

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000005418
<b>DBA Name of Facility/Agency</b>	Ombi Home Care Services, LLC
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	7/17/2025
<b>Effective Date</b>	8/1/2025
<b>Expiration Date</b>	7/31/2028

## **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	Renewal License		
Legal Name of Facility/Agency	Ombi Home Care Services, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Ombi Home Care Services, LLC		
Facility/Agency Physical Address	5312 Peters Creek Rd Suite C, Hollins, VA 24019, USA		
Street	5312 Peters Creek Road		
City/Town	Hollins	County/Independent City	Roanoke County
State	Virginia	Zip Code	24019
Telephone Number	5402062543	Fax Number	5402062274

### Mailing Address

Mailing Address	5312 Peters Creek Rd Suite C, Hollins, VA 24019, USA		
Street	5312 Peters Creek Road		
City/Town	Hollins	County/Independent City	Roanoke County
State	VA	Zip Code	24019

Facility/Agency Email Address : ombihomecareservices@gmail.com

Federal Employer Identification Number (FEIN) :

Current License Number : HCO-0002105

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

Full Name : Eveline Hamenyimana

Title :

Telephone Number : 5402062543

Email Address : ombihomecareservices@gmail.com

## **Ownership Information**

Legal Name of Owner : Irihose Obed

**Physical Address** : 1674 Sigmon Rd NW, Roanoke, VA 24017, USA

Street : 1674 Sigmon Rd NW

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24017

**Mailing Address** : 1674 Sigmon Rd NW, Roanoke, VA 24017, USA

Street : 1674 Sigmon Rd NW

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24017

Email Address : obedirihose@gmail.com

Telephone Number : 5402789748

Fax Number :

Federal Employer Identification Number (FEIN) : 82-5074957

### **Chief Administrative Officer**

Full Name : Eveline Hamenyimana

Mailing Address : 5312 Peters Creek Rd suite c, Roanoke, VA 24019, USA

Street : 5312 Peters Creek Road, Suite C

City/Town : Roanoke City

County/Independent City : Roanoke City City

State : VA

Zip Code : 24019

Phone Number : 5402062543

Email Address : ombihomecareservices@gmail.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>
Irihose Obed	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 : Irihose Obed

Physical Address : 5312 Peters Creek Rd Suite C, Roanoke, VA 24019, USA  
Street : 5312 Peters Creek Road, Suite C  
City/Town : Roanoke City  
County/Independent City : Roanoke City City  
State : VA  
Zip Code : 24019

Mailing Address : 5312 Peters Creek Rd Suite C, Roanoke, VA 24019, USA  
Street : 5312 Peters Creek Road, Suite C  
City/Town : Roanoke City  
County/Independent City : Roanoke City City  
State : VA  
Zip Code : 24019

Phone Number : 5402062543  
Email Address : ombihomecareservices@gmail.com

Federal Employer Identification Number (FEIN) : 82-5074957

## 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	09:00 am	05:00 pm
Tuesday	09:00 am	05:00 pm
Wednesday	09:00 am	05:00 pm
Thursday	09:00 am	05:00 pm
Friday	09:00 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 : Roanoke City, VA, Salem, VA, Bedford, VA, Christiansburg, VA, Roanoke County, VA,...

## **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 : Eveline Hamenyimana

Administrator - Email Address : ombihomecareservices@gmail.com

Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Irihose Obed

Alternate Administrator - Email Address : ombihomecareservices@gmail.com

Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Shekeira Brown

Nursing Manager - Email Address : ombihomecareservices@gmail.com

Nursing Manager - Nursing License Number : 0001203031

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) : 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 :  
 Names of Contracting Agencies :

**CNAs and Home Attendants**

Number of Direct : 85  
 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? : Yes

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 : Eveline Hamenyimana/Administrator

Date : 5/27/2025