

Application Details

Application Status	Approved
Application Id	BLA-0000003272
DBA Name of Facility/Agency	4 Angels Home Healthcare, LLC
Facility Type	Home Care Organization
Application Type	Initial License
Approved Date	11/3/2024
Effective Date	10/17/2024
Expiration Date	10/16/2027

Facility/Agency Details

Application Type	Initial License	License Effective Date	10/17/2024
Legal Name of Facility/Agency	4 Angels Home Healthcare, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	4 Angels Home Healthcare, LLC		
Facility/Agency Physical Address	16213 Owl Eagle Ct, Woodbridge, VA 22191		
Street	16213 Owl Eagle Court		
City/Town	Woodbridge	County/Independent City	Prince William County
State	Virginia	Zip Code	22191
Telephone Number	2024959260	Fax Number	8334003572

Mailing Address

Mailing Address	16213 Owl Eagle Ct, Woodbridge, VA 22191, USA		
Street	16213 Owl Eagle Court		
City/Town	Woodbridge	County/Independent City	Prince William County
State	Virginia	Zip Code	22191

Facility/Agency Email Address : info@4angelhhc.com

Federal Employer Identification Number (FEIN) : 99-3391552

Administrator of Record(If different than Owner/Operator)

Full Name : Aisha Zadran
 Title : Administrator
 Telephone Number : 2024959260
 Email Address : info@4angelhhc.com

Ownership Information

Legal Name of Owner : Aisha Zadran

Physical Address : 16213 Owl Eagle Ct, Woodbridge, VA 22191, USA
Street : 16213 Owl Eagle Ct
City/Town : Woodbridge
County/Independent City : Prince William County
State : VA
Zip Code : 22191

Mailing Address : 16213 Owl Eagle Ct, Woodbridge, VA 22191, USA
Street : 16213 Owl Eagle Ct
City/Town : Woodbridge
County/Independent City : Prince William County
State : VA
Zip Code : 22191

Email Address : aisha254@gmail.com
Telephone Number : 5715949182
Fax Number :

Federal Employer Identification Number (FEIN) : 99-3391552

Chief Administrative Officer

Full Name : Aisha Zadran

Mailing Address : 16213 Owl Eagle Ct, Woodbridge, VA 22191, USA
Street : 16213 Owl Eagle Ct
City/Town : Woodbridge
County/Independent City : Prince William County
State : VA
Zip Code : 22191

Phone Number :
Email Address :

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Aisha Zadrán	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 : Aisha Zadran

Physical Address : 16213 Owl Eagle Ct, Woodbridge, VA 22191, USA
Street : 16213 Owl Eagle Ct
City/Town : Woodbridge
County/Independent City : Prince William County
State : VA
Zip Code : 22191

Mailing Address : 16213 Owl Eagle Ct, Woodbridge, VA 22191, USA
Street : 16213 Owl Eagle Ct
City/Town : Woodbridge
County/Independent City : Prince William County
State : VA
Zip Code : 22191

Phone Number : 5715949182
Email Address : aisha254@gmail.com

Federal Employer Identification Number (FEIN) : 99-3391552

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	11:00 am	07:00 pm
Tuesday	11:00 am	07:00 pm
Wednesday	11:00 am	07:00 pm
Thursday	11:00 am	07:00 pm
Friday	11:00 am	07:00 pm

Home Care Organization Information - Services

Geographic service areas

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

City/County : Fairfax County, Loudoun County, Prince William County, Stafford County. City of Falls Church, Fairfax City, Alexandria City, Manassas City and Manassas Park.

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 : Aisha Zadran
Administrator - Email Address : info@4angelhhc.com
Administrator - Virginia License(If applicable) : 0001225504

Alternate Administrator - Full Name : Mustafa Kasir
Alternate Administrator - Email Address : info@4angelhhc.com
Alternate Administrator - Virginia License(if applicable) : N/A

Nursing Manager - Full Name : Aisha Zadran
Nursing Manager - Email Address : info@4angelhhc.com
Nursing Manager - Nursing License Number : 0001225504

Financial Manager - Full Name :
Financial Manager - Email Address :

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 : Direct
Respiratory Therapy :
Physical Therapy :
Occupational Therapy :
Speech Language Pathology :
Medical Social Services :
Other Services (Direct) : PDN
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 : 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 : Aisha Zadrán
 Email : info@4angelhhc.com
 License Number : 0001225504

Home Care Organization Information - Medicare and Medicaid

Are you enrolled as a Medicare provider? : No

Do you plan to enroll as a Medicare provider? : No

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 : Aisha Zadran

Date : 9/10/2024