

Application Details

Application Status	Approved
Application Id	BLA-0000003505
DBA Name of Facility/Agency	Wythe Hospice of Southwest Virginia
Facility Type	Hospice
Application Type	Renewal License
Approved Date	10/15/2024
Effective Date	1/1/2025
Expiration Date	12/31/2025

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 or added new programs or services?

- None of these changes apply

Facility/Agency Details

Application Type	Renewal License	License Effective Date	1/1/2025
Legal Name of Facility/Agency	Virginia In-Home Partner-II, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Wythe Hospice of Southwest Virginia		
Facility/Agency Physical Address	705 E Main St, Suite B		
Street	705 E Main St, Suite B		
City/Town	Wytheville	County/Independent City	Wythe County
State	Virginia	Zip Code	24382
Telephone Number	2762281710	Fax Number	2762281719

Mailing Address

Mailing Address	P.O. Box 51266		
Street	P.O Box		
City/Town	Lafayette	County/Independent City	Lafayette
State	Louisiana	Zip Code	70505

Facility/Agency Email Address : lra@lhcgroupp.com

Federal Employer Identification Number (FEIN) : 81-4811408

Current License Number : HSP-0000033

Administrator of Record(If different than Owner/Operator)

Full Name : Shanna Western

Title : Administrator

Telephone Number : 2762881710

Email Address : lra@lhcgroupp.com

Ownership Information

Legal Name of Owner : Virginia In-Home Partner-II, LLC

Physical Address : 901 Hugh Wallis Rd S, Lafayette, LA 70508, USA

Street : Hugh Wallis Rd S

City/Town : Lafayette

County/Independent City : Lafayette Parish

State : LA

Zip Code : 70508

Mailing Address : P.O. Box 51266, Lafayette, LA 70505-1266

Street : P.O. Box

City/Town : Lafayette

County/Independent City : Lafayette City

State : LA

Zip Code : 70505

Email Address : ira@lhcgroupp.com

Telephone Number : 3372331307

Fax Number : 3374434154

Federal Employer Identification Number (FEIN) : 81-4811408

Chief Administrative Officer

Full Name : Joshua L. Proffitt

Mailing Address : P.O. Box 51266, Lafayette, LA 70505=1266

Street : P.O. Box

City/Town : Lafayette

County/Independent City : Lafayette City

State : LA

Zip Code : 70505

Phone Number : 3372331307

Email Address : ira@lhcgroupp.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Virginia In-Home Healthcare Partnership-II, LLC	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 : Virginia In-Home Partner-II, LLC

Physical Address : 901 Hugh Wallis Rd S, Lafayette, LA 70508, USA

Street : Hugh Wallis Rd S

City/Town : Lafayette

County/Independent City : Lafayette Parish

State : LA

Zip Code : 70508

Mailing Address : P.O. Box 51266, Lafayette, LA 70505-1266

Street : P.O. Box

City/Town : Lafayette

County/Independent City : Lafayette City

State : LA

Zip Code : 70505

Phone Number : 3372331307

Email Address : lra@lhcgroupp.com

Federal Employer Identification Number (FEIN) : 81-4811408

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)

Days of the Week	Time Open(a.m.)	Time Closed(p.m.)
Monday	08:00 am	04:30 pm
Tuesday	08:00 am	04:30 pm
Wednesday	08:00 am	04:30 pm
Thursday	08:00 am	04:30 pm
Friday	08:00 am	04:30 pm

Hospice Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : Shanna Western
Administrator - Email Address : shanna.western@lhcgroupp.com
Administrator - Virginia License(If applicable) : 0001190304

Alternate Administrator - Full Name : Julie Bauer
Alternate Administrator - Email Address : julie.bauer@lhcgroupp.com
Alternate Administrator - Virginia License(if applicable) : 0001160178

Director of Nursing - Full Name : Shanna Western
Director of Nursing - Email Address : shanna.western@lhcgroupp.com
Director of Nursing - Nursing License Number : 0001190304

Medical Director - Full Name : John Turski, II
Medical Director - Email Address : ira@lhcgroupp.com
Medical Director - Virginia License : 1023553989

Hospice Information - Services

Geographic service areas

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

City/County : Bland, Carroll, Galax, Grayson, Montgomery, Pulaski, Radford, Smyth, Washington & Wythe Counties

Services to be provided

- Nursing Services : Direct
- Counseling Services : Direct
- Physician Services : Contract
- Medical Social Services : Direct
- Home Attendant Services : Direct
- Physical Therapy Services : None
- Occupational Therapy Services : None
- Speech Therapy Services : None
- Volunteer Services : Direct

Other Service

Service Name	Service Option
---------------------	-----------------------

Hospice Information - Medicare

Are you enrolled as a Medicare provider? : Yes

Medicare Provider Number : 49-1521

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? :

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 : Joshua L. Proffitt, President

Date : 10/2/2024