

Application Details

Application Status	Approved
Application Id	BLA-0000003360
DBA Name of Facility/Agency	Maple Home Care LLC
Facility Type	Home Care Organization
Application Type	Initial License
Approved Date	4/9/2025
Effective Date	3/25/2025
Expiration Date	3/24/2028

Facility/Agency Details

Application Type	Initial License	License Effective Date	3/25/2025
Legal Name of Facility/Agency	Maple Home Care LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Maple Home Care LLC		
Facility/Agency Physical Address	4235 Stepney Dr, Gainesville, VA 20155, USA		
Street	4235 Stepney Drive		
City/Town	Gainesville	County/Independent City	Prince William County
State	Virginia	Zip Code	20155
Telephone Number	7037747301	Fax Number	

Mailing Address

Mailing Address	4235 Stepney Dr, Gainesville, VA 20155, USA		
Street	4235 Stepney Drive		
City/Town	Gainesville	County/Independent City	Prince William County
State	VA	Zip Code	20155

Facility/Agency Email Address : maplehomecarellc@outlook.com

Federal Employer Identification Number (FEIN) : 99-0588544

Administrator of Record(If different than Owner/Operator)

Full Name : Gaganpreet K Pannu
 Title : administrator
 Telephone Number : 7037747301
 Email Address : maplehomecarellc@outlook.com

Ownership Information

Legal Name of Owner : Gaganpreet Kaur Pannu

Physical Address : 4235 Stepney Dr, Gainesville, VA 20155, USA

Street : 4235 Stepney Drive

City/Town : Gainesville

County/Independent City : Prince William County

State : VA

Zip Code : 20155

Mailing Address : 4235 Stepney Dr, Gainesville, VA 20155, USA

Street : 4235 Stepney Drive

City/Town : Gainesville

County/Independent City : Gainesville City

State : VA

Zip Code : 20155

Email Address : maplehomecarellc@outlook.com

Telephone Number : 7037747301

Fax Number :

Federal Employer Identification Number (FEIN) : 99-0588544

Chief Administrative Officer

Full Name : Gaganpreet K Pannu

Mailing Address : 4235 Stepney Dr, Gainesville, VA 20155, USA

Street : 4235 Stepney Drive

City/Town : Gainesville

County/Independent City : Prince William County

State : VA

Zip Code : 20155

Phone Number : 7037747301

Email Address : maplehomecarellc@outlook.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
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Sum of Ownership Percentage (%) : %

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Gaganpreet Kaur Pannu

Physical Address : 4235 Stepney Dr, Gainesville, VA 20155, USA
Street : 4235 Stepney Drive
City/Town : Gainesville
County/Independent City : Prince William County
State : VA
Zip Code : 20155

Mailing Address : 4235 Stepney Dr, Gainesville, VA 20155, USA
Street : 4235 Stepney Drive
City/Town : Gainesville
County/Independent City : Prince William County
State : VA
Zip Code : 20155

Phone Number : 7037747301
Email Address : maplehomecarellc@outlook.com

Federal Employer Identification Number (FEIN) : 99-0588544

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.)
Tuesday	10:00 am	03:00 pm
Thursday	10:00 am	03:00 pm

Home Care Organization Information - Services

Geographic service areas

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

City/County : Charlottesville , Albemarle county , Fluvanna county , Greene county, Nelson county , Fairfax county , Loudoun county , Arlington county , Prince William County , Alexandria , Fredericksburg , Winchester , Falls Church , Richmond , Danville .

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 : Gaganpreet Kaur Pannu
Administrator - Email Address : maplehomecarellc@outlook.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Gagandeep Kaur
Alternate Administrator - Email Address : maplehomecarellc@outlook.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Bobkeithea P Keith
Nursing Manager - Email Address : meandjay08@gmail.com
Nursing Manager - Nursing License Number : 0001307953

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 - 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 :
Other Services (Direct) : respite care
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 : 1
 Names of Contracting Agencies : Maple Home Care LLC

CNAs and Home Attendants

Number of Direct : 1
 Number of Contract : 1
 Names of Contracting Agencies : Maple Home Care llc

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? : 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? :

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 : Gaganpreet Kaur Pannu (Administrator)

Date : 1/24/2025