FAX COVER PAGE

Date: 05/01/2026

To:
Wilbur Roese , MD

From:
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284

Phone: 410-321-8448

Fax: 410-559-3002

Subject:
Form Submission

Memo:

Please review the attached document.

URGENT: Please review and respond to this fax transmission promptly.

HomeCentris Healthcare LLC memo...

Patient: Betty Otto
DOB: 10/18/1945

Subject: Discharge Summary - OT

Submitted By: Stanley LeGrand

Date: 05/01/2026

Agency Rep: Stanley LeGrand **Rep Phone:** 410-321-8448

Memo:

Admitted on: 03/14/2026

Emergency Contact: Scott, (443) 417-4613

Diagnoses:
Hypertensive heart disease with heart failure (I11.0),Chronic diastolic (congestive) heart failure (I50.32),Emphysema, unspecified (J43.9),Unspecified atrial fibrillation (I48.91),Spondylosis w/o myelopathy or radiculopathy, lumbar region (M47.816),Obstructive sleep apnea (adult) (pediatric) (G47.33),Polyneuropathy, unspecified (G62.9),Gastro-esophageal reflux disease without esophagitis (K21.9),Unspecified cirrhosis of liver (K74.60),Gout, unspecified (M10.9),Oth disrd of bone density and structure, unspecified site (M85.80),Irritant cntct derm d/t fecal, urinry or dual incontinence (L24.A2),Alkalosis (E87.3),Age-related osteoporosis w/o current pathological fracture (M81.0),Anemia, unspecified (D64.9),Anxiety disorder, unspecified (F41.9),Depression, unspecified (F32.A),Long term (current) use of aspirin (Z79.82),Other spondylosis with radiculopathy, lumbar region (M47.26),Chronic respiratory failure with hypoxia (J96.11),Presence of artificial knee joint, bilateral (Z96.653),Acquired absence of both cervix and uterus (Z90.710),Dependence on supplemental oxygen (Z99.81),Personal history of nicotine dependence (Z87.891),Prsnl hx of TIA (TIA), and cereb infrc w/o resid deficits (Z86.73)

Medications:
Acetaminophen - Acetaminophen Extra Strength 500 mg / 1 Tablet by mouth every 6 hours
Acetaminophen And Hydrocodone Bitartrate - Acetaminophen; Hydrocodone Bitartrate 10-325 mg / 1 Tablet by mouth every 4 hours
Albuterol Sulfate - Albuterol Sulfate Nebulizer Solution 0.63 MG/3ML / 3mL inhalant every 6 hours
Aspirin Ec - Aspirin 81 mg / 1 Tablet by mouth once a day
ATENOLOL 50 mg / 1 Tablet by mouth once a day
Buspirone Hcl - Buspirone Hydrochloride 5 mg / 1 Tablet by mouth every 8 hours
FLUOXETINE 60 mg / 1 Tablet by mouth once a day
Greer Go Nystatin + Zinc Oxide + Hydrocortisone - topical 0
Lidocaine Patch - Lidocaine 4% topical once a day

MELATONIN 3 mg / 1 Tablet by mouth at bedtime
Multivitamins - Alpha-Tocopherol Acetate; Ascorbic Acid; Biotin; Cholecalciferol; Cyanocobalamin; Dexpanthenol; Folic Acid; Niacinamide; Pyridox 1 Tablet by mouth once a day
Nifedipine Er - Nifedipine 30 mg / 1 Tablet by mouth once a day
Oxygen - Oxygen 2 Liters nasal cannula as necessary
PANTOPRAZOLE 40 mg / 1 Tablet by mouth twice a day
probiotics 1 Capsule by mouth every 12 hours
Stiolto Respimat - Olodaterol Hydrochloride; Tiotropium Bromide Inhalation Aerosol Solution 2.5-2.5 MCG/ACT / 1 puff inhalant once a day

Services Provided:
equipment training
work simplification/energy conservation
transfers training
Medication Review
lifestyle modifications to manage cardio-respiratory condition including diet changes and regular exercise; strategies to control shortness of breath and home remedies to keep lungs healthy
how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain, teach relaxation skills and diversional activities
therapeutic exercises
therapeutic modalities
balance training
equipment training
gait training
work simplification/energy conservation
transfer training
related medication(s) purpose and schedule
symptoms requiring physician notification

Follow-up Action:

Follow-up Memo:

This memo is for your records.