

Application Details

Application Status	Approved
Application Id	BLA-0000006565
DBA Name of Facility/Agency	Nurturing Hearts Haven LLC
Facility Type	Home Care Organization
Application Type	Mid-Term Change License
Approved Date	12/1/2025
Effective Date	10/2/2025
Expiration Date	4/21/2028

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	Mid-Term Change License	License Effective Date	10/2/2025
Legal Name of Facility/Agency	Nurturing Hearts Haven LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Nurturing Hearts Haven LLC		
Facility/Agency Physical Address	6319 Bergen Dr, Richmond, VA 23225, USA		
Street	6319 Bergen Drive		
City/Town	Richmond	County/Independent City	Richmond City
State	Virginia	Zip Code	23225
Telephone Number	8045225600	Fax Number	8045225600

Mailing Address

Mailing Address	6319 Bergen Dr, Richmond, VA 23225, USA		
Street	6319 Bergen Drive		
City/Town	Richmond	County/Independent City	Richmond City
State	Virginia	Zip Code	23225

Facility/Agency Email Address : wecare@nhh-cares.us

Federal Employer Identification Number (FEIN) : 33-2051183

Current License Number : HCO-0005812

Administrator of Record(If different than Owner/Operator)

Full Name : Keiona J. Carr, RN
Title : RN Administrator
Telephone Number : 8045225600

Email Address : nhhcarellc@gmail.com

Ownership Information

Legal Name of Owner : Quenshelle Davis & LeTorri Frazier

Physical Address : 6319 Bergen Dr, Richmond, VA 23225, USA

Street : 6319 Bergen Drive

City/Town : Richmond

County/Independent City : Richmond City

State : VA

Zip Code : 23225

Mailing Address : 6319 Bergen Dr, Richmond, VA 23225, USA

Street : 6319 Bergen Drive

City/Town : Richmond

County/Independent City : Richmond City

State : VA

Zip Code : 23225

Email Address : wecare@nhh-cares.us

Telephone Number : 8045225600

Fax Number : 8045225600

Federal Employer Identification Number (FEIN) : 33-2051183

Chief Administrative Officer

Full Name : Quenshelle Davis

Mailing Address : 6319 Bergen Dr, Richmond, VA 23225, USA

Street : 6319 Bergen Drive

City/Town : Richmond

County/Independent City : Richmond City

State : VA

Zip Code : 23225

Phone Number : 8045483732

Email Address : nhhcarellc@gmail.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Quenshelle Davis	65.00%
LeTorri Frazier	35.00%

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 : Quenshelle Davis & LeTorri Frazier

Physical Address : 6319 Bergen Dr, Richmond, VA 23225, USA

Street : 6319 Bergen Drive

City/Town : Richmond

County/Independent City : Richmond City

State : VA

Zip Code : 23225

Mailing Address : 6319 Bergen Dr, Richmond, VA 23225, USA

Street : 6319 Bergen Drive

City/Town : Richmond

County/Independent City : Richmond City

State : VA

Zip Code : 23225

Phone Number : 8045225600

Email Address : wecare@nhh-cares.us

Federal Employer Identification Number (FEIN) : 33-2051183

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	09:00 am	03:00 pm
Tuesday	09:00 am	03:00 pm
Wednesday	09:00 am	03:00 pm
Thursday	09:00 am	03:00 pm
Friday	09:00 am	01:00 pm

Home Care Organization Information - Services

Geographic service areas

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

City/County : City of Richmond Henrico County Hanover County Chesterfield County Amelia County City of Petersburg City of Colonial Heights City of Hopewell Dinwiddie County New Kent County Charles City County King William County Prince George County Powhatan County Goochland County

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 : Virginia

Phone Number :

Home Care Organization Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : Keiona Carr, RN
Administrator - Email Address : nhhcarellc@gmail.com
Administrator - Virginia License(If applicable) : 0001315900

Alternate Administrator - Full Name : Quenshelle Davis
Alternate Administrator - Email Address : nhhcarellc@gmail.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Keiona Carr, RN
Nursing Manager - Email Address : nhhcarellc@gmail.com
Nursing Manager - Nursing License Number : 0001315900

Financial Manager - Full Name : LeTorri Frazier
Financial Manager - Email Address : nhhcarellc@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 - 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) : Both
Administering Normally Self-Administered Drugs : Both
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 : 1
 Number of Contract :
 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

Skilled Services Director

Full Name : Keiona Carr
 Email : nhhcarellc@gmail.com
 License Number : 0001315900

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? : 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 : Keiona Carr, Administrator

Date : 10/3/2025