

Application Details

Application Status	Approved
Application Id	BLA-0000001545
DBA Name of Facility/Agency	Right At Home of Northern Virginia
Facility Type	Home Care Organization
Application Type	Mid-Term Change License
Approved Date	10/31/2023
Effective Date	8/1/2023
Expiration Date	7/31/2025

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	Turner Home Care, Ltd.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Right At Home of Northern Virginia		
Facility/Agency Physical Address	8280 Willow Oaks Corporate Drive, Suite 520		
Street			
City/Town	Fairfax	County/Independent City	Fairfax
State	Virginia	Zip Code	22031
Telephone Number	7035384584	Fax Number	7035384564

Mailing Address

Mailing Address	8280 Willow Oaks Corporate Drive, Suite 520		
Street			
City/Town	Fairfax	County/Independent City	Fairfax
State	Virginia	Zip Code	22031

Facility/Agency Email Address : info@rightathomenova.com

Federal Employer Identification Number (FEIN) : 01-0712501

Current License Number : HCO-250237

Administrator of Record(If different than Owner/Operator)

Full Name : Sharon Sharpes

Title : Director of HR

Telephone Number : (703) 538-4584

Email Address : sharon@rightathomenova.com

Ownership Information

Legal Name of Owner : Phillip J. Turner

Physical Address : 1265 Tennyson St.

Street :

City/Town : Denver

County/Independent City : Denver

State : CO

Zip Code : 80204

Mailing Address : 1265 Tennyson St.

Street :

City/Town : Denver

County/Independent City : Denver

State : CO

Zip Code : 80204

Email Address : phil@rightathomenova.com

Telephone Number : 7035384584

Fax Number : 7035384564

Federal Employer Identification Number (FEIN) : 01-0712501

Chief Administrative Officer

Full Name : Sharon Sharpes

Mailing Address : 10825 Scott Dr, Fairfax, VA 22030, USA

Street :

City/Town : Fairfax

County/Independent City : Fairfax

State : VA

Zip Code : 22030

Phone Number : (703) 538-4584

Email Address : sharon@rightathomenova.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Phillip Turner	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Corporation

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 : Arlington County; Loudoun County; Fauquier County; Fairfax County; Prince William County

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 : Right At Home of Northern Virginia - Ashburn
Email : info@rightathomenova.com
Address : 44790 Maynard Square, Suite 220-2, Ashburn, VA 20147
Street : 44790 Maynard Square, Suite 220-2
City/Town : Ashburn
County :
Zip Code : 20147
State : Virginia
Phone Number : 7035384584

Name : Right At Home of Northern Virginia - Woodbridge
Email : info@rightathomenova.com
Address : 13000 Harbor Center Drive, Suite 234 Woodbridge, VA 22192
Street : 13000 Harbor Center Drive, Suite 234
City/Town : Woodbridge
County :
Zip Code : 22192
State : Virginia
Phone Number : 7035384584

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 : Sharon Sharpes
Administrator - Email Address : sharon@rightathomenova.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Phillip Turner
Alternate Administrator - Email Address : phill@rightathomenova.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Mary Larmour
Nursing Manager - Email Address : mlarmour@rightathomenova.com
Nursing Manager - Nursing License Number : 0001116052

Financial Manager - Full Name : Phillip J. Turner
Financial Manager - Email Address : phill@rightathomenova.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) :
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 : 2
 Number of Contract :
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 150
 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 : Phillip J Turner

Date : 8/17/2023