

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000004004
<b>DBA Name of Facility/Agency</b>	Royalty Comfort Hands Healthcare LLC
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Initial License
<b>Approved Date</b>	5/26/2025
<b>Effective Date</b>	5/13/2025
<b>Expiration Date</b>	5/14/2028

## Facility/Agency Details

Application Type	Initial License	License Effective Date	5/13/2025
Legal Name of Facility/Agency	Royalty Comfort Hands Healthcare LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Royalty Comfort Hands Healthcare LLC		
Facility/Agency Physical Address	464 Investors Place, 206-B, Virginia Beach, VA 23452, USA		
Street	464 Investors Place		
City/Town	Virginia Beach	County/Independent City	VIRGINIA BEACH CITY
State	Virginia	Zip Code	23452
Telephone Number	7577174141	Fax Number	7577203449

### Mailing Address

Mailing Address	464 Investors Place, 206-B, Virginia Beach, VA 23452, USA		
Street	464 Investors Place		
City/Town	Virginia Beach	County/Independent City	Virginia Beach City
State	VA	Zip Code	23452

Facility/Agency Email Address : royaltychh@gmail.com

Federal Employer Identification Number (FEIN) : 99-2903517

### Administrator of Record(If different than Owner/Operator)

Full Name : Alice Woodhouse  
 Title : CEO  
 Telephone Number : 7577174141  
 Email Address : royaltychh@gmail.com

## **Ownership Information**

Legal Name of Owner : Alice Woodhouse

**Physical Address** : 464 Investors Pl 206 b, Virginia Beach, VA 23452, USA  
Street : 464 Investors Pl 206 b  
City/Town : Virginia Beach  
County/Independent City : VIRGINIA BEACH CITY  
State : VA  
Zip Code : 23452

**Mailing Address** : 464 Investors Pl 206 b, Virginia Beach, VA 23452, USA  
Street : 464 Investors Pl 206 b  
City/Town : Virginia Beach  
County/Independent City : Virginia Beach City  
State : VA  
Zip Code : 23452

Email Address : royaltychh@gmail.com  
Telephone Number : 7577174141  
Fax Number : 7577203449

Federal Employer Identification Number (FEIN) : 99-2903517

### **Chief Administrative Officer**

Full Name : Alice Woodhouse

Mailing Address : 464 Investors Pl, 206 B, Virginia Beach, VA 23452, USA  
Street : 464 Investors Place, 206 B  
City/Town : Virginia Beach  
County/Independent City : Virginia Beach City  
State : Virginia  
Zip Code : 23452

Phone Number : 7577174141  
Email Address : royaltychh@gmail.com

## **Additional Ownership Information**

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

<b>Full Name</b>	<b>Ownership Percentage (%)</b>
Alice Woodhouse	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 : Alice Woodhouse

Physical Address : 464 Investors Pl 206 b, Virginia Beach, VA 23452, USA  
Street : 464 Investors Place, 206 B  
City/Town : Virginia Beach  
County/Independent City : Virginia Beach City  
State : Virginia  
Zip Code : 23455

Mailing Address : 464 Investors Pl 206 b, Virginia Beach, VA 23452, USA  
Street : 464 Investors Place, 206 B  
City/Town : Virginia Beach  
County/Independent City : Virginia Beach City  
State : Virginia  
Zip Code : 23455

Phone Number : 7577174141  
Email Address : royaltychh@gmail.com

Federal Employer Identification Number (FEIN) : 99-2903517

## **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)

<b>Days of the Week</b>	<b>Time Open(a.m.)</b>	<b>Time Closed(p.m.)</b>
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 : Norfolk, Virginia Beach, Chesapeake, Suffolk, Portsmouth, Hampton, Newport News

## **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 : Alice Woodhouse  
Administrator - Email Address : royaltychh@gmail.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : KEMARION AHMAD MILLS  
Alternate Administrator - Email Address : royaltychh@gmail.com  
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Sedyta Fulton  
Nursing Manager - Email Address : royaltychh@gmail.com  
Nursing Manager - Nursing License Number : 000130134

Financial Manager - Full Name : Alice Woodhouse  
Financial Manager - Email Address : royaltychh@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 - 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) :  
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 :  
 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? : No  
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 : Alice Woodhouse

Date : 11/20/2024