

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000003193
<b>DBA Name of Facility/Agency</b>	Sheila S. Strauss Hospice House
<b>Facility Type</b>	Hospice
<b>Application Type</b>	Initial License
<b>Approved Date</b>	9/19/2024
<b>Effective Date</b>	9/3/2024
<b>Expiration Date</b>	12/31/2024

## Facility/Agency Details

Application Type	Initial License	License Effective Date	9/3/2024
Legal Name of Facility/Agency	Good Samaritan Hospice, Inc.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Sheila S. Strauss Hospice House		
Facility/Agency Physical Address	4751 Cove Rd, Roanoke, VA 24017, USA		
Street	4751 Cove Road		
City/Town	Roanoke	County/Independent City	Roanoke City
State	Virginia	Zip Code	24017
Telephone Number	5407760198	Fax Number	5407760841

### Mailing Address

Mailing Address	4751 Cove Rd, Roanoke, VA 24017, USA		
Street	4751 Cove Rd		
City/Town	Roanoke	County/Independent City	Roanoke City
State	VA	Zip Code	24017

Facility/Agency Email Address : info@goodsam.care

Federal Employer Identification Number (FEIN) : 54-1608259

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

Full Name : Aaron Housh

Title : CEO

Telephone Number : 5407760198

Email Address : ahoush@goodsam.care

## **Ownership Information**

Legal Name of Owner : Board of Directors

**Physical Address** : 4751 Cove Rd, Roanoke, VA 24017, USA

Street : 4751 Cove Rd

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24017

**Mailing Address** : 4751 Cove Rd, Roanoke, VA 24017, USA

Street : 4751 Cove Rd

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24017

Email Address : ahoush@goodsam.care

Telephone Number : 5407760198

Fax Number :

Federal Employer Identification Number (FEIN) : 54-1608259

### **Chief Administrative Officer**

Full Name : Aaron Housh

Mailing Address : 4751 Cove Rd, Roanoke, VA 24017, USA

Street : 4751 Cove Rd

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24017

Phone Number : 5407760198

Email Address : ahoush@goodsam.care

## **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 : Board of Directors of Good Samaritan Hospice, Inc.

Physical Address : 4751 Cove Rd, Roanoke, VA 24017, USA

Street : 4751 Cove Rd

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24017

Mailing Address : 4751 Cove Rd, Roanoke, VA 24017, USA

Street : 4751 Cove Rd

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24017

Phone Number : 5407760198

Email Address : info@goodsam.care

Federal Employer Identification Number (FEIN) : 54-1608259

## **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	08:30 am	05:00 pm
Tuesday	08:30 am	05:00 pm
Wednesday	08:30 am	05:00 pm
Thursday	08:30 am	05:00 pm
Friday	08:30 am	05:00 pm

## **Hospice Information - Administrative Personnel**

### **Provide the following information on administrative personnel**

Administrator - Full Name : Aaron Housh  
Administrator - Email Address : ahoush@goodsam.care  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Hollie Johnson  
Alternate Administrator - Email Address : hjohnson@goodsam.care  
Alternate Administrator - Virginia License(if applicable) :

Director of Nursing - Full Name : Cherish Thompson  
Director of Nursing - Email Address : cthompson@goodsam.care  
Director of Nursing - Nursing License Number : 0001266241

Medical Director - Full Name : Jennifer Easterday, MD  
Medical Director - Email Address : jeasterday@goodsam.care  
Medical Director - Virginia License : 0101257590

## **Hospice Information - Services**

**Geographic service areas**

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

City/County : Roanoke City

**Services to be provided**

- Nursing Services : Both
- Counseling Services : Direct
- Physician Services : Direct
- 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 : 49-1510

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? : 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 : Aaron Housh, CEO

Date : 7/10/2024