

Application Details

Application Status	Approved
Application Id	BLA-0000005766
DBA Name of Facility/Agency	Blue Dove Home Health Services, LLC
Facility Type	Home Care Organization
Application Type	Renewal License
Approved Date	7/27/2025
Effective Date	8/1/2025
Expiration Date	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	Blue Dove Home Health Services, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Blue Dove Home Health Services, LLC		
Facility/Agency Physical Address	8484 Dorsey Cir Unit 201, Manassas, VA 20110, USA		
Street	8484 Dorsey Circle		
City/Town	Manassas	County/Independent City	Prince William County
State	Virginia	Zip Code	20110
Telephone Number	7033611016	Fax Number	7033611018

Mailing Address

Mailing Address	8484 Dorsey Cir Unit 201, Manassas, VA 20110, USA		
Street	8484 Dorsey Circle		
City/Town	Manassas	County/Independent City	Manassas City
State	Virginia	Zip Code	20110

Facility/Agency Email Address : etabod@bluedovehomehealth.com

Federal Employer Identification Number (FEIN) :

Current License Number : HCO-0000882

Administrator of Record(If different than Owner/Operator)

Full Name : ELIZABETH Tebuh Tabod

Title :

Telephone Number : 7037982629

Email Address : etabod@bluedovehomehealth.com

Ownership Information

Legal Name of Owner : Elizabeth Tabod

Physical Address : 8484 Dorsey Circle, Unit 201
Street : 8424 Dorsey Cir
City/Town : Manassas
County/Independent City : Prince William County
State : VA
Zip Code : 20110

Mailing Address : 8484 Dorsey Circle, Unit 201
Street : 8424 Dorsey Cir
City/Town : Manassas
County/Independent City : Manassas City
State : VA
Zip Code : 20110

Email Address : etabod@bluedovehomehealth.com
Telephone Number : 7033611016
Fax Number : 7033611018

Federal Employer Identification Number (FEIN) : 45-4991310

Chief Administrative Officer

Full Name : ELIZABETH TABOD

Mailing Address : 8424 Dorsey Cir, Manassas, VA 20110, USA
Street : 8424 Dorsey Cir
City/Town : Manassas
County/Independent City : Manassas City
State : VA
Zip Code : 20110

Phone Number : 7038997624
Email Address : etabod@bluedovehomehealth.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
ELIZABETH TABOD	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 : Elizabeth Tabod

Physical Address : 8424 Dorsey Cir, Manassas, VA 20110, USA

Street : 8424 Dorsey Cir

City/Town : Manassas

County/Independent City : Manassas City

State : VA

Zip Code : 20110

Mailing Address : 8424 Dorsey Cir, # 201

Street : 8424 DORSEY CIR # 201

City/Town : MANASSAS

County/Independent City : MANASSAS City

State : VA

Zip Code : 20110

Phone Number : 7033611016

Email Address : etabod@bluedovehomehealth.com

Federal Employer Identification Number (FEIN) : 45-4991310

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	08:30 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 : FAIRFAX COUNTY, ARLINGTON COUNTY, LOUDOURN COUNTY, MANASSAS PARK, FALLS CHURCH, MANASSAS CITY, PRINCE WILLIAM COUNTY, ALEXANDRA CITY, FAUQUIER COUNTY, FREDERICKBURG COUNTY, STAFFORD COUNTY, FAIRFAX

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 :

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 : ELIZABETH Tebuh Tabod
Administrator - Email Address : etabod@bluedovehomehealth.com
Administrator - Virginia License(If applicable) : RN # 0001222156

Alternate Administrator - Full Name : DEREK WALKER
Alternate Administrator - Email Address : dwalker@bluedovehomehealth.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : ELIZABETH TABOD
Nursing Manager - Email Address : etabod@bluedovehomehealth.com
Nursing Manager - Nursing License Number : RN 0001222156

Financial Manager - Full Name : JESSICA HERNADEZ
Financial Manager - Email Address : consulting@jjbillingservices.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 : Both
Respiratory Therapy :
Physical Therapy : Both
Occupational Therapy : Both
Speech Language Pathology : Both
Medical Social Services : Contract
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 : 4
 Number of Contract : 12
 Names of Contracting Agencies : INHOUSE INDEPENDENT CONTACTOR

CNAs and Home Attendants

Number of Direct : 9
 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 : 3
 Number of Contract : 12
 Names of Contracting Agencies : IN HOUSE INDEPENDENT CONTRACTOR

Occupational Therapists and OT Assistants

Number of Direct : 0
 Number of Contract : 6
 Names of Contracting Agencies : IN HOUSE INDEPENDENT CONTRACTOR

Speech Language Pathologists

Number of Direct : 0
 Number of Contract : 3
 Names of Contracting Agencies : IN HOUSE INDEPENDENT CONTRACTOR .

Other

Title	Number of Direct	Number of Contract	Names of Contracting Agencies

Skilled Services Director

Full Name : ELIZABETH TABOD
 Email : etabod@bluedovehomehealth.com
 License Number : 0001222156

Home Care Organization Information - Medicare and Medicaid

Are you enrolled as a Medicare provider? : Yes
Do you plan to enroll as a Medicare provider? :
Medicare Provider Number : 49-7701
Are you enrolled as a Medicaid provider? : Yes
Do you plan to enroll as a Medicaid provider? :
Medicaid Provider Number : 49-7701

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 : Elizabeth Tabod

Date : 7/1/2025