

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000000346
<b>DBA Name of Facility/Agency</b>	Constant Care, LLC
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	7/28/2023
<b>Effective Date</b>	8/1/2023
<b>Expiration Date</b>	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	Constant Care, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Constant Care, LLC		
Facility/Agency Physical Address	100 7th Street, Suite 105		
Street			
City/Town	Portsmouth	County/Independent City	Portsmouth City
State	Virginia	Zip Code	23704
Telephone Number	7577769686	Fax Number	7577657012

### Mailing Address

Mailing Address	100 7th Street, Suite 105		
Street			
City/Town	Portsmouth	County/Independent City	Portsmouth City
State	Virginia	Zip Code	23704

Facility/Agency Email Address : mlconstantcare@gmail.com

Federal Employer Identification Number (FEIN) : 88-1782043

Current License Number : HCO-0003091

### Administrator of Record(If different than Owner/Operator)

Full Name : Martina Langston

Title : Administrator

Telephone Number : 7576588004

Email Address : martinalangston80@gmail.com

## **Ownership Information**

Legal Name of Owner : Martinia Langston

**Physical Address** : 2505 Smithfield Road  
Street :  
City/Town : Portsmouth  
County/Independent City : Portsmouth City  
State : VA  
Zip Code : 23702

**Mailing Address** : 2505 Smithfield Road  
Street :  
City/Town : Portsmouth  
County/Independent City : Portsmouth City  
State : VA  
Zip Code : 23702

Email Address : martinalangston80@gmail.com  
Telephone Number : 7577769686  
Fax Number : 7577657012

Federal Employer Identification Number (FEIN) : 88-1782043

### **Chief Administrative Officer**

Full Name : Martina Langston

Mailing Address : 2505 Smithfield Road  
Street :  
City/Town : Portsmouth  
County/Independent City : Portsmouth City  
State : VA  
Zip Code : 23702

Phone Number : 7576588004  
Email Address : martinalangston80@gmail.com

## **Additional Ownership Information**

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

<b>Full Name</b>	<b>Ownership Percentage (%)</b>
Martinia Langston	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

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)

<b>Days of the Week</b>	<b>Time Open(a.m.)</b>	<b>Time Closed(p.m.)</b>
Wednesday	10:00 am	04:00 pm
Monday	10:00 am	04:00 pm
Tuesday	10:00 am	04:00 pm
Thursday	10:00 am	04:00 pm
Friday	10:00 am	04:00 pm

## **Home Care Organization Information - Services**

### **Geographic service areas**

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

City/County : Portsmouth, Norfolk, Hampton, Newport News, Chesapeake, Suffolk, Virginia Beach

## **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 : No

Name :

Email :

Address :

Street :

City/Town :

County :

Zip Code :

State :

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 : Martina Langston  
Administrator - Email Address : martinalangston80@gmail.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : DuWayla T Green  
Alternate Administrator - Email Address : mlconstantcare@gmail.com  
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Bobbi P Dingle  
Nursing Manager - Email Address : bobbipdingle@constantcare.com  
Nursing Manager - Nursing License Number : 0001310474

Financial Manager - Full Name : Martinia Langston  
Financial Manager - Email Address : martinalangston80@gmail.com

## **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 - Yes

Nursing Services : Direct  
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 : Direct  
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 : 1  
 Number of Contract : 0  
 Names of Contracting Agencies :

**CNAs and Home Attendants**

Number of Direct : 2  
 Number of Contract : 0  
 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 : Bobbi P Dingle  
 Email : bobbipdingle@constantcare.com  
 License Number : 0001310374

## **Home Care Organization Information - Medicare and Medicaid**

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

Date : 7/27/2023