

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000006020
<b>DBA Name of Facility/Agency</b>	Optimal Healthcare Services
<b>Facility Type</b>	Home Care Organization
<b>Application Type</b>	Renewal License
<b>Approved Date</b>	8/24/2025
<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	Optimal Healthcare Services, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Optimal Healthcare Services		
Facility/Agency Physical Address	2865 Powell Dr, Woodbridge, VA 22191, USA		
Street	2865 Powell Drive		
City/Town	Woodbridge	County/Independent City	Prince William County
State	Virginia	Zip Code	22191
Telephone Number	7038890310	Fax Number	7038781878

### Mailing Address

Mailing Address	2865 Powell Dr, Woodbridge, VA 22191, USA		
Street	2865 Powell Drive		
City/Town	Woodbridge	County/Independent City	Prince William County
State	Virginia	Zip Code	22191

Facility/Agency Email Address : optimalhealthcareservicesllc@gmail.com

Federal Employer Identification Number (FEIN) :

Current License Number : HCO-0001871

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

Full Name : Chidi Ihezue

Title : Administrator

Telephone Number :

Email Address : optimalhealthcareservicesllc@gmail.com

## **Ownership Information**

Legal Name of Owner : Chidi Ihezue

**Physical Address** : 2865 Powell Dr, Woodbridge, VA 22191, USA

Street : 2865 Powell Drive

City/Town : Woodbridge

County/Independent City : Prince William County

State : VA

Zip Code : 22191

**Mailing Address** : 2865 Powell Dr, Woodbridge, VA 22191, USA

Street : 2865 Powell Drive

City/Town : Woodbridge

County/Independent City : Woodbridge City

State : VA

Zip Code : 22191

Email Address : dallofb@yahoo.com

Telephone Number : 7038890310

Fax Number :

Federal Employer Identification Number (FEIN) : 82-3436981

### **Chief Administrative Officer**

Full Name : Chidi D Ihezue

Mailing Address : 2865 Powell Dr, Woodbridge, VA 22191, USA

Street : 2865 Powell Drive

City/Town : Woodbridge

County/Independent City : Prince William County

State : VA

Zip Code : 22191

Phone Number :

Email Address :

## **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>
Chidi Ihezue	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 : Chidi Ihezue

Physical Address : 2865 Powell Dr, Woodbridge, VA 22191, USA  
Street : 2865 Powell Drive  
City/Town : Woodbridge  
County/Independent City : Prince William County  
State : VA  
Zip Code : 22191

Mailing Address : 2865 Powell Dr, Woodbridge, VA 22191, USA  
Street : 2865 Powell Drive  
City/Town : Woodbridge  
County/Independent City : Prince William County  
State : VA  
Zip Code : 22191

Phone Number : 7038890310  
Email Address : dallofb@yahoo.com

Federal Employer Identification Number (FEIN) : 82-3436981

## **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	08:00 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 : Manassas, Fairfax, Arlington, Stafford, Fauquier, Loudon, Alexandria, City of Alexandria,  
City of Fairfax, Rappahannock.

## **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 : Chidi Ihezue  
Administrator - Email Address : optimalhealthcareservicesllc@gmail.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Doris Ihezue  
Alternate Administrator - Email Address : dihezue@yahoo.com  
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Chidi Ihezue  
Nursing Manager - Email Address : dallofb@yahoo.com  
Nursing Manager - Nursing License Number : 0001198409

Financial Manager - Full Name : Doris Ihezue  
Financial Manager - Email Address : dihezue@yahoo.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 :  
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 : 2  
 Number of Contract :  
 Names of Contracting Agencies :

**CNAs and Home Attendants**

Number of Direct : 2  
 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 : Chidi Ihezue  
 Email : dallofb@yahoo.com  
 License Number : 0001198409

## **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? : 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 : Chidi D Ihezue

Date : 7/22/2025