

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000005400
<b>DBA Name of Facility/Agency</b>	Boost Home Healthcare Fairfax-West
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Initial License
<b>Approved Date</b>	11/12/2025
<b>Effective Date</b>	10/7/2025
<b>Expiration Date</b>	10/6/2028

## Facility/Agency Details

Application Type	Initial License	License Effective Date	10/7/2025
Legal Name of Facility/Agency	Home Healthcare Virginia LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Boost Home Healthcare Fairfax-West		
Facility/Agency Physical Address	5442 Old Alexandria Turnpike		
Street	5442 Old Alexandria Turnpike		
City/Town	Warrenton	County/Independent City	Fauquier County
State	Virginia	Zip Code	20187
Telephone Number	7036282420	Fax Number	

### Mailing Address

Mailing Address	5442 Old Alexandria Turnpike, Warrenton, VA 20187, USA		
Street	5442 Old Alexandria Turnpike		
City/Town	Warrenton	County/Independent City	Fauquier County
State	Virginia	Zip Code	20187

Facility/Agency Email Address : straverso@boosthhc.com

Federal Employer Identification Number (FEIN) : 33-4002782

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

Full Name : Kimberly Dawn Pennix  
 Title : Administrator  
 Telephone Number : 5712856939  
 Email Address : kimpennix@aol.com

## **Ownership Information**

Legal Name of Owner : Home Healthcare Virginia LLC

**Physical Address** : 5442 Old Alexandria Turnpike, Warrenton, VA 20187, USA

Street : 5442 Old Alexandria Turnpike

City/Town : Warrenton

County/Independent City : Fauquier County

State : VA

Zip Code : 20187

**Mailing Address** : 5442 Old Alexandria Turnpike, Warrenton, VA 20187, USA

Street : 5442 Old Alexandria Turnpike

City/Town : Warrenton

County/Independent City : Fauquier County

State : VA

Zip Code : 20187

Email Address : straverso@boosthhc.com

Telephone Number : 7036282420

Fax Number :

Federal Employer Identification Number (FEIN) : 33-4002782

### **Chief Administrative Officer**

Full Name : Samantha Traverso

Mailing Address : 5442 Old Alexandria Turnpike, Warrenton, VA 20187, USA

Street : 5442 Old Alexandria Turnpike

City/Town : Warrenton

County/Independent City : Fauquier County

State : VA

Zip Code : 20187

Phone Number : 7036282420

Email Address : straverso@boosthhc.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>
Samantha Traverso	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 : Home Healthcare Virginia LLC

Physical Address : 5442 Old Alexandria Turnpike, Warrenton, VA 20187, USA  
Street : 5442 Old Alexandria Turnpike  
City/Town : Warrenton  
County/Independent City : Fauquier County  
State : VA  
Zip Code : 20187

Mailing Address : 5442 Old Alexandria Turnpike, Warrenton, VA 20187, USA  
Street : 5442 Old Alexandria Turnpike  
City/Town : Warrenton  
County/Independent City : Fauquier County  
State : VA  
Zip Code : 20187

Phone Number : 7036282420  
Email Address : straverso@boosthdc.com

Federal Employer Identification Number (FEIN) : 33-4002782

## 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>
Monday	08:30 am	05:00 pm
Tuesday	08:30 am	05:00 pm
Wednesday	08:30 am	05:00 pm
Thursday	08:30 am	05:00 pm
Friday	08:30 am	05:00 pm

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

### **Geographic service areas**

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

City/County : Fauquier County, Prince William County, Fairfax County, Arlington County, Loudoun County

## **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 : Kimberly Dawn Pennix  
Administrator - Email Address : kimpennix@aol.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Samantha Traverso  
Alternate Administrator - Email Address : straverso@boosthlc.com  
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Erica Robitaille  
Nursing Manager - Email Address : airikah505@gmail.com  
Nursing Manager - Nursing License Number : 0001249100

Financial Manager - Full Name : Samantha Traverso  
Financial Manager - Email Address : straverso@boosthlc.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 - Yes

Nursing Services : Direct  
Respiratory Therapy :  
Physical Therapy : Direct  
Occupational Therapy : Direct  
Speech Language Pathology : Direct  
Medical Social Services : Direct  
Other Services (Direct) :  
Other Services (Contract) :

\*Personal Care Services - Yes

Assistance with Activities of Daily Living (ADL) : Direct  
Administering Normally Self-Administered Drugs : Direct  
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 : 2  
 Number of Contract :  
 Names of Contracting Agencies :

**CNAs and Home Attendants**

Number of Direct : 1  
 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 : 1  
 Number of Contract : 0  
 Names of Contracting Agencies :

**Occupational Therapists and OT Assistants**

Number of Direct : 1  
 Number of Contract : 0  
 Names of Contracting Agencies :

**Speech Language Pathologists**

Number of Direct : 1  
 Number of Contract : 0  
 Names of Contracting Agencies :

**Other**

Title	Number of Direct	Number of Contract	Names of Contracting Agencies

**Skilled Services Director**

Full Name : Erica Robitaille  
 Email : airikah505@gmail.com  
 License Number : 0001249100

## **Home Care Organization Information - Medicare and Medicaid**

Are you enrolled as a Medicare provider? : No  
Do you plan to enroll as a Medicare provider? : Yes  
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 : SAMANTHA TRAVERSO, OWNER

Date : 5/28/2025