

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000002249
<b>DBA Name of Facility/Agency</b>	Interim HealthCare Hospice & Palliative Care
<b>Facility Type</b>	Hospice
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	11/30/2023
<b>Effective Date</b>	1/1/2024
<b>Expiration Date</b>	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	Haslup Hospice Interprises, Ltd.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Interim HealthCare Hospice & Palliative Care		
Facility/Agency Physical Address	516 South Independence Boulevard, Suite 106		
Street			
City/Town	Virginia Beach	County/Independent City	Virginia Beach City
State	Virginia	Zip Code	23452
Telephone Number	7576446820	Fax Number	7574668223

### Mailing Address

Mailing Address	103 South Pantops Drive, Suite 205		
Street			
City/Town	Charlottesville	County/Independent City	Albemarle
State	Virginia	Zip Code	22911

Facility/Agency Email Address : davidhaslup@interimhealthcare.com

Federal Employer Identification Number (FEIN) : 36-4913132

Current License Number : HSP-0000138

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

Full Name : Jennifer Fehrenbach

Title : Administrator / VP

Telephone Number : 7575244306

Email Address : jfehnbach@interimhealthcare.com

## **Ownership Information**

Legal Name of Owner : David Haslup

**Physical Address** : 103 S Pantops Dr, Charlottesville, VA 22911, USA

Street :

City/Town : Charlottesville

County/Independent City : Albemarle County

State : VA

Zip Code : 22911

**Mailing Address** : 103 S Pantops Dr, Charlottesville, VA 22911, USA

Street :

City/Town : Charlottesville

County/Independent City : Albemarle County

State : VA

Zip Code : 22911

Email Address : davidhaslup@interimhealthcare.com

Telephone Number : 7579175841

Fax Number : 4242954938

Federal Employer Identification Number (FEIN) : 36-4913132

### **Chief Administrative Officer**

Full Name : David Haslup

Mailing Address : 103 S Pantops Dr suite 205, Charlottesville, VA 22911, USA

Street :

City/Town : CHARLOTTESVILLE

County/Independent City : Albemarle County

State : VA

Zip Code : 22911

Phone Number : 8049292069

Email Address : davidhaslup@interimhealthcare.com

## Additional Ownership Information

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

Full Name	Ownership Percentage (%)
David Haslup	60.00%
Elizabeth Donaldson	30.00%
Benjamin Haslup	10.00%

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 : Haslup Holdings, Inc.

Physical Address : 103 S Pantops Dr Suite 205

Street :

City/Town : Charlottesville

County/Independent City :

State : Virginia

Zip Code : 22911

Mailing Address : 103 S Pantops Dr Suite 205

Street :

City/Town : Charlottesville

County/Independent City :

State : Virginia

Zip Code : 22911

Phone Number : 7579175841

Email Address : davidhaslup@interimhealthcare.com

Federal Employer Identification Number (FEIN) : 83-2068537

## 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)

<b>Days of the Week</b>	<b>Time Open(a.m.)</b>	<b>Time Closed(p.m.)</b>
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 : Jennifer Fehrenbach  
Administrator - Email Address : jfehrenbach@interimhealthcare.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : David Haslup  
Alternate Administrator - Email Address : davidhaslup@interimhealthcare.com  
Alternate Administrator - Virginia License(if applicable) :

Director of Nursing - Full Name : Olivia Lleces  
Director of Nursing - Email Address : olleces@interimhealthcare.com  
Director of Nursing - Nursing License Number : 0001285004

Medical Director - Full Name : Susan Ring  
Medical Director - Email Address : sring@interimhealthcare.com  
Medical Director - Virginia License : 0101040461

## **Hospice Information - Services**

**Geographic service areas**

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

City/County : Virginia Beach, Newport News, Hampton, Portsmouth, Chesapeake, Norfolk, York, James City, Suffolk

**Services to be provided**

- Nursing Services : Direct
- Counseling Services : Direct
- Physician Services : Direct
- 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**

<b>Service Name</b>	<b>Service Option</b>

## **Hospice Information - Medicare**

Are you enrolled as a Medicare provider? : Yes

Medicare Provider Number : 49-1603

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 : David N Haslup, President

Date : 11/20/2023