

Application Details

Application Status	Approved
Application Id	BLA-0000003246
DBA Name of Facility/Agency	Isada Healthcare Services, Inc.
Facility Type	Home Care Organization
Application Type	Mid-Term Change License
Approved Date	8/13/2024
Effective Date	7/29/2024
Expiration Date	7/31/2026

Confirm changes to your facility/agency

Changes to your facility/agency :

- Has the facility DBA or legal name changed?
- Has the facility operator or owner changed?
- Has the facility address changed?
- Have you changed/added new branch offices?

- None of these changes apply

Facility/Agency Details

Application Type	Mid-Term Change License	License Effective Date	7/29/2024
Legal Name of Facility/Agency	Isada Healthcare Services, Inc.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Isada Healthcare Services, Inc.		
Facility/Agency Physical Address	4355 Ridgewood Center Drive		
Street	Ridgewood Center Drive		
City/Town	Woodbridge	County/Independent City	Prince William County
State	Virginia	Zip Code	22192
Telephone Number	7036654479	Fax Number	7032918287

Mailing Address

Mailing Address	4355 Ridgewood Center Drive		
Street	Ridgewood Center Drive		
City/Town	Woodbridge	County/Independent City	Prince William County
State	Virginia	Zip Code	22192

Facility/Agency Email Address : info@isada.net

Federal Employer Identification Number (FEIN) :

Current License Number : HCO-0000947

Administrator of Record(If different than Owner/Operator)

Full Name : Sheku-Deen Tarawalie

Title : Administrator

Telephone Number : 7033467104

Email Address : info@isada.net

Ownership Information

Legal Name of Owner : Musa Bangura

Physical Address : Historic District, 7764 Glade Ct, Manassas, VA 20112, USA

Street : Glade Court

City/Town : Manassas

County/Independent City : Prince William County

State : VA

Zip Code : 20112

Mailing Address : Historic District, 7764 Glade Ct, Manassas, VA 20112, USA

Street : Glade Court

City/Town : Manassas

County/Independent City : Prince William County

State : VA

Zip Code : 20112

Email Address : musa.bangura@isada.net

Telephone Number : 5712476503

Fax Number : 7032918287

Federal Employer Identification Number (FEIN) : 45-5140829

Chief Administrative Officer

Full Name : Sheku-Deen Tarawalie

Mailing Address : 4355 RIDGEWOOD CENTER DRIVE

Street : Ridgewood Center Drive

City/Town : Woodbridge

County/Independent City : Woodbridge City

State : VA

Zip Code : 22192

Phone Number : 7036654479

Email Address : sheku.deen@isada.net

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Musa Bangura	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Corporation

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Sheku-Deen Tarawalie

Physical Address : 4355 RIDGEWOOD CENTER DRIVE
Street : Ridgewood Center Drive
City/Town : Woodbridge
County/Independent City : Woodbridge City
State : VA
Zip Code : 22192

Mailing Address : 4355 RIDGEWOOD CENTER DRIVE
Street : Ridgewood Center Drive
City/Town : Woodbridge
County/Independent City : Woodbridge City
State : VA
Zip Code : 22192

Phone Number : 7036654479
Email Address : sheku-deen@isada.net

Federal Employer Identification Number (FEIN) : 45-5140829

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 : Cities: Alexandria, Bristol, Charlottesville, Chesapeake, Colonial Heights, Danville, Fairfax, Falls Church, Fredericksburg, Hampton, Harrisonburg, Hopewell, Lexington, Manassas, Manassas Park, Martinsville, Newport News, Norfolk, Petersburg, Portsmouth, Radford, Richmond, Roanoke, Salem, Staunton, Suffolk, Virginia Beach, Waynesboro, Williamsburg, Winchester, Counties: Arlington County, Caroline County, Clarke County, Fairfax County, Fauquier County, Frederick County, Loudoun County, Madison County, Prince William County, Rappahannock County, Spotsylvania County, Stafford County, Warren County

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 : Sheku-Deen Tarawalie

Administrator - Email Address : info@isada.net

Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Jackie Bangura

Alternate Administrator - Email Address : jackie.bangura@isada.net

Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Mariatu Kargbo

Nursing Manager - Email Address : info@isada.net

Nursing Manager - Nursing License Number : 0001299739

Financial Manager - Full Name : Musa Bangura

Financial Manager - Email Address : musa.bangura@isada.net

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 - Yes

Nursing Services : Both
Respiratory Therapy :
Physical Therapy : Both
Occupational Therapy : Both
Speech Language Pathology : Both
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 :
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 : 14
 Number of Contract : 0
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 40
 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 : 1
 Number of Contract : 0
 Names of Contracting Agencies :

Occupational Therapists and OT Assistants

Number of Direct : 1
 Number of Contract : 0
 Names of Contracting Agencies :

Speech Language Pathologists

Number of Direct : 1
 Number of Contract : 0
 Names of Contracting Agencies :

Other

Title	Number of Direct	Number of Contract	Names of Contracting Agencies

Skilled Services Director

Full Name : Mariatu Kargbo
 Email : info@isada.net
 License Number : 0001299739

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? : Yes
Do you plan to enroll as a Medicaid provider? :
Medicaid Provider Number : 49-9870

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 : MUSA BANGURA - OWNER

Date : 7/29/2024