

Application Details

Application Status	Approved
Application Id	BLA-0000004842
DBA Name of Facility/Agency	A Kindhearted Touch Home Healthcare, LLC
Facility Type	Home Care Organization
Application Type	Mid-Term Change License
Approved Date	8/19/2025
Effective Date	3/1/2025
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	3/1/2025
Legal Name of Facility/Agency	A Kindhearted Touch Home Healthcare, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	A Kindhearted Touch Home Healthcare, LLC		
Facility/Agency Physical Address	404 Investors Pl Ste 104, Virginia Beach, VA 23452, USA		
Street	404 Investors Pl ste 104		
City/Town	Virginia Beach	County/Independent City	Virginia Beach City
State	Virginia	Zip Code	23452
Telephone Number	7574049744	Fax Number	7573015506

Mailing Address

Mailing Address	404 Investors Pl Ste 104, Virginia Beach, VA 23452, USA		
Street	404 Investors Pl ste 104		
City/Town	Virginia Beach	County/Independent City	Virginia Beach City
State	VA	Zip Code	23452

Facility/Agency Email Address : akindheartedtough@gmail.com

Federal Employer Identification Number (FEIN) : 86-3900461

Current License Number : HCO-0002761

Administrator of Record(If different than Owner/Operator)

Full Name : Kimyatta Rivers

Title :

Telephone Number :

Email Address : akindheartedtough@gmail.com

Ownership Information

Legal Name of Owner : Kimyatta Rivers

Physical Address : 404 Investors Pl ste 104, Virginia Beach, VA 23452, USA
Street : 404 Investors Pl ste 104
City/Town : Virginia Beach
County/Independent City : Virginia Beach City
State : VA
Zip Code : 23452

Mailing Address : 404 Investors Pl ste 104, Virginia Beach, VA 23452, USA
Street : 404 Investors Pl ste 104
City/Town : Virginia Beach
County/Independent City : Virginia Beach City
State : VA
Zip Code : 23452

Email Address : akindheartedtough@gmail.com
Telephone Number : 7574049744
Fax Number : 7573015506

Federal Employer Identification Number (FEIN) : 86-3900461

Chief Administrative Officer

Full Name : Kimyatta Rivers

Mailing Address : 404 Investors Pl ste 104, Virginia Beach, VA 23452, USA
Street : 404 Investors Pl ste 104
City/Town : Virginia Beach
County/Independent City : Virginia Beach City
State : VA
Zip Code : 23452

Phone Number : 7574049744
Email Address : akindheartedtough@gmail.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Kimyatta Rivers	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 : Kimyatta Rivers

Physical Address : 404 Investors Pl ste 104, Virginia Beach, VA 23452, USA

Street : 404 Investors Pl ste 104

City/Town : Virginia Beach

County/Independent City : Virginia Beach City

State : VA

Zip Code : 23452

Mailing Address : 404 Investors Pl ste 104, Virginia Beach, VA 23452, USA

Street : 404 Investors Pl ste 104

City/Town : Virginia Beach

County/Independent City : Virginia Beach City

State : VA

Zip Code : 23452

Phone Number : 7578057719

Email Address : akindheartedtough@gmail.com

Federal Employer Identification Number (FEIN) : 86-3900461

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	08:00 am	05:00 pm
Tuesday	08:00 am	05:00 pm
Wednesday	08:00 am	05:00 pm
Thursday	08:00 am	05:00 pm
Friday	08:00 am	02:00 pm

Home Care Organization Information - Services

Geographic service areas

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

City/County : Norfolk, Portsmouth, Virginia Beach, Hampton, Suffolk, Newport News, 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
: 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 : Kimyatta Rivers
Administrator - Email Address : akindheartedtough@gmail.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Taneisha Winns
Alternate Administrator - Email Address : akindheartedtough@gmail.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Taneisha Winns
Nursing Manager - Email Address : akindheartedtough@gmail.com
Nursing Manager - Nursing License Number : 0001259159

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) : Both
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 :
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 16
 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? :

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 : Kimyatta T. Rivers Owner/Administrator

Date : 3/4/2025