

Application Details

Application Status	Approved
Application Id	BLA-0000000873
DBA Name of Facility/Agency	Jobeka Health Care Services, LLC
Facility Type	Home Care Organization
Application Type	Renewal License
Approved Date	7/31/2023
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	Jobeka Health Care Services, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Jobeka Health Care Services, LLC		
Facility/Agency Physical Address	1108 East Main Street, Suite 1000		
Street			
City/Town	Richmond	County/Independent City	Richmond City
State	Virginia	Zip Code	23219
Telephone Number	8043081880	Fax Number	8045621073

Mailing Address

Mailing Address	1108 East Main Street, Suite 1000		
Street			
City/Town	Richmond	County/Independent City	Richmond City
State	Virginia	Zip Code	23219

Facility/Agency Email Address : jobekallc@gmail.com

Federal Employer Identification Number (FEIN) : 87-3087793

Current License Number : HCO-0003039

Administrator of Record(If different than Owner/Operator)

Full Name : Joseph Yufenyuy Jr
 Title : CEO and Administrator
 Telephone Number : 3014549603
 Email Address : jobekallc@gmail.com

Ownership Information

Legal Name of Owner : Joseph YufenyuyJr/Beatrice Yufenyuy/Flora Yufenyuy

Physical Address : 629 E Main St apt 612, Richmond, VA 23219, USA

Street :

City/Town : Richmond

County/Independent City : Richmond City

State : VA

Zip Code : 23219

Mailing Address : 629 E Main St apt 612, Richmond, VA 23219, USA

Street :

City/Town : Richmond

County/Independent City : Richmond City

State : VA

Zip Code : 23219

Email Address : jobekallc@gmail.com

Telephone Number : 3014549603

Fax Number :

Federal Employer Identification Number (FEIN) :

Chief Administrative Officer

Full Name : Joseph Yufenyuy Jr

Mailing Address : 1108 E Main St ste 1000, Richmond, VA 23219, USA

Street :

City/Town : Richmond

County/Independent City : Richmond City

State : VA

Zip Code : 23219

Phone Number :

Email Address :

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Joseph Yufenyuy Jr	40.00%
Beatrice Yufenyuy	30.00%
Flora Yufenyuy	30.00%

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	08:00 am	05:00 pm
Tuesday	08:00 am	05:00 pm
Wednesday	08:00 am	05:00 pm
Thursday	08:00 am	05:00 pm
Friday	08:00 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 : city of Richmond, Hanover county, Henricho country, chesterfield county, chester, williamsburg country, charles city country, Amelia, New Kent, Powhatan, Prince George, King William, Petersburg, Colonial Heights, Hopewell

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 : Joseph Yufenyuy Jr
Administrator - Email Address : jobekalle@gmail.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Samantha Mizelle
Alternate Administrator - Email Address : smizelle18@gmail.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Samantha Mizelle
Nursing Manager - Email Address : smizelle18@gmail.com
Nursing Manager - Nursing License Number : 0001152162

Financial Manager - Full Name : Flora Yufenyuy
Financial Manager - Email Address : florakay67@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 : Both
Respiratory Therapy : Both
Physical Therapy : Both
Occupational Therapy : Both
Speech Language Pathology : Both
Medical Social Services : Both
Other Services (Direct) : medical social 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 - Yes

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

Home Care Organization Information - Service Personnel

Licensed Nurses

Number of Direct : 3

Number of Contract :

Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 3

Number of Contract :

Names of Contracting Agencies :

Respiratory Therapists

Number of Direct : 0

Number of Contract : 0

Names of Contracting Agencies :

Physical Therapists and PT Assistants

Number of Direct : 5

Number of Contract : 0

Names of Contracting Agencies :

Occupational Therapists and OT Assistants

Number of Direct : 2

Number of Contract : 0

Names of Contracting Agencies :

Speech Language Pathologists

Number of Direct : 0

Number of Contract : 0

Names of Contracting Agencies :

Other

Title	Number of Direct	Number of Contract	Names of Contracting Agencies

Skilled Services Director

Full Name : Samantha Mizelle

Email : smizelle18@gmail.com

License Number : 0001152162

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 : Joseph Yufenyuy Jr , CEO and Administrator

Date : 7/18/2023