

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000000933
<b>DBA Name of Facility/Agency</b>	A Call Away Home Healthcare, LLC
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	7/30/2023
<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	ACA Home Healthcare, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	A Call Away Home Healthcare, LLC		
Facility/Agency Physical Address	1508 Airline Blvd		
Street			
City/Town	Portsmouth	County/Independent City	Portsmouth City
State	Virginia	Zip Code	23707
Telephone Number	7577244220	Fax Number	7573370901

### Mailing Address

Mailing Address	1508 Airline Blvd		
Street			
City/Town	Portsmouth	County/Independent City	Portsmouth City
State	Virginia	Zip Code	23707

Facility/Agency Email Address : aca.faithworks@gmail.com

Federal Employer Identification Number (FEIN) : 46-1802298

Current License Number : HCO-0000980

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

Full Name : Faye K. Okolo

Title : Provider/owner

Telephone Number : 7577244220

Email Address : aca.faithworks@gmail.com

## **Ownership Information**

Legal Name of Owner : ACA Home Health Care LLC.

**Physical Address** : 1508 Airline Blvd

Street :

City/Town : Portsmouth

County/Independent City : Virginia

State : United States

Zip Code : 23707

**Mailing Address** : 1508 Airline Blvd, Portsmouth, VA 23707, USA

Street :

City/Town : Portsmouth

County/Independent City : Portsmouth

State : Virginia

Zip Code : 23707

Email Address : aca.faithworks@gmail.com

Telephone Number : 7577244220

Fax Number : 7573370901

Federal Employer Identification Number (FEIN) : 46-1802298

### **Chief Administrative Officer**

Full Name : Faye K. Okolo

Mailing Address : 509 BARLOW DR

Street :

City/Town : Portsmouth

County/Independent City : Virginia

State : United States

Zip Code : 23707

Phone Number : 7577244220

Email Address : aca.faithworks@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>
Faye K. Okolo	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>
Monday	09:00 am	04:00 pm
Tuesday	09:00 am	04:00 pm
Thursday	09:00 am	04:00 pm
Friday	09:00 am	02:00 pm

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

### **Geographic service areas**

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

City/County : Portsmouth, chesapeake , Suffolk, Norfolk, Va. Beach, Hampton, Franklin, smithfield, Newport News, Richmond.

## **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 : Faye K. Okolo  
Administrator - Email Address : aca.faithworks@gmail.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Porcia Okolo BSN RN  
Alternate Administrator - Email Address : polyok916@gmail.com  
Alternate Administrator - Virginia License(if applicable) : Erin Jackson 01131813

Nursing Manager - Full Name : Darleen Lawrence  
Nursing Manager - Email Address : darleenlawrence@gmail.com  
Nursing Manager - Nursing License Number : 0001210601 Lawrence,

Financial Manager - Full Name : Faye K .Okolo  
Financial Manager - Email Address : aca.faithworks@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 : Direct  
Other Services (Direct) : emotional support , self- enhancement,self-esteem daily functional living  
Other Services (Contract) : Medication Reminders only

\*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 : 2  
 Number of Contract : 0  
 Names of Contracting Agencies :

**CNAs and Home Attendants**

Number of Direct : 7  
 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
PCA	7	0	

**Skilled Services Director**

Full Name : N/A  
 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 : Faye K .Okolo

Date : 7/20/2023