

Application Details

Application Status	Approved
Application Id	BLA-0000000694
DBA Name of Facility/Agency	Adom Care At Home, LLC
Facility Type	Home Care Organization
Application Type	Initial License
Approved Date	1/28/2024
Effective Date	1/18/2024
Expiration Date	1/17/2027

Facility/Agency Details

Application Type	Initial License	License Effective Date	1/18/2024
Legal Name of Facility/Agency	Adom Care At Home, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Adom Care At Home, LLC		
Facility/Agency Physical Address	2611 South Clark Street, Suite 600, Arlington, Virginia 22202, USA		
Street			
City/Town	Arlington	County/Independent City	Arlington
State	Virginia	Zip Code	22202
Telephone Number	2404958770	Fax Number	2404958770

Mailing Address

Mailing Address	2611 South Clark Street, Suite 600		
Street			
City/Town	Arlington	County/Independent City	Arlington
State	Virginia	Zip Code	22202

Facility/Agency Email Address : info@adomcareathome.com

Federal Employer Identification Number (FEIN) : 93-2004680

Administrator of Record(If different than Owner/Operator)

Full Name :
Title :
Telephone Number :
Email Address :

Ownership Information

Legal Name of Owner : Sheila Somo

Physical Address : 2611 S Clark St suite 600, Arlington, VA 22202, USA

Street :

City/Town : Arlington

County/Independent City : Arlington County

State : VA

Zip Code : 22202

Mailing Address : 2611 S Clark St suite 600, Arlington, VA 22202, USA

Street :

City/Town : Arlington

County/Independent City : Arlington County

State : VA

Zip Code : 22202

Email Address : info@adomcareathome.com

Telephone Number : 2404958770

Fax Number :

Federal Employer Identification Number (FEIN) : 93-2004680

Chief Administrative Officer

Full Name : Sheila Somo

Mailing Address : 2611 S Clark St suite 600, Arlington, VA 22202, USA

Street :

City/Town : Arlington

County/Independent City : Arlington County

State : VA

Zip Code : 22202

Phone Number : 2404958770

Email Address : info@adomcareathome.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Sheila Somo	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)

Days of the Week	Time Open(a.m.)	Time Closed(p.m.)
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 : Arlington, Alexandria ,Poquoson, Fairfax, Fairfax City , City of Falls Church, 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 : 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 : Sheila Somo
Administrator - Email Address : yeelonsheila@gmail.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Ogourable Alain Didid
Alternate Administrator - Email Address : alaindidi76@gmail.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Suzie-Axelle Ecclesiaste
Nursing Manager - Email Address : suedenis@homecarebossesunited.com
Nursing Manager - Nursing License Number : RN9304535

Financial Manager - Full Name : Sheila Somo
Financial Manager - Email Address : yeelonsheila@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 - 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 : 1
 Number of Contract :
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 1
 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 : Sheila Somo - Administrator

Date : 7/12/2023