

Application Details

Application Status	Approved
Application Id	BLA-0000000320
DBA Name of Facility/Agency	Hope In Home Care, LLC
Facility Type	Home Care Organization
Application Type	Renewal License
Approved Date	7/17/2023
Effective Date	8/1/2023
Expiration Date	7/31/2026

Confirm changes to your facility/agency

Changes to your facility/agency :

- Has the facility DBA or legal name changed?
- Has the facility operator or owner changed?
- Has the facility address changed?
- Have you changed/added new branch offices?

- None of these changes apply

Facility/Agency Details

Application Type	Renewal License		
Legal Name of Facility/Agency	Hope In Home Care, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Hope In Home Care, LLC		
Facility/Agency Physical Address	749 J Clyde Morris Boulevard		
Street			
City/Town	Newport News	County/Independent City	Newport News City
State	Virginia	Zip Code	23601
Telephone Number	7578730300	Fax Number	7578730008

Mailing Address

Mailing Address	11835 Rock Landing Drive		
Street			
City/Town	Newport News	County/Independent City	Newport News City
State	Virginia	Zip Code	23606

Facility/Agency Email Address : vipulin_2001@yahoo.com

Federal Employer Identification Number (FEIN) :

Current License Number : HCO-0001056

Administrator of Record(If different than Owner/Operator)

Full Name : Vipul Patel

Title :

Telephone Number :

Email Address : vipul@hopeinhomecare.org

Ownership Information

Legal Name of Owner : Ms. Nisha Patel

Physical Address : 3021 John Vaughan Rd, Williamsburg, VA 23185, USA

Street :

City/Town : Williamsburg

County/Independent City : James City County

State : VA

Zip Code : 23185

Mailing Address : 11835 Rock Landing Dr, Newport News, VA 23606, USA

Street :

City/Town : Newport News

County/Independent City : Newport News

State : VA

Zip Code : 23606

Email Address : vipulin_2001@yahoo.com

Telephone Number : 7578730030

Fax Number : 7578730008

Federal Employer Identification Number (FEIN) : 54-2013447

Chief Administrative Officer

Full Name : Vipul Patel

Mailing Address : 11835 Rock Landing Dr, Newport News, VA 23606, USA

Street :

City/Town : Newport News

County/Independent City : Newport News

State : VA

Zip Code : 23606

Phone Number : 7576188170

Email Address : vipulin_2001@yahoo.com

Additional Ownership Information

Names of any individual or entities having a financial interest of 5% or more

Full Name	Ownership Percentage (%)
------------------	---------------------------------

Sum of Ownership Percentage (%) : %

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator :

Physical Address :

Street :

City/Town :

County/Independent City :

State :

Zip Code :

Mailing Address :

Street :

City/Town :

County/Independent City :

State :

Zip Code :

Phone Number :

Email Address :

Federal Employer Identification Number (FEIN) :

Home Care Organization Information - Hours of Operation

Hours of Operation

Indicate the regular business hours of the program by listing the opening and closing times of the business office(excluding legal and religious holidays)

Days of the Week	Time Open(a.m.)	Time Closed(p.m.)
Monday	08:30 am	05:00 pm
Tuesday	08:30 am	05:00 pm
Wednesday	08:30 am	05:00 pm
Thursday	08:30 am	05:00 pm
Friday	08:30 am	05:00 pm

Home Care Organization Information - Services

Geographic service areas

List each City/County in which the organization expects to provide services.

City/County : Newport News, Hampton, Yorktown, Poquoson, Williamsburg, Norfolk, Virginia Beach, Chesapeake, Suffolk, Portsmouth, Gloucester, King Williams, Culpeper

Home Care Organization Information - Branch Offices

If you are applying for an initial Home Care Organization license, you are not eligible to operate a branch office location and should not complete this section. Only persons who already have a Home Care Organization license may operate branch offices, which are required to be under the supervision and administrative control of the parent Home Care Organization and must appear on the license of the parent Home Care Organization.

*Will/Does this facility/agency operate one or more branch offices? If yes, list address(es) of each branch office below : Yes

Name : Hope In Home Care, LLC - Williamsburg
Email :
Address : 4512 John Tyler Highway, Unit G, Williamsburg, VA 23185
Street : 4512 John Tyler Highway, Unit G
City/Town : Williamsburg
County :
Zip Code : 23185
State : Virginia
Phone Number :

Name : Hope In Home Care, LLC - Gloucester
Email :
Address : 6762 Main Street, Gloucester, VA 23061
Street : 6762 Main Street
City/Town : Gloucester
County :
Zip Code : 23061
State : Virginia
Phone Number :

Name : Hope In Home Care, LLC - Culpeper
Email :
Address : 102 Duke St, Culpeper, VA 22701, USA
Street : 102 Duke St, # 103
City/Town : Culpeper
County : Culpeper County
Zip Code : 22701
State : Virginia
Phone Number :

Name : Hope In Home Care, LLC - Aylett
Email :
Address : 27 Commerce Ln Suite B, King William, VA 23086, USA
Street : 27 Commerce Ln Suite B
City/Town : King William
County : King William County
Zip Code : 23086

State : Virginia
Phone Number :

Name : Hope In Home Care, LLC - Norfolk
Email :
Address : 6320 North Center Drive, Building 15, Suite 102, Norfolk, VA 23502
Street : 6320 North Center Drive, Building 15, Suite 102
City/Town : Norfolk
County :
Zip Code : 23502
State : Virginia
Phone Number :

Name : Hope In Home Care, LLC - Chesapeake
Email :
Address : 610 Liberty Street, Chesapeake, VA 23324
Street : 610 Liberty Street
City/Town : Chesapeake
County :
Zip Code : 23324
State : Virginia
Phone Number :

Home Care Organization Information - Drop Site

Note: Drop sites cannot be used for client contact

*Will/Does this facility/agency operate one or more drop sites? If yes, list address(es) of each drop site below
: No

Email :

Address :

Street :

City/Town :

County :

Zip Code :

State :

Phone Number :

Home Care Organization Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : Vipul Patel
Administrator - Email Address : vipul@hopeinhomecare.org
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Rakesh Cheniya
Alternate Administrator - Email Address : rcheniya@hopeinhomecare.org
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Griffin Phyllis
Nursing Manager - Email Address : nurses@hopeinhomecare.org
Nursing Manager - Nursing License Number : 0001041956

Financial Manager - Full Name :
Financial Manager - Email Address :

Home Care Organization Information - Services to be provided

State regulation requires that an facility/agency provide at least one of the services listed below by direct employees.

*Skilled Services - No

Nursing Services :
Respiratory Therapy :
Physical Therapy :
Occupational Therapy :
Speech Language Pathology :
Medical Social Services :
Other Services (Direct) :
Other Services (Contract) :

*Personal Care Services - Yes

Assistance with Activities of Daily Living (ADL) : Direct
Administering Normally Self-Administered Drugs :
Other Services (Direct) :
Other Services (Contract) :

*Pharmaceutical Services - No

Parenteral Nutrition :
Direct Intravenous Therapy :
Other Services (Direct) :
Other Services (Contract) :

Home Care Organization Information - Service Personnel

Licensed Nurses

Number of Direct : 15
 Number of Contract :
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 500
 Number of Contract :
 Names of Contracting Agencies :

Respiratory Therapists

Number of Direct :
 Number of Contract :
 Names of Contracting Agencies :

Physical Therapists and PT Assistants

Number of Direct :
 Number of Contract :
 Names of Contracting Agencies :

Occupational Therapists and OT Assistants

Number of Direct :
 Number of Contract :
 Names of Contracting Agencies :

Speech Language Pathologists

Number of Direct :
 Number of Contract :
 Names of Contracting Agencies :

Other

Title	Number of Direct	Number of Contract	Names of Contracting Agencies

Skilled Services Director

Full Name :
 Email :
 License Number :

Home Care Organization Information - Medicare and Medicaid

Are you enrolled as a Medicare provider? : No
Do you plan to enroll as a Medicare provider? : No
Medicare Provider Number :
Are you enrolled as a Medicaid provider? : No
Do you plan to enroll as a Medicaid provider? : No
Medicaid Provider Number :

Home Care Organization Information - Small Business Information

Answering these two questions is optional, but will help the Virginia Department of Health better estimate the number of small businesses that have or apply for licenses.

Is the facility/agency independently owned and operated? : Yes

Does the facility/agency have fewer than 500 employees? : Yes

Certification and Submission

By submitting this application, I hereby certify that the information contained in this application and any attachments are true, accurate, and complete

Name and Title of Authorized Representative : Asit Patel

Date : 6/30/2023