

Application Details

Application Status	Approved
Application Id	BLA-0000005483
DBA Name of Facility/Agency	Cornerstone Caregiving
Facility Type	Home Care Organization
Application Type	Mid-Term Change License
Approved Date	10/26/2025
Effective Date	6/1/2025
Expiration Date	10/29/2027

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	6/1/2025
Legal Name of Facility/Agency	Cornerstone Caregiving East, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Cornerstone Caregiving		
Facility/Agency Physical Address	1201 Texas St, Salem, VA 24153, USA		
Street	1201 Texas Street		
City/Town	Salem	County/Independent City	Salem City
State	Virginia	Zip Code	24153
Telephone Number	5402409699	Fax Number	0000000000

Mailing Address

Mailing Address	2612 Washington Ave ste 1, Waco, TX 76710, USA		
Street	2612 Washington Avenue, Ste 1		
City/Town	Waco	County/Independent City	McLennan County
State	TX	Zip Code	76710

Facility/Agency Email Address : scozby@cornerstonecaregiving.com

Federal Employer Identification Number (FEIN) : 85-3419758

Current License Number : HCO-0005582

Administrator of Record(If different than Owner/Operator)

Full Name : Jody Meinster

Title : Administrator

Telephone Number : 5059472073

Email Address :

Ownership Information

Legal Name of Owner : Cornerstone Caregiving LLC

Physical Address : 2612 Washington Ave ste 1, Waco, TX 76710, USA
Street : 2612 Washington Avenue, Ste 1
City/Town : Waco
County/Independent City : McLennan County
State : TX
Zip Code : 76710

Mailing Address : 2612 Washington Ave ste 1, Waco, TX 76710, USA
Street : 2612 Washington Avenue
City/Town : Waco
County/Independent City : Waco City
State : TX
Zip Code : 76710

Email Address : mthillman@cornerstonecaregiving.com
Telephone Number : 2545035233
Fax Number :

Federal Employer Identification Number (FEIN) : 84-5109160

Chief Administrative Officer

Full Name : Sidney Cozby

Mailing Address : 2612 Washington Ave ste 1, Waco, TX 76710, USA
Street : 2612 Washington Avenue, Ste 1
City/Town : Waco
County/Independent City : McLennan County
State : TX
Zip Code : 76710

Phone Number :
Email Address :

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Cornerstone Caregiving 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 : Cornerstone Caregiving East, LLC

Physical Address : 2612 Washington Ave ste 1, Waco, TX 76710, USA

Street : 2612 Washington Avenue, Ste 1

City/Town : Waco

County/Independent City : McLennan County

State : TX

Zip Code : 76710

Mailing Address : 2612 Washington Ave ste 1, Waco, TX 76710, USA

Street : 2612 Washington Avenue, Ste 1

City/Town : Waco

County/Independent City : McLennan County

State : TX

Zip Code : 76710

Phone Number : 2545035233

Email Address : scozby@cornerstonecaregiving.com

Federal Employer Identification Number (FEIN) : 85-3419758

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	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, Salem, Montgomery, Franklin, Bedford, Botetourt, Craig, Lee, Scott, Russell, Wise, Washington, Campbell, Montgomery, Pittsylvania, Henry, Halifax, Charlotte, Amherst, Appomattox, Floyd, Giles, Pulaski

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 : Yes

Name : Cornerstone Caregiving
Email : lynchburgva@cornerstonecaregiving.com
Address : 6000 Boonsboro Rd suite 1, Lynchburg, VA 24503, USA
Street : 6000 Boonsboro Rd suite 1
City/Town : Lynchburg
County : Bedford County
Zip Code : 24503
State :
Phone Number : 4343003925

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 : Jody Meinster
Administrator - Email Address : roanokeva@cornerstonecaregiving.com
Administrator - Virginia License(If applicable) : 0001279394

Alternate Administrator - Full Name : Sabrina Torgesen
Alternate Administrator - Email Address : storgesen@cornerstonecaregiving.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Jody Meinster
Nursing Manager - Email Address : roanokeva@cornerstonecaregiving.com
Nursing Manager - Nursing License Number : 0001279394

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 : 0
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 1
 Number of Contract : 0
 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? : 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 : Sidney Cozby - Dir. of Licensure

Date : 9/18/2025