

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000002816
<b>DBA Name of Facility/Agency</b>	RIGHT CARE RIGHT TIME HOME CARE, LLC
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Initial License
<b>Approved Date</b>	8/24/2024
<b>Effective Date</b>	8/21/2024
<b>Expiration Date</b>	8/20/2027

### Facility/Agency Details

Application Type	Initial License	License Effective Date	8/21/2024
Legal Name of Facility/Agency	RIGHT CARE RIGHT TIME HOME CARE LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	RIGHT CARE RIGHT TIME HOME CARE, LLC		
Facility/Agency Physical Address	104 Waltham Circle, Newport News, VA 23608, USA		
Street	104 Waltham Circle, Newport News, VA 23608		
City/Town	Newport News	County/Independent City	NEWPORT NEWS CITY
State	Virginia	Zip Code	23608
Telephone Number	7578973554	Fax Number	7578915334

### Mailing Address

Mailing Address	104 Waltham Cir, Newport News, VA 23608, USA		
Street	104 Waltham Cir, Newport News, VA 23608		
City/Town	Newport News	County/Independent City	NEWPORT NEWS CITY
State	Virginia	Zip Code	23608

Facility/Agency Email Address : rightcarerighttime@gmail.com

Federal Employer Identification Number (FEIN) : 93-4586225

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

Full Name : Latoya Bryant

Title : Administrator

Telephone Number : 7572282076

Email Address : rightcarerighttime@gmail.com

## **Ownership Information**

Legal Name of Owner : Lashaunda Ledbetters

**Physical Address** : 104 Waltham Cir, Newport News, VA 23608, USA  
Street : 104 Waltham Cir, Newport News, VA 23608  
City/Town : Newport News  
County/Independent City : Newport News  
State : VA  
Zip Code : 23608

**Mailing Address** : 104 Waltham Cir, Newport News, VA 23608, USA  
Street : 104 Waltham Cir, Newport News, VA 23608  
City/Town : Newport News  
County/Independent City : Newport News  
State : VA  
Zip Code : 23608

Email Address : rightcarerighttime@gmail.com  
Telephone Number : 7578973554  
Fax Number :

Federal Employer Identification Number (FEIN) : 93-4586225

### **Chief Administrative Officer**

Full Name : Lashaunda Ledbetters

Mailing Address : 104 Waltham Cir, Newport News, VA 23608, USA  
Street : 104 Waltham Cir, Newport News, VA 23608  
City/Town : Newport News  
County/Independent City : Newport News  
State : VA  
Zip Code : 23608

Phone Number : 7578973554  
Email Address : rightcarerighttime@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>
Lashaunda Ledbetters	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : Right Care Right Time Home Care

Physical Address : 104 Waltham Cir, Newport News, VA 23608, USA

Street : 104 Waltham Cir

City/Town : Newport News

County/Independent City : Newport News City

State : VA

Zip Code : 23608

Mailing Address : 104 Waltham Cir, Newport News, VA 23608, USA

Street : 104 Waltham Cir

City/Town : Newport News

County/Independent City : Newport News City

State : VA

Zip Code : 23608

Phone Number : 7578973554

Email Address : rightcarerighttime@gmail.com

Federal Employer Identification Number (FEIN) : 93-4586225

## 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 : Norfolk, Chesapeake, Virginia Beach, Suffolk, Hampton, Newport News, Portsmouth,  
Yorktown, Williamsburg

## **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 : Latoya Bryant  
Administrator - Email Address : rightcarerighttime@gmail.com  
Administrator - Virginia License(If applicable) : 0001321612

Alternate Administrator - Full Name : Monaisa Ray  
Alternate Administrator - Email Address : rightcarerighttime@gmail.com  
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Latoya Bryant  
Nursing Manager - Email Address : rightcarerighttime@gmail.com  
Nursing Manager - Nursing License Number : 0001321612

Financial Manager - Full Name : Lashaunda Ledbetters  
Financial Manager - Email Address : rightcarerighttime@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) : Contract  
Administering Normally Self-Administered Drugs : Both  
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 : 1  
 Number of Contract : 0  
 Names of Contracting Agencies :

**CNAs and Home Attendants**

Number of Direct : 1  
 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 :  
 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 :  
 Email :  
 License Number :

## **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 : LASHAUNDA LEDBETTERS

Date : 6/20/2024