

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000002955
<b>DBA Name of Facility/Agency</b>	Umbrella Home Care, LLC
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Initial License
<b>Approved Date</b>	7/29/2024
<b>Effective Date</b>	7/25/2024
<b>Expiration Date</b>	7/24/2027

## Facility/Agency Details

Application Type	Initial License	License Effective Date	7/25/2024
Legal Name of Facility/Agency	Umbrella Home Care, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Umbrella Home Care, LLC		
Facility/Agency Physical Address	4024 Granby St, Norfolk, VA 23504, USA		
Street	4024 Granby St		
City/Town	Norfolk	County/Independent City	Norfolk City
State	Virginia	Zip Code	23504
Telephone Number	7573811564	Fax Number	

### Mailing Address

Mailing Address	4845 Conestoga Rd, Virginia Beach, VA 23462, USA		
Street	4845 Conestoga Rd		
City/Town	23462	County/Independent City	23462 City
State	VIRGINIA	Zip Code	23462

Facility/Agency Email Address : [umbrellahhc@yahoo.com](mailto:umbrellahhc@yahoo.com)

Federal Employer Identification Number (FEIN) :

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

Full Name : MIAH IESHIA SMITH  
 Title : RN/ Administrator  
 Telephone Number : 7577757543  
 Email Address : [miaaahsmith96@gmail.com](mailto:miaaahsmith96@gmail.com)

## **Ownership Information**

Legal Name of Owner : Quenique Bailey

**Physical Address** : 4845 Conestoga Rd, Virginia Beach, VA 23462, USA

Street : 4845 Conestoga Rd

City/Town : 23462

County/Independent City : virginia beach

State : VIRGINIA

Zip Code : 23462

**Mailing Address** : 4845 Conestoga Rd, Virginia Beach, VA 23462, USA

Street : 4845 Conestoga Rd

City/Town : 23462

County/Independent City : virginia beach

State : VIRGINIA

Zip Code : 23462

Email Address : uniqueb611@gmail.com

Telephone Number : 7573811564

Fax Number :

Federal Employer Identification Number (FEIN) : 88-2159125

### **Chief Administrative Officer**

Full Name : Richard Quarles

Mailing Address : 1065 Constitution Dr, Virginia Beach, VA 23462, USA

Street : 1065 Constitution Dr

City/Town : Virginia Beach

County/Independent City : Virginia beach

State : Virginia

Zip Code : 23462

Phone Number : 7573896737

Email Address : r.quarles32@yahoo.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>
Quenique Bailey	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 : Quenique Bailey

Physical Address : 4845 Conestoga Rd, Virginia Beach, VA 23462, USA  
Street : 4845 Conestoga Rd  
City/Town : Virginia Beach  
County/Independent City : Virginia Beach City  
State : VA  
Zip Code : 23462

Mailing Address : 4845 Conestoga Rd, Virginia Beach, VA 23462, USA  
Street : 4845 Conestoga Rd  
City/Town : Virginia Beach  
County/Independent City : Virginia Beach City  
State : VA  
Zip Code : 23462

Phone Number : 7573811564  
Email Address : uniqueb611@gmail.com

Federal Employer Identification Number (FEIN) : 88-2159125

## 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 : Chesapeake Norfolk Virginia Beach Hampton Suffolk Portsmouth Newport News Richmond

## **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 : Miah Smith  
Administrator - Email Address : miaaahsmith96@gmail.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Maria Holland  
Alternate Administrator - Email Address : maria.holland815@gmail.com  
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Miah Smith  
Nursing Manager - Email Address : miaaahsmith96@gmail.com  
Nursing Manager - Nursing License Number : 0001309852

Financial Manager - Full Name : Richard Quarles  
Financial Manager - Email Address : r.quarles32@yahoo.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) : Direct  
Administering Normally Self-Administered Drugs : Direct  
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 : 5  
 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 : Miah Smith  
 Email : miaaahsmith96@gmail.com  
 License Number : 0001309852

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

Are you enrolled as a Medicare provider? : No  
Do you plan to enroll as a Medicare provider? : Yes  
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 : Quenique Bailey

Date : 4/29/2024