

Application Details

Application Status	Approved
Application Id	BLA-0000004213
DBA Name of Facility/Agency	Caregivers Hospice
Facility Type	Hospice
Application Type	Renewal License
Approved Date	11/26/2024
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	Hospice Plus of Virginia, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Caregivers Hospice		
Facility/Agency Physical Address	8500 Leesburg Pike, Suite 500		
Street	8500 Leesburg Pike, Suite 500		
City/Town	Vienna	County/Independent City	Fairfax
State	Virginia	Zip Code	22182
Telephone Number	5717660922	Fax Number	

Mailing Address

Mailing Address	8500 Leesburg Pike, Suite 500		
Street	8500 Leesburg Pike, Suite 500		
City/Town	Vienna	County/Independent City	Fairfax
State	Virginia	Zip Code	22182

Facility/Agency Email Address : rommel@hospiceplusofvirginia.com

Federal Employer Identification Number (FEIN) : 85-3574633

Current License Number : HSP-0000440

Administrator of Record(If different than Owner/Operator)

Full Name : Ivy Hormillada

Title :

Telephone Number :

Email Address : rommel@hospiceplusofvirginia.com

Ownership Information

Legal Name of Owner : Sam Saeidi

Physical Address : 8500 Leesburg Pike, Suite 500
Street : 8500 Leesburg Pike, Suite 500
City/Town : Vienna
County/Independent City : Vienna City
State : Virginia
Zip Code : 22182

Mailing Address : 8500 Leesburg Pike, Suite 500
Street : 8500 Leesburg Pike, Suite 500
City/Town : Vienna
County/Independent City : Vienna City
State : Virginia
Zip Code : 22182

Email Address : sam@hospiceplusofvirginia.com
Telephone Number : 5717660922
Fax Number : 7039400691

Federal Employer Identification Number (FEIN) : 85-3574633

Chief Administrative Officer

Full Name : Raihana Noorzad

Mailing Address : 8500 Leesburg Pike, Suite 500
Street : 8500 Leesburg Pike, Suite 500
City/Town : Vienna
County/Independent City : Vienna City
State : Virginia
Zip Code : 22182

Phone Number : 5717660922
Email Address : raihana.noorzad@caregivershhs.net

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Sam Saeidi	25.00%
Harold Ray Mertz	25.00%
Rommel Pinili	25.00%
Ivy Hormillada	10.00%

Sum of Ownership Percentage (%) : 85.00%

Types of Ownerships & Control : For Profit

For Profit : Limited Liability Company

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Hospice Plus of Virginia, LLC

Physical Address : 8500 Leesburg Pike, Suite 500
Street : 8500 Leesburg Pike, Suite 500
City/Town : Vienna
County/Independent City : Vienna City
State : Virginia
Zip Code : 22182

Mailing Address : 8500 Leesburg Pike, Suite 500
Street : 8500 Leesburg Pike, Suite 500
City/Town : Vienna
County/Independent City : Vienna City
State : Virginia
Zip Code : 22182

Phone Number : 5717660922
Email Address : sam@caregivershhs.net

Federal Employer Identification Number (FEIN) : 85-3574633

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	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

Hospice Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : Raihana Noorzad
Administrator - Email Address : raihana.noorzad@caregivershhs.net
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Ivy Hormillada
Alternate Administrator - Email Address : ivy@caregivershhs.net
Alternate Administrator - Virginia License(if applicable) :

Director of Nursing - Full Name : Raihana Noorzad
Director of Nursing - Email Address : raihana.noorzad@caregivershhs.net
Director of Nursing - Nursing License Number : 0001181986

Medical Director - Full Name : Cyril Allen
Medical Director - Email Address : docallen1989@gmail.com
Medical Director - Virginia License : 0101245894

Hospice Information - Services

Geographic service areas

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

City/County : Fairfax County Loudoun County Arlington County Alexandria City Stafford Frederick

Services to be provided

- Nursing Services : Direct
- Counseling Services : Direct
- Physician Services : Contract
- Medical Social Services : Direct
- Home Attendant Services : Direct
- Physical Therapy Services : Contract
- Occupational Therapy Services : Contract
- Speech Therapy Services : Contract
- Volunteer Services : Direct

Other Service

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

Hospice Information - Medicare

Are you enrolled as a Medicare provider? : Yes

Medicare Provider Number : 49-1653

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? : 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 : Rommel Pinili, Executive VP

Date : 11/20/2024