

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000002748
<b>DBA Name of Facility/Agency</b>	ACG Hospice
<b>Facility Type</b>	Hospice
<b>Application Type</b>	Mid-Term Change License
<b>Approved Date</b>	2/28/2024
<b>Effective Date</b>	2/15/2024
<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	Mid-Term Change License	License Effective Date	2/15/2024
Legal Name of Facility/Agency	Cardinal Hospice, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	ACG Hospice		
Facility/Agency Physical Address	1401 Kempsville Rd, Suite A		
Street			
City/Town	Chesapeake	County/Independent City	Chesapeake City
State	Virginia	Zip Code	23320
Telephone Number	8009322738	Fax Number	7576649655

**Mailing Address**

Mailing Address	187 North Church Street, Suite 201		
Street			
City/Town	Spartanburg	County/Independent City	Spartanburg County
State	South Carolina	Zip Code	29306

Facility/Agency Email Address : pameladuncan@agapecaregroup.com

Federal Employer Identification Number (FEIN) : 85-0809421

Current License Number : HSP-0001009

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

Full Name : Christopher Mitchell  
Title : Administrator  
Telephone Number : 7576649650

Email Address : christopher.mitchell@agapecaregroup.com

## **Ownership Information**

Legal Name of Owner : ACG Aquisition, LLC

**Physical Address** : 187 N Church St ste 201, Spartanburg, SC 29306, USA

Street :

City/Town : Spartanburg

County/Independent City : Spartanburg County

State : SC

Zip Code : 29306

**Mailing Address** : 187 North Church Street, Suite 201

Street :

City/Town : Spartanburg

County/Independent City : Spartanburg County

State : South Carolina

Zip Code : 29306

Email Address : pamela.duncan@agapecaregroup.com

Telephone Number : 8009322738

Fax Number : 8888479306

Federal Employer Identification Number (FEIN) : 83-2284221

### **Chief Administrative Officer**

Full Name : Troy Yarborough

Mailing Address : 187 North Church Street, Suite 201

Street :

City/Town : Spartanburg

County/Independent City : Spartanburg County

State : South Carolina

Zip Code : 29306

Phone Number : 8009322738

Email Address : troy.yarborough@agapecaregroup.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>
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Sum of Ownership Percentage (%) : %

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : Cardinal Hospice, LLC

Physical Address : 1401 Kempsville Rd suite a, Chesapeake, VA 23320, USA

Street :

City/Town : Chesapeake

County/Independent City :

State : VA

Zip Code : 23320

Mailing Address : 187 North Church Street, Suite 201

Street :

City/Town : Spartanburg

County/Independent City : Spartanburg County

State : South Carolina

Zip Code : 29306

Phone Number : 8009322738

Email Address : pameladuncan@agapecaregroup.com

Federal Employer Identification Number (FEIN) : 85-0809421

## **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 : Christopher Mitchell  
Administrator - Email Address : christopher.mitchell@agapecaregroup.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Patricia Adkins  
Alternate Administrator - Email Address : patricia.adkins@agapecaregroup.com  
Alternate Administrator - Virginia License(if applicable) : 0001221700

Director of Nursing - Full Name : Patricia Adkins  
Director of Nursing - Email Address : patricia.adkins@agapecaregroup.com  
Director of Nursing - Nursing License Number : 0001221700

Medical Director - Full Name : Ohad Sheffy  
Medical Director - Email Address : ohad.sheffy@acghospice.com  
Medical Director - Virginia License : 0101255566

## **Hospice Information - Services**

### **Geographic service areas**

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

City/County : Chesapeake, Isle of Wight county, Norfolk, Portsmouth, Suffolk, Virginia Beach, Bland, Wythe, Grayson, Tazewell, Smyth, Buchanan, Russell, Washington, Dickenson, Wise, Scott, Lee Requesting to ADD: Counties: Hanover, King William, Powhatan, Goochland, Henrico, New Kent, Charles City, Chesterfield, Gloucester, York, James City Cities: Tappahanock, Montpelier, Goochland, Richmond, Chesterfield, Gloucester, Newport News, Hampton, Williamsburg, Farnham

### **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**

<b>Service Name</b>	<b>Service Option</b>
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## **Hospice Information - Medicare**

Are you enrolled as a Medicare provider? : Yes

Medicare Provider Number : 49-1646

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? : No

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 : Hayley Eby, Manager of External Audits/Enrollments

Date : 2/16/2024