

Application Details

Application Status	Approved
Application Id	BLA-0000002989
DBA Name of Facility/Agency	Leathia's Helping Hands Home Care, LLC
Facility Type	Home Care Organization
Application Type	Initial License
Approved Date	10/11/2024
Effective Date	10/6/2024
Expiration Date	10/5/2027

Facility/Agency Details

Application Type	Initial License	License Effective Date	10/6/2024
Legal Name of Facility/Agency	Leathia's Helping Hands Home Care, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Leathia's Helping Hands Home Care, LLC		
Facility/Agency Physical Address	101 Eaton St, Hampton, VA 23669, USA		
Street	101 Eaton Street		
City/Town	Hampton	County/Independent City	Hampton
State	Virginia	Zip Code	23669
Telephone Number	7575374317	Fax Number	7572760037

Mailing Address

Mailing Address	101 Eaton St, Hampton, VA 23669, USA		
Street	101 Eaton Street		
City/Town	Hampton	County/Independent City	Hampton
State	VA	Zip Code	23669

Facility/Agency Email Address : leahiahhcare@outlook.com

Federal Employer Identification Number (FEIN) : 99-2497816

Administrator of Record(If different than Owner/Operator)

Full Name : Cynthia Jones

Title : Administrator

Telephone Number : 7575374317

Email Address : leahiahhcare@outlook.com

Ownership Information

Legal Name of Owner : Zachary Jones

Physical Address : 101 Eaton St, Hampton, VA 23669, USA
Street : 101 Eaton Street
City/Town : Hampton
County/Independent City : Hampton
State : VA
Zip Code : 23669

Mailing Address : 101 Eaton St, Hampton, VA 23669, USA
Street : 101 Eaton Street
City/Town : Hampton
County/Independent City : Hampton
State : VA
Zip Code : 23669

Email Address : leahiahhcare@outlook.com
Telephone Number : 7575374317
Fax Number : 7572760037

Federal Employer Identification Number (FEIN) : 99-2497816

Chief Administrative Officer

Full Name : Cythia Jones

Mailing Address : 101 Eaton St, Hampton, VA 23669, USA
Street : Eaton Street
City/Town : Hampton
County/Independent City : Hampton
State : VA
Zip Code : 23669

Phone Number : 7575374317
Email Address : leahiahhcare@outlook.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Zachary Jones	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 : Zachary Jones

Physical Address : 203 Eaton St, Hampton, VA 23669, USA
Street : 203 Eaton Street
City/Town : Hampton
County/Independent City : Hampton City
State : VA
Zip Code : 23669

Mailing Address : 203 Eaton St, Hampton, VA 23669, USA
Street : 203 Eaton Street
City/Town : Hampton
County/Independent City : Hampton City
State : VA
Zip Code : 23669

Phone Number : 7575374317
Email Address : leahiahhcare@outlook.com

Federal Employer Identification Number (FEIN) : 99-2497816

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)

Days of the Week	Time Open(a.m.)	Time Closed(p.m.)
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 : Virgina Beach, Va... Hampton, VA... Chesapeake, VA... Norfolk, VA. Portsmouth, VA...
Suffolk, VA... Newport News, VA... Williamsburg, VA... Gloucester, VA... Yorktown, VA... Poquosom,
VA,

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 : Cythina Jones
Administrator - Email Address : leahiahhcare@outlook.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Sara Lee Marshall
Alternate Administrator - Email Address : info@neveralonecare.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Sara Lee Marshall
Nursing Manager - Email Address : info@neveralonecare.com
Nursing Manager - Nursing License Number : VA 0001285397

Financial Manager - Full Name : Zachary Jones
Financial Manager - Email Address : leahiahhcare@outlook.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 : 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 : 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? : 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 : Zachary Jones

Date : 6/3/2024