

Application Details

Application Status	Approved
Application Id	BLA-0000005049
DBA Name of Facility/Agency	ACG Hospice
Facility Type	Hospice
Application Type	Mid-Term Change License
Approved Date	4/11/2025
Effective Date	4/10/2025
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	Mid-Term Change License	License Effective Date	4/10/2025
Legal Name of Facility/Agency	Cardinal Hospice, LLC - (Chesapeake)		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	ACG Hospice		
Facility/Agency Physical Address	1401 Kempsville Rd, Suite A Chesapeake, VA 23320		
Street	1401 Kempsville Rd, Suite A		
City/Town	Chesapeake	County/Independent City	Chesapeake
State	Virginia	Zip Code	23320
Telephone Number	7576649650	Fax Number	7576649655

Mailing Address

Mailing Address	187 North Church Street, Suite 201 Spartanburg, SC 29306		
Street	187 North Church Street, Ste. 201		
City/Town	Spartanburg	County/Independent City	Spartanburg
State	SC	Zip Code	29306

Facility/Agency Email Address : pameladuncan@agapecaregroup.com

Federal Employer Identification Number (FEIN) : 85-0809421

Current License Number : HSP-0000403

Administrator of Record(If different than Owner/Operator)

Full Name : Stephanie Collier

Title : Administrator

Telephone Number : 8009322738

Email Address : stephanie.collier@acghospice.com

Ownership Information

Legal Name of Owner : Cardinal Hospice, LLC

Physical Address : 1401 Kempsville Rd, Suite A Chesapeake, VA 23320

Street : 1401 Kempsville Rd, Suite A

City/Town : Chesapeake

County/Independent City : Chesapeake

State : Virginia

Zip Code : 23320

Mailing Address : 187 North Church Street, Suite 201 Spartanburg, SC 29306

Street : 187 North Church Street, Suite 201

City/Town : Spartanburg

County/Independent City : Spartanburg

State : South Carolina

Zip Code : 29306

Email Address : pameladuncan@agapecaregroup.com

Telephone Number : 8009322378

Fax Number : 8888479306

Federal Employer Identification Number (FEIN) : 85-0809421

Chief Administrative Officer

Full Name : Troy Yarborough

Mailing Address : 187 N Church St ste. 201, Spartanburg, SC 29306, USA

Street : 187 North Church Street, Ste. 201

City/Town : Spartanburg

County/Independent City : Spartanburg County

State : SC

Zip Code : 29306

Phone Number : 8009322378

Email Address : troy.yarborough@agapecaregroup.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
ACG Acquisition, 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 : Cardinal Hospice, LLC.

Physical Address : 1401 Kempsville Rd, Suite A Chesapeake, VA 23320
Street : 1401 Kempsville Rd, Suite A
City/Town : Chesapeake
County/Independent City : Chesapeake
State : Virginia
Zip Code : 23320

Mailing Address : 187 North Church Street, Suite 201 Spartanburg, SC 29306
Street : 187 North Church Street, Suite 201
City/Town : Spartanburg
County/Independent City : Spartanburg
State : South Carolina
Zip Code : 29306

Phone Number : 8009322378
Email Address : pameladuncan@agapecaregroup.com

Federal Employer Identification Number (FEIN) : 85-0809421

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	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 : Stephanie Collier
Administrator - Email Address : stephanie.collier@acghospice.com
Administrator - Virginia License(If applicable) : 0001286322

Alternate Administrator - Full Name : Ann Spear
Alternate Administrator - Email Address : ann.spear@acghospice.com
Alternate Administrator - Virginia License(if applicable) : 0001264138

Director of Nursing - Full Name : Stephanie Collier
Director of Nursing - Email Address : stephanie.collier@acghospice.com
Director of Nursing - Nursing License Number : 0001286322

Medical Director - Full Name : Ohad Sheffy
Medical Director - Email Address : ohad.sheffy@acghospice.com
Medical Director - Virginia License : 0101255566

Hospice Information - Services

Geographic service areas

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

City/County : Counties: Isle of Wight, Independent, Northampton, Southampton, Surry (and all cities within these counties) Independent Cities: Norfolk, Suffolk, Chesapeake, Virginia Beach, Portsmouth, Franklin

Services to be provided

- Nursing Services : Direct
- Counseling Services : Direct
- Physician Services : Contract
- Medical Social Services : Contract
- 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
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Hospice Information - Medicare

Are you enrolled as a Medicare provider? : Yes

Medicare Provider Number : 49-1646

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? : No

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 : Hayley Eby, Manager of External Audits/Enrollment

Date : 4/10/2025