

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000004227
<b>DBA Name of Facility/Agency</b>	Mother's Helper Healthcare
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Mid-Term Change License
<b>Approved Date</b>	8/20/2025
<b>Effective Date</b>	
<b>Expiration Date</b>	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	
Legal Name of Facility/Agency	Mother's Helper Home Care, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Mother's Helper Healthcare		
Facility/Agency Physical Address	6330 Newtown Rd ste 200, Norfolk, VA 23502, USA		
Street	6330 Newtown Rd ste 200		
City/Town	Norfolk	County/Independent City	Norfolk City
State	Virginia	Zip Code	23502
Telephone Number	7576985242	Fax Number	7575244182

### Mailing Address

Mailing Address	6330 Newtown Rd ste 200, Norfolk, VA 23502, USA		
Street	6330 Newtown Rd ste 200		
City/Town	Norfolk	County/Independent City	Norfolk City
State	Virginia	Zip Code	23502

Facility/Agency Email Address : [homecare@mothershelperhealthcare.com](mailto:homecare@mothershelperhealthcare.com)

Federal Employer Identification Number (FEIN) : 85-0978370

Current License Number : HCO-0006033

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

Full Name : Mikhayah Yishrael-Carter

Title : Administrator/Owner

Telephone Number : 7575244176

Email Address : mycarter@mothershelperhealthcare.com

## **Ownership Information**

Legal Name of Owner : Mikhayah Yishrael-Carter

**Physical Address** : 6330 Newtown Rd ste 200, Norfolk, VA 23502, USA  
Street : 6330 Newtown Rd ste 200  
City/Town : Norfolk  
County/Independent City :  
State : VA  
Zip Code : 23502

**Mailing Address** : 6330 Newtown Rd ste 200, Norfolk, VA 23502, USA  
Street : 6330 Newtown Rd ste 200  
City/Town : Norfolk  
County/Independent City : Norfolk City  
State : VA  
Zip Code : 23502

Email Address : mycarter@mothershelperhealthcare.com  
Telephone Number : 7575244176  
Fax Number : 7575244182

Federal Employer Identification Number (FEIN) : 85-0978370

### **Chief Administrative Officer**

Full Name : Mikhayah Yishrael-Carter

Mailing Address : 6330 Newtown Rd ste 200, Norfolk, VA 23502, USA  
Street : 6330 Newtown Rd ste 200  
City/Town : Norfolk  
County/Independent City :  
State : VA  
Zip Code : 23502

Phone Number : 7576985242  
Email Address : mycarter@mothershelperhealthcare.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>
Mikhayah Yishrael-Carter	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 : Mikhayah Yishrael-Carter

Physical Address : 6330 Newtown Rd ste 200, Norfolk, VA 23502, USA  
Street : 6330 Newtown Rd ste 200  
City/Town : Norfolk  
County/Independent City : Norfolk City  
State : VA  
Zip Code : 23502

Mailing Address : 6330 Newtown Rd ste 200, Norfolk, VA 23502, USA  
Street : 6330 Newtown Rd ste 200  
City/Town : Norfolk  
County/Independent City : Norfolk City  
State : VA  
Zip Code : 23502

Phone Number : 7575244177  
Email Address : mycarter@mothershelperhealthcare.com

Federal Employer Identification Number (FEIN) : 85-0978370

## 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>
Tuesday	10:00 am	03:00 pm
Wednesday	10:00 am	03:00 pm
Thursday	10:00 am	03:00 pm
Friday	10:00 am	03:00 pm

## **Home Care Organization Information - Services**

### **Geographic service areas**

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

City/County : Norfolk Chesapeake Virginia Beach Portsmouth Hampton Newport News Suffolk  
Williamsburg

## **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  
: Yes

Email : [homecare@mothershelperhealthcare.com](mailto:homecare@mothershelperhealthcare.com)

Address : 3500 Virginia Beach Blvd ste f, Virginia Beach, VA 23452, USA

Street : 3500 Virginia Beach Blvd ste f

City/Town : Virginia Beach

County :

Zip Code : 23452

State :

Phone Number : 7575244177

## **Home Care Organization Information - Administrative Personnel**

### **Provide the following information on administrative personnel**

Administrator - Full Name : Mikhayah Yishrael-Carter  
Administrator - Email Address : mycater@mothershelperhealthcare.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Levon Pinkney  
Alternate Administrator - Email Address : l.pinkney@mothershelperhealthcare.com  
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Sarah Lee Marshall  
Nursing Manager - Email Address : s.marshall@mothershelperhealthcare.com  
Nursing Manager - Nursing License Number : 1285397

Financial Manager - Full Name : Mikhayah Yishrael-Carter  
Financial Manager - Email Address : mycarter@mothershelperhealthcare.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 :  
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 : 1  
 Names of Contracting Agencies : Never Alone Care LLC.

**CNAs and Home Attendants**

Number of Direct : 20  
 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 : Sarah Lee Marshall  
 Email : s.marshall@mothershelperhealthcare.com  
 License Number : 1285397

## **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 : Mikhayah Yishrael Carter

Date : 11/21/2024