

Application Details

Application Status	Approved
Application Id	BLA-0000002099
DBA Name of Facility/Agency	Wings Over Virginia Hospice
Facility Type	Hospice
Application Type	Renewal License
Approved Date	11/15/2023
Effective Date	1/1/2024
Expiration Date	12/31/2024

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 or added new programs or services?

- None of these changes apply

Facility/Agency Details

Application Type	Renewal License	License Effective Date	1/1/2024
Legal Name of Facility/Agency	Wings Over Virginia, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Wings Over Virginia Hospice		
Facility/Agency Physical Address	6325 North Center Drive, Suite 204		
Street			
City/Town	Norfolk	County/Independent City	Norfolk City
State	Virginia	Zip Code	23502
Telephone Number	7573929684	Fax Number	7573629684

Mailing Address

Mailing Address	6325 North Center Drive, Suite 204		
Street			
City/Town	Norfolk	County/Independent City	Norfolk City
State	Virginia	Zip Code	23502

Facility/Agency Email Address : ksmith@wovhospice.com

Federal Employer Identification Number (FEIN) : 30-1251339

Current License Number : HSP-0000438

Administrator of Record(If different than Owner/Operator)

Full Name : Donna Franco

Title : Administrator

Telephone Number : 7203735752

Email Address : dfranco@wovhospice.com

Ownership Information

Legal Name of Owner : Wings Over Virginia LLC

Physical Address : 2401 Haversham Close, Virginia Beach, VA 23454, USA

Street :

City/Town : Virginia Beach

County/Independent City :

State : VA

Zip Code : 23454

Mailing Address : 2401 Haversham Close, Virginia Beach, VA 23454, USA

Street :

City/Town : Virginia Beach

County/Independent City :

State : VA

Zip Code : 23454

Email Address : adowning@wovhospice.com

Telephone Number : 7573929684

Fax Number : 7573629684

Federal Employer Identification Number (FEIN) : 30-1251339

Chief Administrative Officer

Full Name : Andrew Downing

Mailing Address : 2401 Haversham Close, Virginia Beach, VA 23454, USA

Street :

City/Town : Virginia Beach

County/Independent City :

State : VA

Zip Code : 23454

Phone Number : 7577395266

Email Address : adowning@wovhospice.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Andrew Downing	56.46%
Dillon Walker	10.79%

Sum of Ownership Percentage (%) : 67.25%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Wings Over Virginia, LLC

Physical Address : 2401 Haversham Close, Virginia Beach, VA 23454, USA

Street :

City/Town : Virginia Beach

County/Independent City :

State : VA

Zip Code : 23454

Mailing Address : 2401 Haversham Close, Virginia Beach, VA 23454, USA

Street :

City/Town : Virginia Beach

County/Independent City :

State : VA

Zip Code : 23454

Phone Number : 7573929684

Email Address : adowning@wovhospice.com

Federal Employer Identification Number (FEIN) : 30-1251339

Hospice 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

Hospice Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : Donna Franco
Administrator - Email Address : dfranco@wovhospice.com
Administrator - Virginia License(If applicable) : Texas Compact RN 763797

Alternate Administrator - Full Name : Melissa Davis
Alternate Administrator - Email Address : mdavis@wovhospice.com
Alternate Administrator - Virginia License(if applicable) : 0001239253

Director of Nursing - Full Name : Melissa Davis
Director of Nursing - Email Address : mdavis@wovhospice.com
Director of Nursing - Nursing License Number : 0001239253

Medical Director - Full Name : Thomas Alberico
Medical Director - Email Address : talberico@wovhospice.com
Medical Director - Virginia License : 0101032895

Hospice Information - Services

Geographic service areas

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

City/County : City of Chesapeake City of Franklin City of Hampton Isle of Wight James City City of
Newport News City of Norfolk City of Poquoson City of Portsmouth City of Suffolk City of Virginia Beach
City of Williamsburg York

Services to be provided

- Nursing Services : Direct
- Counseling Services : Direct
- Physician Services : Contract
- Medical Social Services : Direct
- Home Attendant Services : Direct
- Physical Therapy Services : Contract
- Occupational Therapy Services : Contract
- Speech Therapy Services : Contract
- Volunteer Services : Direct

Other Service

Service Name	Service Option
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Hospice Information - Medicare

Are you enrolled as a Medicare provider? : Yes

Medicare Provider Number : 49-1647

Do you plan to enroll as a Medicare provider? :

To enroll as a Medicare provider, obtain an application (CMS 855) from the CMS web site.

Hospice 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 : Kevin Smith, Business Operations Manager

Date : 11/13/2023