:** Acute **Code(s):** F03.90 - UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE **SNOMED Code(s):** 231438001

Comment:

-Continue Olanzapine PO daily and PRN Haldol ordered and will defer with further adjustments of antipsychotics with Dr. Ehmke and BSU team

(2) Fever

Current Visit: Yes **Status:** Acute **Code(s):** R50.9 - FEVER, UNSPECIFIED **SNOMED Code(s):** 386661006

Bonzeanne Blayk's Report**Progress Notes****Comment:**

- Low grade
- Afebrile O/N
- Spoke with Dr. Ehmke; left a message in voicemail earlier that pt was mildly febrile early on in hospitalization, likely due to mild traumatic rhabdomyolysis and multiple bruises sustained from physical altercation with police
- CXR and U/A not suggestive of PNA and UTI
- Refuses empiric Levaquin ordered for 5 days (ordered given pt refuses any further lab W/U and/or draws), but given above and pt being afebrile O/N, will defer
- Will continue to observe

(3) Leukocytosis

Current Visit: Yes **Status:** Acute **Code(s):** D72.829 - ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED **SNOMED Code(s):** 111583006

Comment:

- Please see above discussion

(4) Nasal bone fracture

Current Visit: Yes **Status:** Acute **Code(s):** S02.2XXA - FRACTURE OF NASAL BONES, INIT ENCNR FOR CLOSED FRACTURE **SNOMED Code(s):** 263171005

Comment:

- For F/U with plastic surgeon in outpt

(5) Rib fracture

Current Visit: Yes **Status:** Acute **Code(s):** S22.39XA - FRACTURE OF ONE RIB, UNSP SIDE, INIT FOR CLOS FX **SNOMED Code(s):** 33737001

Comment:

- #Minimally displaced 9th rib fx, left:
- Will encourage to use incentive spirometry
- Given pt has shallow breathing due to pain, will place pt on incentive spirometry, however, her psychosis creates barrier to her compliance

(6) DVT prophylaxis

Current Visit: Yes **Status:** Acute **Code(s):** IMO0001 - **SNOMED Code(s):** 305058001

Comment:

- Continue SCD
- Pt ambulates

Status and Disposition:

- For transfer to BSU when BSU has bed

<Electronically signed by Frederick R Caballes MD> 09/21/18 1244

Entered by: Frederick R Caballes MD

Entered Date/Time: 09/21/18 1237

Copy to:

Bonzeanne Blayk's Report

Page 1 of 3

Transfer Summary

Transfer Summary

Patient: BLAYK,BONZE ANNE ROSE
 DOB/Age: 05/01/1956 62
 Admission Date: 09/19/18

Account Number: A00088518428
 Medical Record#: M000597460

Provider: Frederick R Caballes MD

CC: Dr. Kirk Hinkley; Dr. Ashu Ruparelia; Dr. Askar Mehdi; Dr. Auguste Duplan; Dr. Clarence White *

TRANSFER SUMMARY:

DATE OF ADMISSION: 09/19/18

DATE OF DISCHARGE: 09/24/18

DATE OF SERVICE: 09/21/18.

DISCHARGE DIAGNOSES: Are as follows:

1. Unspecified psychotic disorder possibly due to bipolar affective disorder versus schizoaffective disorder from previous evaluations. *— Clifford Ehmke MD*
2. Fever, resolved.
3. Leukocytosis likely reactive.
4. Anterior dislocation of the left humerus with Hill-Sachs fracture of the humerus with multiple displaced fracture fragments.
5. Minimally displaced left 9th rib fracture.
6. Hypertension, uncontrolled, the patient is noncompliant with medications.
7. The patient's noncompliance due to psychosis. *with antipsychotic medications per Clifford Ehmke MD*

DISCHARGE MEDICATIONS: Are as follows:

1. Tylenol 975 mg p.o. b.i.d. for 2 weeks.
- X 2. Amlodipine 10 mg p.o. daily.
- X 3. Levaquin 500 mg p.o. daily for 5 days.
- X 4. Metoprolol 25 mg p.o. b.i.d.
- ✓ 5. Olanzapine 10 mg p.o. daily.
- X 6. Percocet 5/325 one tab p.o. q.6 p.r.n., 12 tabs dispensed with 0 refills; will defer with the BSU Team for further refills.

HISTORY OF PRESENT ILLNESS/HOSPITAL COURSE: The patient is a 62-year-old male-to- female preop transgender with history of unspecified psychotic disorder either due to bipolar affective disorder versus schizoaffective disorder as well as personality disorder, who was at Denny's on 09/19/18 and was reported to be displeasing, erratic, and had an unpredictable behavior with verbal outburst that did not make any sense. Police was called and was very confrontational with authority and verbally aggressive towards Denny's employees and the police officer. Apparently, there was a physical altercation with the patient getting hit on the face, sustaining a fracture of the left nasal bone with mild epistaxis, which has since stopped. The patient was also reported by the ED staff to have flight of ideas, and was reported to be psychotic and was sedated with 300 mg IM of ketamine, 20 mg of Geodon, and 2 mg of IM lorazepam, and another 2 mg of IV lorazepam and was given 1 L normal saline bolus. On further reevaluation, the left shoulder appeared to be uneven and very tender to touch when the patient was weaning off of her sedation in the ED, hence a 2-view shoulder x-ray was ordered, and the patient was found to have an anterior subcoracoid dislocation of the humeral head with a Hill- Sachs fracture of the humerus with multiple small displaced fracture fragments. The patient's case was discussed with Orthopedics, who then subsequently brought the patient for left closed fracture dislocation of the shoulder under general anesthesia after the patient has been evaluated by a 2PC.

Bonzeanne Blayk's Report

Transfer Summary

When the patient became less violent after she had been sedated, her shoulder had been reduced as discussed as well as being started on low dose Zyprexa with p.r.n. haloperidol. Her violent tendencies had subsided; however, she remained psychotic and delusional which makes her compliance very challenging. She continually refuses to have blood draws done as well as refuses many of the meds offered to her. More specifically, she has had the leukocytosis on initial presentation when she was more sedated getting blood draws; however, upon waking from her sedation, she has constantly refused any IV medications, although she has allowed to stop to continue the IV fluids prescribed to her due to her mild traumatic rhabdomyolysis, which was one of the reasons why she was admitted to the medical service. Given the patient's noncompliance with medications as well as inability to further perform subsequent surveillance of her leukocytosis despite having a negative chest x-ray and urinalysis, she did present with mild fever on her initial presentation to the hospital and hence given lack of surveillance was empirically prescribed Levaquin, which again she refused. She will be started on amlodipine and metoprolol tonight pending her compliance and will defer with Psychiatry to further adjust antipsychotics and/or any psychiatric meds that can further improve delusions that further complicates her compliance. *I have this bizarre delusion I AM A COMPUTER PROGRAMMER!*

She had been advised to follow up and/or call her PCP within 3 days post discharged from the BSU and to take her medications as prescribed. She was also advised to follow the recommendations advice of the BSU team/Dr. Ehmke.

REVIEW OF SYSTEMS: The patient complains of left lateral chest wall tenderness and pain. Other than this, denied any recent headaches, dizziness, fever, chills, nausea, vomiting, shortness of breath, increased cough, or sputum production, abdominal pain, diarrhea, constipation, pain, and/or increased frequency and urination, myalgias, arthralgias, throat pain or new skin lesions. The rest of the 14-point review of systems are otherwise unremarkable.

PHYSICAL EXAMINATION: As follows: Blood pressure of 183/109. From previous of 164/88, saturating at 99% on room air, 92 beats per minute heart rate, 18 per minute respiratory rate. General Appearance: The patient is awake, not in acute distress. HEENT: Normocephalic. The patient has facial bruising due to her recent physical altercation with police officers. PERRLA. Extraocular muscles are intact. Negative for icterus. Moist oral mucosa. Negative throat erythema. Neck is soft, supple with no cervical lymphadenopathy. No JVD. Heart: S1, S2 within normal limits. Regular rate and rhythm. No murmurs, rubs or gallops. Chest: Clear to auscultation bilaterally. Good air entry. No wheezes, rales or rhonchi. Abdomen is soft, nondistended, nontender. Normoactive bowel sounds 4 times Q. Extremities: No cyanosis, clubbing or edema. Psychiatric: No active psychosis, depression, suicidal nor homicidal ideation. Skin is warm to touch; multiple hematomas on face, neck and left flank.

TIME SPENT: The total time spent evaluating the patient, reviewing the pertinent data and appropriate documentation is 50 minutes.

ADDENDUM: Pt remained on the floors during the weekend awaiting bed in Psychiatry. Other than pt's non-compliance due to her psychosis and delusions, she has otherwise been medically and hemodynamically stable.

157937/806777478/CPS #: 11067275

<Electronically signed by Frederick R Caballes MD> 09/24/18 1323

Frederick R Caballes MD
Dictated Date/Time: 09/21/18 1412

Transcribed Date/Time 09/21/18 2209

Copy to:

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Mid-America Program Service Center
601 East Twelfth Street
Kansas City, Missouri 64106-2817
Date: January 13, 2023
BNC#: 23T2559E18211-A



0002429 00181601 1 MB 0.515 0106MIT2R6PN T609 P28



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We are writing to you about your Social Security benefits.

What You Should Know

The State of New York will pay your Medicare medical insurance premium beginning February 2023.

What We Will Pay And When

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive \$814.00 for January 2023 around February 3, 2023.
- After that you will receive \$814.00 on or about the third of each month.

Your Benefits

We will no longer deduct the premium from your monthly payment. Later in this letter, we tell you what to do if you disagree with this change in the amount of your monthly payment.

If You Disagree With The Decision

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal in writing.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.