

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000004852
<b>DBA Name of Facility/Agency</b>	Bon Secours Hospice by Compassus
<b>Facility Type</b>	Hospice
<b>Application Type</b>	Exemption
<b>Approved Date</b>	3/7/2025
<b>Effective Date</b>	4/23/2024
<b>Expiration Date</b>	

## Facility/Agency Details

Application Type	Exemption	License Effective Date	4/23/2024
Legal Name of Facility/Agency	Compassus BSMH Hampton Roads Hospice, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Bon Secours Hospice by Compassus		
Facility/Agency Physical Address	7007 Harbour View Blvd suite 114, Suffolk, VA 23435, USA		
Street	7007 Harbour View Boulevard		
City/Town	Suffolk	County/Independent City	Suffolk City
State	Virginia	Zip Code	23435
Telephone Number	7573916017	Fax Number	7573976457

### Mailing Address

Mailing Address	10 Cadillac Dr, Brentwood, TN 37027, USA		
Street	10 Cadillac Drive		
City/Town	Brentwood	County/Independent City	Williamson County
State	TN	Zip Code	37027

Facility/Agency Email Address : jackie.edelhuber@compassus.com

Federal Employer Identification Number (FEIN) : 99-1574630

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

Full Name : Marianne Walston  
 Title : Administrator  
 Telephone Number : 7573916017  
 Email Address : marianne.walston@compassus.com

## **Ownership Information**

Legal Name of Owner : Compassus BSMH Hampton Roads Hospice, LLC

**Physical Address** : 10 Cadillac Dr, Brentwood, TN 37027, USA

Street : 10 Cadillac Drive

City/Town : Brentwood

County/Independent City : Williamson County

State : TN

Zip Code : 37027

**Mailing Address** : 10 Cadillac Dr, Brentwood, TN 37027, USA

Street : 10 Cadillac Drive

City/Town : Brentwood

County/Independent City : Williamson County

State : TN

Zip Code : 37027

Email Address : jackie.edelhuber@compassus.com

Telephone Number : 4178414834

Fax Number :

Federal Employer Identification Number (FEIN) : 99-1574630

### **Chief Administrative Officer**

Full Name : Russell Adkins

Mailing Address : 10 Cadillac Dr, Brentwood, TN 37027, USA

Street : 10 Cadillac Drive

City/Town : Brentwood

County/Independent City : Williamson County

State : TN

Zip Code : 37027

Phone Number : 4178414834

Email Address : jackie.edelhuber@compassus.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>
Compassus BSMH Hampton Roads Holdco, LLC	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 : Compassus BSMH Hampton Roads Hospice, LLC

Physical Address : 10 Cadillac Dr, Brentwood, TN 37027, USA

Street : 10 Cadillac Drive

City/Town : Brentwood

County/Independent City : Williamson County

State : TN

Zip Code : 37027

Mailing Address : 10 Cadillac Dr, Brentwood, TN 37027, USA

Street : 10 Cadillac Drive

City/Town : Brentwood

County/Independent City : Williamson County

State : TN

Zip Code : 37027

Phone Number : 4178414834

Email Address : jackie.edelhuber@compassus.com

Federal Employer Identification Number (FEIN) : 99-1574630

## 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)

<b>Days of the Week</b>	<b>Time Open(a.m.)</b>	<b>Time Closed(p.m.)</b>
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	05:00 pm

## **Hospice Information - Administrative Personnel**

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

Administrator - Full Name : Marianne Walston  
Administrator - Email Address : marianne.walston@compassus.com  
Administrator - Virginia License(If applicable) : 0001102098

Alternate Administrator - Full Name : La Freda Davis  
Alternate Administrator - Email Address : lafreda.davis@compassus.com  
Alternate Administrator - Virginia License(if applicable) : 0001229726

Director of Nursing - Full Name : La Freda Davis  
Director of Nursing - Email Address : lafreda.davis@compassus.com  
Director of Nursing - Nursing License Number : 0001229726

Medical Director - Full Name : Vishwas Patel  
Medical Director - Email Address : vishwas.patel@compassus.com  
Medical Director - Virginia License : 0101243650

## Hospice Information - Services

### Geographic service areas

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

City/County : Portsmouth 23701 23702 23703 23704 23707 Suffolk/Smithfield 23314 23315 23430  
Smithfield 23432 23433 23434 23435 23436 23437 23438 23487 23888 23898 23397 Isle of Wight 23424  
Rescue 23851 Franklin 23827 Boykins 23837 Courtland 23874 Newsoms 23878 Sedley Chesapeake 23320  
23321 23322 23323 23324 23325 Virginia Beach 23450 23451 23452 23453 23454 23455 23456 23457  
23458 23459 23460 23461 23462 23463 23464 Norfolk 23502 23503 23504 23505 23507 23508 23509  
23510 23511 23513 23517 23518 23519 23523 Newport News 23601 23602 23603 23604 23605 23606  
23607 23608 Hampton 23651 23661 23662 23663 23664 23665 23666 23667 23668 23669 23690 Capron  
Williamsburg 23185 23188 23090 23186 23187 Poquoson 23662 Gloucester & York 23061 23062 23072  
23690 23691 23692 23693 23694 23696 Ivor

### Services to be provided

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

### Other Service

Service Name	Service Option
Dietician	Direct

## **Hospice Information - Medicare**

Are you enrolled as a Medicare provider? : Yes

Medicare Provider Number : 49-1503

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 Exemption Information - Exemption claimed

The Joint Commission (TJC)

Effective Date :

The Community Health Accreditation Program (CHAP)

Effective Date : 3/18/2025

The Accreditation Commission for Health Care (ACHC)

Effective Date :

Other

The Organization is federally certified.

Medicare Provider Number: 49-1503

### Accrediting Organization

Name	Effective Date
CHAP	10/4/2024

## **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? :

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 : Jackie Edelhuber

Date : 3/5/2025