

Application Details

Application Status	Approved
Application Id	BLA-0000002674
DBA Name of Facility/Agency	Chesapeake Regional Home & Supportive Care
Facility Type	Hospice
Application Type	Mid-Term Change License
Approved Date	1/17/2025
Effective Date	1/1/2024
Expiration Date	12/31/2025

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 or added new programs or services?

- None of these changes apply

Facility/Agency Details

Application Type	Mid-Term Change License	License Effective Date	1/1/2024
Legal Name of Facility/Agency	Chesapeake Hospital Authority		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Chesapeake Regional Home & Supportive Care		
Facility/Agency Physical Address	1301 Executive Blvd, Chesapeake, VA 23320, USA		
Street	1301 Executive Boulevard, Suite 200		
City/Town	Chesapeake	County/Independent City	Chesapeake City
State	Virginia	Zip Code	23320
Telephone Number	7573126460	Fax Number	

Mailing Address

Mailing Address	1301 Executive Blvd, Chesapeake, VA 23320, USA		
Street	1301 Executive Boulevard Ste 200		
City/Town	Chesapeake	County/Independent City	Chesapeake City
State	Virginia	Zip Code	23320

Facility/Agency Email Address : morgan.allen@chesapeakeregional.com

Federal Employer Identification Number (FEIN) : 23-7133975

Current License Number : HSP-0000011

Administrator of Record(If different than Owner/Operator)

Full Name : J. Morgan Allen

Title : Director

Telephone Number : 7573123098

Email Address : morgan.allen@chesapeakeregional.com

Ownership Information

Legal Name of Owner : Chesapeake Hospital Authority

Physical Address : 736 N Battlefield Blvd, Chesapeake, VA 23320, USA
Street : 736 Battlefield Boulevard North
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : VA
Zip Code : 23320

Mailing Address : 736 N Battlefield Blvd, Chesapeake, VA 23320, USA
Street : 736 Battlefield Boulevard North
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : VA
Zip Code : 23320

Email Address : info@chesapeakeregional.com
Telephone Number : 7573128112
Fax Number :

Federal Employer Identification Number (FEIN) : 23-7133975

Chief Administrative Officer

Full Name : Amber Egyud

Mailing Address : 736 N Battlefield Blvd, Chesapeake, VA 23320, USA
Street : 736 Battlefield Boulevard North
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : VA
Zip Code : 23320

Phone Number : 7573126100
Email Address : amber.egyud@chesapeakeregional.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Chesapeake Hospital Authority	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : Public

For Profit :

Not-for-Profit :

Public : Hospital Authority

Other(Specify) :

Operator Information

Legal Name of Operator : Chesapeake Hospital Authority

Physical Address : 736 N Battlefield Blvd, Chesapeake, VA 23320, USA
Street : 736 Battlefield Boulevard North
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : VA
Zip Code : 23320

Mailing Address : 736 N Battlefield Blvd, Chesapeake, VA 23320, USA
Street : 736 Battlefield Boulevard North
City/Town : Chesapeake
County/Independent City : Chesapeake City
State : VA
Zip Code : 23320

Phone Number : 7573126100
Email Address : info@chesapeakeregional.com

Federal Employer Identification Number (FEIN) : 23-7133975

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	08:30 am	04:30 pm
Tuesday	08:30 am	04:30 pm
Wednesday	08:30 am	04:30 pm
Thursday	08:30 am	04:30 pm
Friday	08:30 am	04:30 pm

Hospice Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : J. Morgan Allen
Administrator - Email Address : morgan.allen@chesapeakeregional.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Tanner Nixon
Alternate Administrator - Email Address : tanner.nixon@chesapeakeregional.com
Alternate Administrator - Virginia License(if applicable) : NORTH CAROLINA RN 300677

Director of Nursing - Full Name : Tanner Nixon
Director of Nursing - Email Address : tanner.nixon@chesapeakeregional.com
Director of Nursing - Nursing License Number : NORTH CAROLINA RN 300677

Medical Director - Full Name : Gabriella Miller
Medical Director - Email Address : gabriella.miller@chesapeakeregional.com
Medical Director - Virginia License : 0101224455

Hospice Information - Services

Geographic service areas

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

City/County : Chesapeake, Norfolk, Virginia Beach, Portsmouth, 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 : Direct
- Occupational Therapy Services : Direct
- Speech Therapy Services : Direct
- Volunteer Services : Direct

Other Service

Service Name	Service Option
---------------------	-----------------------

Hospice Information - Medicare

Are you enrolled as a Medicare provider? : Yes

Medicare Provider Number : 49-1546

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? :

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 : J. Morgan Allen, Director

Date : 1/21/2024