

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000000455
<b>DBA Name of Facility/Agency</b>	Eveready Home Care, LLC
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Mid-Term Change License
<b>Approved Date</b>	7/20/2023
<b>Effective Date</b>	8/1/2023
<b>Expiration Date</b>	7/31/2023

## **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	Mid-Term Change License	License Effective Date	8/1/2023
Legal Name of Facility/Agency	Eveready Home Care, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Eveready Home Care, LLC		
Facility/Agency Physical Address	17903 Main Street		
Street			
City/Town	Dumfries	County/Independent City	Prince William
State	Virginia	Zip Code	22026
Telephone Number	7034964300	Fax Number	8552564003

### Mailing Address

Mailing Address	17903 Main Street		
Street			
City/Town	Dumfries	County/Independent City	Prince William
State	Virginia	Zip Code	22026

Facility/Agency Email Address : info@evereadyhomecare.com

Federal Employer Identification Number (FEIN) : 27-0422894

Current License Number : HCO-230719

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

Full Name : Alexander Obeng

Title : Administrator

Telephone Number : 7034964300

Email Address : info@evereadyhomecare.com

## **Ownership Information**

Legal Name of Owner : Priscilla O Obeng

**Physical Address** : 13730 Rhumfield Ct, Woodbridge, VA 22193, USA

Street :

City/Town : Woodbridge

County/Independent City : Prince William County

State : VA

Zip Code : 22193

**Mailing Address** : 17903 Main St, Dumfries, VA 22026, USA

Street :

City/Town : Dumfries

County/Independent City : Prince William County

State : VA

Zip Code : 22026

Email Address : info@evereadyhomecare.com

Telephone Number : 7035971426

Fax Number : 8552564003

Federal Employer Identification Number (FEIN) : 27-0422894

### **Chief Administrative Officer**

Full Name : Alexander Obeng

Mailing Address : 17903 Main St, Dumfries, VA 22026, USA

Street :

City/Town : Dumfries

County/Independent City : Prince William County

State : VA

Zip Code : 22026

Phone Number : 7038687979

Email Address : alexander@evereadyhomecare.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>
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Sum of Ownership Percentage (%) : %

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>
Monday	09:00 am	05:00 pm
Tuesday	09:00 am	05:00 pm
Wednesday	09:00 am	05:00 pm
Thursday	09:00 am	05:00 pm
Friday	09:00 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 : Alexandria City, City of Fairfax, City of Falls Church, Manassas City and Town of Dumfries  
Fairfax County, Loudoun County, Arlington County, Prince William County, Stafford County, Spotsylvania  
County, Fauquier County, Orange County and Fredericksburg.

## **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 : Eveready Home Care, LLC

Email : hr@evereadyhomecare.com

Address : 21335 Signal Hill Plaza suite 250, Sterling, VA 20164, USA

Street : 21335 Signal Hill Plaza suite 250

City/Town : Sterling

County : Loudoun County

Zip Code : 20164

State : Virginia

Phone Number : 7035960047

## **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 : Alexander Obeng  
Administrator - Email Address : info@evereadyhomecare.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : John Boamah  
Alternate Administrator - Email Address : john@evereadyhomecare.com  
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Priscilla Owusu Obeng  
Nursing Manager - Email Address : pobeng09@hotmail.com  
Nursing Manager - Nursing License Number : 0001180400

Financial Manager - Full Name : Dinah Idan-Biney  
Financial Manager - Email Address : dinah@idanbineycpa.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) : Private Duty Nursing Services  
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 : 28  
 Number of Contract : 0  
 Names of Contracting Agencies :

**CNAs and Home Attendants**

Number of Direct : 85  
 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 : Priscilla Obeng  
 Email : info@evereadyhomecare.com  
 License Number : 0001180400

## **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 : Alexander Obeng, Administrator

Date : 7/5/2023