

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000003161
<b>DBA Name of Facility/Agency</b>	Gentiva I (Woodbridge)
<b>Facility Type</b>	Hospice
<b>Application Type</b>	Initial License
<b>Approved Date</b>	12/10/2024
<b>Effective Date</b>	11/26/2024
<b>Expiration Date</b>	12/31/2024

### Facility/Agency Details

Application Type	Initial License	License Effective Date	11/26/2024
Legal Name of Facility/Agency	New Century Hospice of Richmond, LLC (Woodbridge)		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Gentiva I (Woodbridge)		
Facility/Agency Physical Address	2750 Killarney Dr., Suite 207		
Street	Killarney Dr		
City/Town	Woodbridge	County/Independent City	Prince William
State	Virginia	Zip Code	22192
Telephone Number	5714021262	Fax Number	5714021263

**Mailing Address**

Mailing Address	P.O. Box 4060		
Street	P.O Box 4060		
City/Town	Mooresville	County/Independent City	Mooresville City
State	NC	Zip Code	28117

Facility/Agency Email Address : facilitylicensure@gentivahs.com

Federal Employer Identification Number (FEIN) : 90-1029441

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

Full Name : Culley Burleyson  
 Title : Administrator  
 Telephone Number : 5714021262  
 Email Address : culley.burleson@gentivahs.com

## **Ownership Information**

Legal Name of Owner : New Century Hospice of Richmond, LLC

**Physical Address** : 655 Brawley School Rd suite 200, Mooresville, NC 28117, USA

Street : Brawley School Road

City/Town : Mooresville

County/Independent City : Iredell County

State : NC

Zip Code : 28117

**Mailing Address** : P.O Box 4060 Mooresville, NC

Street : P.O. Box

City/Town : Mooresville

County/Independent City : Mooresville City

State : NC

Zip Code : 28117

Email Address : facilitylicensure@gentivahs.com

Telephone Number : 7046642876

Fax Number : 7042300946

Federal Employer Identification Number (FEIN) : 90-1029441

### **Chief Administrative Officer**

Full Name : David Causby

Mailing Address : P.O. Box 4060

Street : P.O. Box

City/Town : Mooresville

County/Independent City : Mooresville City

State : NC

Zip Code : 28117

Phone Number : 7046642876

Email Address : facilitylicensure@gentivahs.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>
New Century Hospice, Inc	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : New Century Hospice of Richmond, LLC

Physical Address : 655 Brawley School Road, Suite 200  
Street : Brawley School Road  
City/Town : Mooresville  
County/Independent City : Mooresville City  
State : NC  
Zip Code : 28117

Mailing Address : P.O Box 4060  
Street : P.O. Box  
City/Town : Mooresville  
County/Independent City : Mooresville City  
State : NC  
Zip Code : 28117

Phone Number : 7046642876  
Email Address : facilitylicensure@gentivahs.com

Federal Employer Identification Number (FEIN) : 90-1029441

## 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 : Culley Burleson  
Administrator - Email Address : culley.burleson@gentivahs.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Malia Shoupe  
Alternate Administrator - Email Address : malia.shoupe@gentivahs.com  
Alternate Administrator - Virginia License(if applicable) :

Director of Nursing - Full Name : Culley Burleson  
Director of Nursing - Email Address : culley.burleson@gentivahs.com  
Director of Nursing - Nursing License Number : 1220562

Medical Director - Full Name : Robert Briggs  
Medical Director - Email Address : robertbriggs5434@gmail.com  
Medical Director - Virginia License : 0101040414

## **Hospice Information - Services**

### **Geographic service areas**

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

City/County : Stafford, King George, Spotsylvania, Prince William, Culpepper, Caroline, Fairfax

### **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? : No

Medicare Provider Number :

Do you plan to enroll as a Medicare provider? : Yes

**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 : Janet Combs VP Licensure

Date : 10/28/2024