

Application Details

Application Status	Approved
Application Id	BLA-0000006067
DBA Name of Facility/Agency	Full Circle Healthcare, LLC
Facility Type	Home Care Organization
Application Type	Mid-Term Change License
Approved Date	8/3/2025
Effective Date	7/1/2025
Expiration Date	7/31/2025

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	7/1/2025
Legal Name of Facility/Agency	Full Circle Healthcare, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Full Circle Healthcare, LLC		
Facility/Agency Physical Address	4860 Cox Rd, Glen Allen, VA 23060, USA		
Street	4860 Cox Road		
City/Town	Glen Allen	County/Independent City	Henrico County
State	Virginia	Zip Code	23060
Telephone Number	7175424672	Fax Number	8046555979

Mailing Address

Mailing Address	4860 Cox Rd, Glen Allen, VA 23060, USA		
Street	4860 Cox Road		
City/Town	Glen Allen	County/Independent City	Henrico County
State	Virginia	Zip Code	23060

Facility/Agency Email Address : fullcirclehealthcare000@gmail.com

Federal Employer Identification Number (FEIN) : 85-4162940

Current License Number : HCO-0002792

Administrator of Record(If different than Owner/Operator)

Full Name : Nichelle Williams

Title : Owner

Telephone Number : 7155424672

Email Address : fullcirclehealthcare000@gmail.com

Ownership Information

Legal Name of Owner : Nichelle Williams / Duran Williams

Physical Address : 4860 Cox Rd, Glen Allen, VA 23060, USA

Street : 4860 Cox Road

City/Town : Glen Allen

County/Independent City : Henrico County

State : VA

Zip Code : 23060

Mailing Address : 1507 Lothbury Ln, Richmond, VA 23238, USA

Street : 1507 Lothbury Lane

City/Town : Richmond

County/Independent City : Richmond City

State : VA

Zip Code : 23238

Email Address : fullcirclehealthcare000@gmail.com

Telephone Number : 7175424672

Fax Number : 8046555979

Federal Employer Identification Number (FEIN) : 85-4162940

Chief Administrative Officer

Full Name : NICHELLE WILLIAMS

Mailing Address : 1507 Lothbury Ln, Richmond, VA 23238, USA

Street : 1507 Lothbury Lane

City/Town : Richmond

County/Independent City : Henrico County

State : VA

Zip Code : 23238

Phone Number : 7175424672

Email Address : fullcirclehealthcare000@gmail.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Nichelle Williams	80.00%
Duran Williams	20.00%

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 : Nichelle Williams / Duran Williams

Physical Address : 4860 Cox Rd, Glen Allen, VA 23060, USA

Street : 4860 Cox Road

City/Town : Glen Allen

County/Independent City : Henrico County

State : VA

Zip Code : 23060

Mailing Address : 1507 Lothbury Ln, Richmond, VA 23238, USA

Street : 1507 Lothbury Lane

City/Town : Richmond

County/Independent City : Henrico County

State : VA

Zip Code : 23238

Phone Number : 7175424672

Email Address : fullcirclehealthcare000@gmail.com

Federal Employer Identification Number (FEIN) : 84-4162940

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	04:30 pm
Tuesday	08:00 am	04:30 pm
Wednesday	08:00 am	04:30 pm
Thursday	08:00 am	04:30 pm
Friday	08:00 am	04:30 pm

Home Care Organization Information - Services

Geographic service areas

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

City/County : Richmond City, Richmond County, Glen Allen, Short Pump, Bumpus, Lake Anna, Ashland, Henrico, Petersburg, Colonial Heights, Williamsburg, Goochland, Louisa, Dinwiddie, Hopewell, and, Spotsylvania, King William, Hanover, King and queen, Essex, Caroline

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 : Nichelle Williams

Administrator - Email Address : fullcirclehealthcare000@gmail.com

Administrator - Virginia License(If applicable) : 1701002644

Alternate Administrator - Full Name : Duran Williams

Alternate Administrator - Email Address : fullcirclehealthcare000@gmail.com

Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Shawnyetta Bourne

Nursing Manager - Email Address : fullcirclehealthcare000@gmail.com

Nursing Manager - Nursing License Number : R160071

Financial Manager - Full Name : Nichelle

Financial Manager - Email Address : fullcirclehealthcare000@gmail.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) : Both
Administering Normally Self-Administered Drugs : Both
Other Services (Direct) :
Other Services (Contract) :

*Pharmaceutical Services - Yes

Parenteral Nutrition : Both
Direct Intravenous Therapy : Both
Other Services (Direct) :
Other Services (Contract) :

Home Care Organization Information - Service Personnel

Licensed Nurses

Number of Direct : 3
 Number of Contract :
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 5
 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 : Shaunyetta Bourne
 Email : fullcirclehealthcare000@gmail.com
 License Number : R160071

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? : Yes

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 : NICHELLE WILLIAMS

Date : 7/26/2025