

Application Details

Application Status	Approved
Application Id	BLA-0000006055
DBA Name of Facility/Agency	Angelic Heart at Home Care, Inc.
Facility Type	Home Care Organization
Application Type	Renewal License
Approved Date	8/13/2025
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	Angelic Heart at Home Care, Inc.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Angelic Heart at Home Care, Inc.		
Facility/Agency Physical Address	10560 Main St Suite 216, Fairfax, VA 22030, USA		
Street	10560 Main Street, Ste 216		
City/Town	Fairfax	County/Independent City	Fairfax City
State	Virginia	Zip Code	22030
Telephone Number	7035606100	Fax Number	7035606101

Mailing Address

Mailing Address	10560 Main St Suite 216, Fairfax, VA 22030, USA		
Street	10560 Main Street, Ste 216		
City/Town	Fairfax	County/Independent City	Fairfax City
State	Virginia	Zip Code	22030

Facility/Agency Email Address : angelicheart952@gmail.com

Federal Employer Identification Number (FEIN) : 80-0876988

Current License Number : HCO-0001113

Administrator of Record(If different than Owner/Operator)

Full Name : Clotilde Flores

Title : Co-Administrator

Telephone Number : 7035606100

Email Address : angelicheart952@gmail.com

Ownership Information

Legal Name of Owner : Clotilde Flores

Physical Address : 7018 Grove Rd, Alexandria, VA 22306, USA

Street : 7018 Grove Road

City/Town : Alexandria

County/Independent City : Fairfax County

State : VA

Zip Code : 22306

Mailing Address : 10560 Main St suite 216, Fairfax, VA 22030, USA

Street : 10560 Main Street, Ste 216

City/Town : Fairfax

County/Independent City : Fairfax City

State : VA

Zip Code : 22030

Email Address : angelicheart952@gmail.com

Telephone Number : 7035606100

Fax Number : 7035606101

Federal Employer Identification Number (FEIN) : 80-0876988

Chief Administrative Officer

Full Name : Clotilde Flores

Mailing Address : 10560 Main St suite 216, Fairfax, VA 22030, USA

Street : 10560 Main Street, Ste 216

City/Town : Fairfax

County/Independent City : Fairfax City

State : VA

Zip Code : 22030

Phone Number : 7035606100

Email Address : angelicheart952@gmail.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
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Sum of Ownership Percentage (%) : %

Types of Ownerships & Control : For Profit

For Profit : Corporation

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Clotilde Flores

Physical Address : 10560 Main St suite 216, Fairfax, VA 22030, USA

Street : 10560 Main Street, Ste 216

City/Town : Fairfax

County/Independent City : Fairfax City

State : VA

Zip Code : 22030

Mailing Address : 10560 Main St suite 216, Fairfax, VA 22030, USA

Street : 10560 Main Street, Ste 216

City/Town : Fairfax

County/Independent City : Fairfax City

State : VA

Zip Code : 22030

Phone Number : 7035606100

Email Address : angelicheart952@gmail.com

Federal Employer Identification Number (FEIN) : 80-0876988

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	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

Home Care Organization Information - Services

Geographic service areas

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

City/County : Fairfax City, Fairfax County, Alexandria City, Arlington County, Loudoun County, Manassas City, Manassas Park City, Prince William County, Fredericksburg, Falls Church City, Leesburg, Vienna

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 : Clotilde Flores
Administrator - Email Address : angelicheart952@gmail.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Mary Aguilar
Alternate Administrator - Email Address : mary.neomy.aguilar@gmail.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Nailey Cole
Nursing Manager - Email Address : preciouscare300@gmail.com
Nursing Manager - Nursing License Number : 0001127425

Financial Manager - Full Name : Roberto Solis
Financial Manager - Email Address : rsolis@taxamericaus.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 - 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 : Direct
Other Services (Direct) : Respite Care
Other Services (Contract) : N/A

*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 : 0
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 0
 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
PCA	10	0	

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? : 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 : Clotilde Flores Co-Administrator

Date : 7/25/2025