

Application Details

Application Status	Approved
Application Id	BLA-0000003454
DBA Name of Facility/Agency	Graceful Hearts Home Care Services, LLC
Facility Type	Home Care Organization
Application Type	Mid-Term Change License
Approved Date	10/22/2024
Effective Date	8/1/2024
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	8/1/2024
Legal Name of Facility/Agency	Graceful Hearts Home Care Services, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Graceful Hearts Home Care Services, LLC		
Facility/Agency Physical Address	8100 Three Chopt Road, Suite 206		
Street	Suite 206		
City/Town	Henrico	County/Independent City	Henrico City
State	Virginia	Zip Code	23229
Telephone Number	8044157576	Fax Number	8047997891

Mailing Address

Mailing Address	8100 Three Chopt Road, Suite 206		
Street	Suite 206		
City/Town	Henrico	County/Independent City	Henrico City
State	Virginia	Zip Code	23229

Facility/Agency Email Address : gracefulheartshcsllc@gmail.com

Federal Employer Identification Number (FEIN) : 85-0628089

Current License Number : HCO-0002480

Administrator of Record(If different than Owner/Operator)

Full Name :

Title :

Telephone Number : 5714906067

Email Address : gracefulheartshcsllc@gmail.com

Ownership Information

Legal Name of Owner : Kennedy Musungu

Physical Address : 3032 Waddington Dr
Street : 3032 Waddington Dr
City/Town : North Chesterfield
County/Independent City : Chesterfield County
State : VA
Zip Code : 23224

Mailing Address : 8100 Three Chopt Rd, Ste 206
Street : Ste 206
City/Town : Henrico
County/Independent City : Henrico City
State : VA
Zip Code : 23229

Email Address : gracefulheartshcsllc@gmail.com
Telephone Number : 8044157576
Fax Number : 8047997891

Federal Employer Identification Number (FEIN) : 85-0628089

Chief Administrative Officer

Full Name : Kennedy Musungu

Mailing Address : 8100 Three Chopt Road,
Street : Suite 206
City/Town : Henrico
County/Independent City : Henrico
State : VA
Zip Code : 23229

Phone Number : 8044157576
Email Address : gracefulheartshcsllc@gmail.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Kennedy Musungu	99.00%
Leah Madaga	1.00%

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 : Kennedy Musungu

Physical Address : 3032 Waddington Drive
Street : 3032 Waddington Drive
City/Town : North Chesterfield
County/Independent City : North Chesterfield City
State : VA
Zip Code : 23224

Mailing Address : 8100 Three Chopt Road,
Street : Ste 206
City/Town : Henrico
County/Independent City : Henrico City
State : VA
Zip Code : 23229

Phone Number : 5714906067
Email Address : gracefulheartshcsllc@gmail.com

Federal Employer Identification Number (FEIN) : 85-0628089

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 : City of Richmond, Henrico County, Chesterfield County, Petersburg County, Charles City County, Richmond County, Goochland County, Powhatan County, Hanover County, New Kent County, Ashland County, Amelia County, Colonial Heights County, Mechanicsville, Glen Allen County, Fairfax County, Prince William County, City of Alexandria, Fredricksburg County, Ashland 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 : Kennedy Wambete Musungu
Administrator - Email Address : gracefulheartshcsllc@gmail.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Melodie Burrell
Alternate Administrator - Email Address : gracefulheartshcsllc@gmail.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Tivera Laury
Nursing Manager - Email Address : gracefulheartshcsllc@gmail.com
Nursing Manager - Nursing License Number : 0001299230

Financial Manager - Full Name : Leah Aseyo Madaga
Financial Manager - Email Address : gracefulheartshcsllc@gmail.com

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 : Contract
Physical Therapy : Contract
Occupational Therapy : Contract
Speech Language Pathology : Contract
Medical Social Services : Contract
Other Services (Direct) : Skilled Nursing Care, Introvenous Therapy
Other Services (Contract) :

*Personal Care Services - Yes

Assistance with Activities of Daily Living (ADL) : Direct
Administering Normally Self-Administered Drugs : Direct
Other Services (Direct) : Complete/Patial Bath, Dress/Undress, Assist with Eating/Feeding, Ambulation, Prepare Breakfast, Prepare Lunch, Prepare Dinner, Clean Areas Usede by Individual, Listing Supplies, Clean Kitchen/Wash Dishes, Individual's Laundry, Medical Appointments.
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 : 2
 Number of Contract :
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 50
 Number of Contract : 10
 Names of Contracting Agencies : none

Respiratory Therapists

Number of Direct : 1
 Number of Contract : 1
 Names of Contracting Agencies : None

Physical Therapists and PT Assistants

Number of Direct : 1
 Number of Contract : 1
 Names of Contracting Agencies : None

Occupational Therapists and OT Assistants

Number of Direct : 1
 Number of Contract : 1
 Names of Contracting Agencies : N/A

Speech Language Pathologists

Number of Direct : 1
 Number of Contract : 1
 Names of Contracting Agencies : None

Other

Title	Number of Direct	Number of Contract	Names of Contracting Agencies

Skilled Services Director

Full Name : Tivera Laury
 Email : gracefulheartshcsllc@gmail.com
 License Number : 0001299230

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? : 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 : Kennedy Musungu

Date : 9/25/2024