

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000002482
<b>DBA Name of Facility/Agency</b>	Commonwealth Healthcare At Home - Danville
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Exemption
<b>Approved Date</b>	5/30/2025
<b>Effective Date</b>	12/14/2023
<b>Expiration Date</b>	

## Facility/Agency Details

Application Type	Exemption	Exemption Effective Date	12/14/2023
Legal Name of Facility/Agency	Virginia In-Home Partner-III, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Commonwealth Healthcare At Home - Danville		
Facility/Agency Physical Address	101 Holbrook St suite 202, Danville, VA 24541, USA		
Street			
City/Town	Danville	County/Independent City	Danville
State	Virginia	Zip Code	24541
Telephone Number	4347992382	Fax Number	4347993816

### Mailing Address

Mailing Address	P.O. Box 51266		
Street			
City/Town	Lafayette	County/Independent City	Lafayette Parish
State	LA	Zip Code	70505

Facility/Agency Email Address : [lra@lhcgrou.com](mailto:lra@lhcgrou.com)

Federal Employer Identification Number (FEIN) : 81-4888094

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

Full Name : Monica Motley  
Title : Administrator/DON  
Telephone Number : 4347992382

Email Address : [lra@lhcgroupp.com](mailto:lra@lhcgroupp.com)

## **Ownership Information**

Legal Name of Owner : Virginia In-Home Partner-III, LLC

**Physical Address** : 901 Hugh Wallis Rd S, Lafayette, LA 70508, USA

Street :

City/Town : Lafayette

County/Independent City : Lafayette Parish

State : LA

Zip Code : 70508

**Mailing Address** : P.O. Box 51266, Lafayette, LA 70505

Street :

City/Town : Lafayette

County/Independent City : Lafayette Parish

State : LA

Zip Code : 70505

Email Address : [lra@lhcgroupp.com](mailto:lra@lhcgroupp.com)

Telephone Number : 3372331307

Fax Number : 3374434154

Federal Employer Identification Number (FEIN) : 81-4888094

### **Chief Administrative Officer**

Full Name : Joshua L. Proffitt

Mailing Address : P.O. Box 51266, Lafayette, LA 70505

Street :

City/Town : Lafayette

County/Independent City : Lafayette Parish

State : LA

Zip Code : 70505

Phone Number : 3372331307

Email Address : [lra@lhcgroupp.com](mailto:lra@lhcgroupp.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>
Virginia In-Home Healthcare Partnership-III, LLC	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	08:00 am	04:30 pm
Tuesday	08:00 am	04:30 pm
Wednesday	08:00 am	04:30 pm
Thursday	08:00 am	04:30 pm
Friday	08:00 am	04:30 pm

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

### **Geographic service areas**

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

City/County : Halifax County Pittsylvania 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 : 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 : Monica Motley  
Administrator - Email Address : lra@lhcgroupp.com  
Administrator - Virginia License(If applicable) : 001186067

Alternate Administrator - Full Name : Lori Crouch  
Alternate Administrator - Email Address : lra@lhcgroupp.com  
Alternate Administrator - Virginia License(if applicable) : 0001134252

Nursing Manager - Full Name : Monica Motley  
Nursing Manager - Email Address : lra@lhcgroupp.com  
Nursing Manager - Nursing License Number : 001186067

Financial Manager - Full Name : Kimberly Seymour  
Financial Manager - Email Address : lra@lhcgroupp.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 : Direct  
Respiratory Therapy :  
Physical Therapy : Direct  
Occupational Therapy : Direct  
Speech Language Pathology : Direct  
Medical Social Services : Direct  
Other Services (Direct) :  
Other Services (Contract) :

\*Personal Care Services - No

Assistance with Activities of Daily Living (ADL) :  
Administering Normally Self-Administered Drugs :  
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 : 9  
 Number of Contract : 0  
 Names of Contracting Agencies :

**CNAs and Home Attendants**

Number of Direct : 0  
 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 : 6  
 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 : 1  
 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 : Monica Motley  
 Email : lra@lhcgroupp.com  
 License Number : 001186067

## **Home Care Organization Information - Medicare and Medicaid**

Are you enrolled as a Medicare provider? : Yes  
Do you plan to enroll as a Medicare provider? :  
Medicare Provider Number : 49-7061  
Are you enrolled as a Medicaid provider? : No  
Do you plan to enroll as a Medicaid provider? : Yes  
Medicaid Provider Number :

## **HCO Exemption Information - Exemption claimed**

The Joint Commission (TJC)

Effective Date :

The Community Health Accreditation Program (CHAP)

Effective Date :

The Accreditation Commission for Health Care (ACHC)

Effective Date :

Other

The Organization is federally certified.

Medicare Provider Number: 49-7061

### **Accrediting Organization**

<b>Name</b>	<b>Effective Date</b>
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## **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? :

Does the facility/agency have fewer than 500 employees? :

## **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 : Joshua L. Proffitt, Treasurer

Date : 12/14/2023