

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000005668
<b>DBA Name of Facility/Agency</b>	Ageless Simplicity Services
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	8/29/2025
<b>Effective Date</b>	4/5/2026
<b>Expiration Date</b>	4/4/2029

## **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	Ageless Simplicity, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Ageless Simplicity Services		
Facility/Agency Physical Address	43374 Apple Orch Sq, Ashburn, VA 20147, USA		
Street	43374 Apple Orchard Square		
City/Town	Ashburn	County/Independent City	Loudoun County
State	Virginia	Zip Code	20147
Telephone Number	5715417116	Fax Number	5717512026

### Mailing Address

Mailing Address	43300-116 Southern Walk Plaza, Suite 237		
Street	43300-116 Southern Walk Plaza, Suite 237		
City/Town	Ashburn	County/Independent City	Loudoun County
State	Virginia	Zip Code	20147

Facility/Agency Email Address : ageless\_simplicity@icloud.com

Federal Employer Identification Number (FEIN) : 47-5291305

Current License Number : HCO-0003297

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

Full Name : Oyin Aluko

Title :

Telephone Number :

Email Address : ageless\_simplicity@icloud.com

## **Ownership Information**

Legal Name of Owner : Oyin Damola Aluko

**Physical Address** : 43374 Apple Orch Sq, Ashburn, VA 20147, USA

Street : 43374 Apple Orch Sq

City/Town : Ashburn

County/Independent City : Loudoun County

State : VA

Zip Code : 20147

**Mailing Address** : 43374 Apple Orch Sq, Ashburn, VA 20147, USA

Street : 43374 Apple Orch Sq

City/Town : Ashburn

County/Independent City : Loudoun County

State : VA

Zip Code : 20147

Email Address : admin@simplicityhca.com

Telephone Number : 5715417116

Fax Number : 5717512026

Federal Employer Identification Number (FEIN) : 47-5191305

### **Chief Administrative Officer**

Full Name : oyin aluko

Mailing Address : 43374 Apple Orch Sq, Ashburn, VA 20147, USA

Street : 43374 Apple Orch Sq

City/Town : Ashburn

County/Independent City : Loudoun County

State : VA

Zip Code : 20147

Phone Number : 5715417116

Email Address : admin@simplicityhca.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>
oyin damol Aluko	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : Oyin Damola Aluko

Physical Address : 43374 Apple Orch Sq, Ashburn, VA 20147, USA

Street : 43374 Apple Orch Sq

City/Town : Ashburn

County/Independent City : Loudoun County

State : VA

Zip Code : 20147

Mailing Address : 43374 Apple Orch Sq, Ashburn, VA 20147, USA

Street : 43374 apple orchard square

City/Town : Ashburn

County/Independent City : Loudoun County

State : VA

Zip Code : 20147

Phone Number : 5715417116

Email Address : admin@simplicityhca.com

Federal Employer Identification Number (FEIN) : 47-5291305

## 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	10:00 am	04:00 pm
Tuesday	10:00 am	04:00 pm
Wednesday	10:00 am	04:00 pm
Thursday	10:00 am	04:00 pm
Friday	10:00 am	04:00 pm
Saturday	11:00 am	04:00 pm

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

### **Geographic service areas**

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

City/County : Arlington, Fairfax, Loudoun, Prince William, Spotsylvania, Stafford, Culpeper, Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, and Manassas Park

## **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 : Oyin Aluko  
Administrator - Email Address : ageless\_simplicity@icloud.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Oluwatoyin Adisa  
Alternate Administrator - Email Address : oyina@simplicityhca.com  
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Oluwatoyin Adisa  
Nursing Manager - Email Address : oyina@simplicityhca.com  
Nursing Manager - Nursing License Number : 0024171618

Financial Manager - Full Name : tomi aluko  
Financial Manager - Email Address : tomia@simplicityhca.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 : Contract  
Occupational Therapy : Contract  
Speech Language Pathology : Contract  
Medical Social Services : Contract  
Other Services (Direct) :  
Other Services (Contract) :

\*Personal Care Services - Yes

Assistance with Activities of Daily Living (ADL) : Both  
Administering Normally Self-Administered Drugs : Contract  
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 : 3  
 Names of Contracting Agencies : freda moore

**CNAs and Home Attendants**

Number of Direct : 2  
 Number of Contract : 6  
 Names of Contracting Agencies : benedicta amookhoa

**Respiratory Therapists**

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

**Physical Therapists and PT Assistants**

Number of Direct : 0  
 Number of Contract : 3  
 Names of Contracting Agencies : vg connect venture llc

**Occupational Therapists and OT Assistants**

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

**Speech Language Pathologists**

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

**Other**

Title	Number of Direct	Number of Contract	Names of Contracting Agencies

**Skilled Services Director**

Full Name : oluwatoyin adisa  
 Email : oyina@simplicityhca.com  
 License Number : 0024171618

## **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? : Yes  
Do you plan to enroll as a Medicaid provider? :  
Medicaid Provider Number : 49-3001

## **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 : Oyin Aluko, Administrator

Date : 6/21/2025