

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000002504
<b>DBA Name of Facility/Agency</b>	Americare Health-Sterling LLC
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Initial License
<b>Approved Date</b>	2/13/2025
<b>Effective Date</b>	2/3/2025
<b>Expiration Date</b>	2/2/2028

## Facility/Agency Details

Application Type	Initial License	License Effective Date	2/3/2025
Legal Name of Facility/Agency	Americare Health-Sterling LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Americare Health-Sterling LLC		
Facility/Agency Physical Address	20311 Broad Run Dr, Sterling, VA 20165, USA		
Street	20311 Broad Run Drive		
City/Town	Sterling	County/Independent City	Loudoun County
State	Virginia	Zip Code	20165
Telephone Number	7039636160	Fax Number	7039636160

### Mailing Address

Mailing Address	20311 Broad Run Dr, Sterling, VA 20165, USA		
Street	20311 Broad Run Drive		
City/Town	Sterling	County/Independent City	Loudoun County
State	VA	Zip Code	20165

Facility/Agency Email Address : americarehealthsterling@gmail.com

Federal Employer Identification Number (FEIN) : 99-3768085

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

Full Name : Godiva Saysay

Title : CEO

Telephone Number : 7039636160

Email Address : americarehealthsterling@gmail.com

## **Ownership Information**

Legal Name of Owner : Ismahan Salhan

**Physical Address** : 20311 Broad Run Dr, Sterling, VA 20165, USA

Street : 20311 Broad Run Drive

City/Town : Sterling

County/Independent City : Loudoun County

State : VA

Zip Code : 20165

**Mailing Address** : 20311 Broad Run Dr, Sterling, VA 20165, USA

Street : 20311 Broad Run Drive

City/Town : Sterling

County/Independent City : Sterling City

State : VA

Zip Code : 20165

Email Address : americarehealthsterling@gmail.com

Telephone Number : 7039636160

Fax Number :

Federal Employer Identification Number (FEIN) : 99-3768085

### **Chief Administrative Officer**

Full Name : Ismahan Salhan

Mailing Address : 20311 Broad Run Dr, Sterling, VA 20165, USA

Street : 20311 Broad Run Drive

City/Town : Sterling

County/Independent City : Loudoun County

State : VA

Zip Code : 20165

Phone Number : 7039636160

Email Address : americarehealthsterling@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>
ismahan salhan	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 : Ismahan Salhan

Physical Address : 20311 Broad Run Dr, Sterling, VA 20165, USA  
Street : 20311 Broad Run Drive  
City/Town : Sterling  
County/Independent City : Loudoun County  
State : VA  
Zip Code : 20165

Mailing Address : 20311 Broad Run Dr, Sterling, VA 20165, USA  
Street : 20311 Broad Run Drive  
City/Town : Sterling  
County/Independent City : Loudoun County  
State : VA  
Zip Code : 20165

Phone Number : 7039636160  
Email Address : americaresterlinghealth@gmail.com

Federal Employer Identification Number (FEIN) : 99-3768085

## 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	05:00 pm
Tuesday	09:00 am	05:00 pm
Wednesday	09:00 am	05:00 pm
Thursday	09:00 am	05:00 pm
Friday	09:00 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 : Alexandria county,clarke county,fairfax county,falls church city,fredericksburg,loudon county,manassas park city,warren county,fairfax city,fauquier county,manassas city,prince william county,stafford county,culpeper county,Rappahanock 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 : Godiva Saysay  
Administrator - Email Address : americarehealthsterling@gmail.com  
Administrator - Virginia License(If applicable) : 0001294675

Alternate Administrator - Full Name : Ismahan Salhan  
Alternate Administrator - Email Address : americarehealthsterling@gmail.com  
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Godiva Saysay  
Nursing Manager - Email Address : americarehealthsterling@gmail.com  
Nursing Manager - Nursing License Number : 0001294675

Financial Manager - Full Name : Bekele Getachaw  
Financial Manager - Email Address : americarehealthsterling@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) : Both  
Administering Normally Self-Administered Drugs : Both  
Other Services (Direct) : private duty nursing  
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 : 1  
 Number of Contract : 1  
 Names of Contracting Agencies : Americare Health-sterling LLC

**CNAs and Home Attendants**

Number of Direct : 1  
 Number of Contract : 1  
 Names of Contracting Agencies : Americare Health-sterling LLC

**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 : Godiva Saysay  
 Email : americarehealthsterling@gmail.com  
 License Number : 0001317046

## **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? : Yes  
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 : Ismahan Salhan

Date : 9/20/2024