

Application Details

Application Status	Approved
Application Id	BLA-0000006631
DBA Name of Facility/Agency	Sheila S. Strauss Hospice House
Facility Type	Hospice
Application Type	Renewal License
Approved Date	10/15/2025
Effective Date	1/1/2026
Expiration Date	12/31/2026

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 or added new programs or services?

- None of these changes apply

Facility/Agency Details

Application Type	Renewal License	License Effective Date	1/1/2026
Legal Name of Facility/Agency	Good Samaritan Hospice, Inc.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Sheila S. Strauss Hospice House		
Facility/Agency Physical Address	4751 Cove Rd, Roanoke, VA 24017, USA		
Street	4751 Cove Road		
City/Town	Roanoke	County/Independent City	Roanoke City
State	Virginia	Zip Code	24017
Telephone Number	5407760198	Fax Number	5407760841

Mailing Address

Mailing Address	4751 Cove Rd, Roanoke, VA 24017, USA		
Street	4751 Cove Rd		
City/Town	Roanoke	County/Independent City	Roanoke City
State	VA	Zip Code	24017

Facility/Agency Email Address : info@goodsam.care

Federal Employer Identification Number (FEIN) : 54-1608259

Current License Number : HSP-0001035

Administrator of Record(If different than Owner/Operator)

Full Name : Aaron Housh

Title : CEO

Telephone Number : 5407760198

Email Address : ahoush@goodsam.care

Ownership Information

Legal Name of Owner : Board of Directors

Physical Address : 4751 Cove Rd, Roanoke, VA 24017, USA

Street : 4751 Cove Rd

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24017

Mailing Address : 4751 Cove Rd, Roanoke, VA 24017, USA

Street : 4751 Cove Rd

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24017

Email Address : ahoush@goodsam.care

Telephone Number : 5407760198

Fax Number :

Federal Employer Identification Number (FEIN) : 54-1608259

Chief Administrative Officer

Full Name : Aaron Housh

Mailing Address : 4751 Cove Rd, Roanoke, VA 24017, USA

Street : 4751 Cove Rd

City/Town : Roanoke

County/Independent City : Roanoke City

State : VA

Zip Code : 24017

Phone Number : 5407760198

Email Address : ahoush@goodsam.care

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 :

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Board of Directors of Good Samaritan Hospice, Inc.

Physical Address : 4751 Cove Rd, Roanoke, VA 24017, USA
Street : 4751 Cove Rd
City/Town : Roanoke
County/Independent City : Roanoke City
State : VA
Zip Code : 24017

Mailing Address : 4751 Cove Rd, Roanoke, VA 24017, USA
Street : 4751 Cove Rd
City/Town : Roanoke
County/Independent City : Roanoke City
State : VA
Zip Code : 24017

Phone Number : 5407760198
Email Address : info@goodsam.care

Federal Employer Identification Number (FEIN) : 54-1608259

Hospice 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

Hospice Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : Aaron Housh
Administrator - Email Address : ahoush@goodsam.care
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Hollie Johnson
Alternate Administrator - Email Address : hjohnson@goodsam.care
Alternate Administrator - Virginia License(if applicable) :

Director of Nursing - Full Name : Loretta Beemer
Director of Nursing - Email Address : lbeemer@goodsam.care
Director of Nursing - Nursing License Number : 0001143140

Medical Director - Full Name : Jennifer Easterday, MD
Medical Director - Email Address : jeasterday@goodsam.care
Medical Director - Virginia License : 0101257590

Hospice Information - Services

Geographic service areas

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

City/County : Roanoke City

Services to be provided

- Nursing Services : Both
- Counseling Services : Direct
- Physician Services : Direct
- Medical Social Services : Direct
- Home Attendant Services : Direct
- Physical Therapy Services : Contract
- Occupational Therapy Services : Contract
- Speech Therapy Services : Contract
- Volunteer Services : Direct

Other Service

Service Name	Service Option
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Hospice Information - Medicare

Are you enrolled as a Medicare provider? : Yes

Medicare Provider Number : 49-1510

Do you plan to enroll as a Medicare provider? :

To enroll as a Medicare provider, obtain an application (CMS 855) from the CMS web site.

Hospice 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 : Aaron Housh, CEO

Date : 10/10/2025