

Application Details

Application Status	Approved
Application Id	BLA-0000003742
DBA Name of Facility/Agency	True Care Home Healthcare, Inc.
Facility Type	Home Care Organization
Application Type	Mid-Term Change License
Approved Date	10/31/2024
Effective Date	10/1/2024
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	10/1/2024
Legal Name of Facility/Agency	True Care Home Healthcare. Inc		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	True Care Home Healthcare, Inc.		
Facility/Agency Physical Address	9687 Main St, Suite D, Fairfax, VA 22031		
Street	9687 Main St suite d		
City/Town	Fairfax	County/Independent City	Fairfax City
State	Virginia	Zip Code	22031
Telephone Number	7036379734	Fax Number	7038737100

Mailing Address

Mailing Address	9687 Main St, Suite D, Fairfax, VA 22031, USA		
Street	9687 Main St suite d		
City/Town	Fairfax	County/Independent City	Fairfax City
State	Virginia	Zip Code	22031

Facility/Agency Email Address : info.truecarehhc@gmail.com

Federal Employer Identification Number (FEIN) :

Current License Number : HCO-0002690

Administrator of Record(If different than Owner/Operator)

Full Name : Ehsan Abu-Dayeh

Title :

Telephone Number :

Email Address : info.truecarehhc@gmail.com

Ownership Information

Legal Name of Owner : Ehsan Abu-Dayeh

Physical Address : 13163 Quade Ln, Woodbridge, VA 22193, USA

Street : 13163 Quade Ln

City/Town : Woodbridge

County/Independent City : Prince William County

State : VA

Zip Code : 22193

Mailing Address : 13163 Quade Ln, Woodbridge, VA 22193, USA

Street : 13163 Quade Ln

City/Town : Woodbridge

County/Independent City : Prince William County

State : VA

Zip Code : 22193

Email Address : info.truecarehhc@gmail.com

Telephone Number : 7036379734

Fax Number : 7038737100

Federal Employer Identification Number (FEIN) : 87-3336469

Chief Administrative Officer

Full Name : Ehsan Abu-Dayeh

Mailing Address : 13163 Quade Ln, Woodbridge, VA 22193, USA

Street : 13163 Quade Ln

City/Town : Woodbridge

County/Independent City : Prince William County

State : VA

Zip Code : 22193

Phone Number : 7036379734

Email Address : info.truecarehhc@gmail.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Ehsan Abu-Dayeh	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Ehsan Abu-Dayeh

Physical Address : 9687 Main St suite d, Fairfax, VA 22031, USA
Street : 9687 Main St suite d
City/Town : Fairfax
County/Independent City : Fairfax City
State : VA
Zip Code : 22031

Mailing Address : 9687 Main St suite d, Fairfax, VA 22031, USA
Street : 9687 Main St suite d
City/Town : Fairfax
County/Independent City : Fairfax City
State : VA
Zip Code : 22031

Phone Number : 7036379734
Email Address : info.truecarehhc@gmail.com

Federal Employer Identification Number (FEIN) : 87-3336469

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 : Alexandria City and County Arlington City and county Fairfax City and county Fauquier
County Fredericksburg City Loudoun County Manassas City Manassas Park Prince William County Stafford
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 : Ehsan Abu-Dayeh
Administrator - Email Address : info.truecarehhc@gmail.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Mabinty Kamara
Alternate Administrator - Email Address : info.truecarehhc@gmail.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Mabinty Kamara
Nursing Manager - Email Address : info.truecarehhc@gmail.com
Nursing Manager - Nursing License Number : 0001241377

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) : Direct
Administering Normally Self-Administered Drugs : Direct
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 :
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 3
 Number of Contract :
 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 :
 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? : 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 : Ehsan Abu-Dayeh, Administrator

Date : 10/21/2024