

Application Details

Application Status	Approved
Application Id	BLA-0000006711
DBA Name of Facility/Agency	Southern Virginia Regional Home Health
Facility Type	Home Care Organization
Application Type	Exemption
Approved Date	2/27/2026
Effective Date	10/17/2025
Expiration Date	

Facility/Agency Details

Application Type	Exemption	Exemption Effective Date	10/17/2025
Legal Name of Facility/Agency	Emporia Home Care Services, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Southern Virginia Regional Home Health		
Facility/Agency Physical Address	6 Doctors Drive, Suite A		
Street	6 Doctors Drive, Suite A		
City/Town	Emporia	County/Independent City	Greensville
State	VA	Zip Code	23847
Telephone Number	4343483459	Fax Number	4343488054

Mailing Address

Mailing Address	P.O. Box 51266		
Street	N/A		
City/Town	Lafayette	County/Independent City	Lafayette Parish
State	LA	Zip Code	70505

Facility/Agency Email Address : lra@lhcgroupp.com

Federal Employer Identification Number (FEIN) : 26-3388740

Administrator of Record(If different than Owner/Operator)

Full Name : Alexandria Dickens
Title : Administrator
Telephone Number : 4343483459

Email Address : alexandra.dickens@lhcgroupp.com

Ownership Information

Legal Name of Owner : Emporia Home Care Services, LLC

Physical Address : 901 Hugh Wallis Rd S, Lafayette, LA 70508, USA

Street : N/A

City/Town : Lafayette

County/Independent City : Lafayette Parish

State : LA

Zip Code : 70508

Mailing Address : P.O. Box 51266

Street : N/A

City/Town : Lafayette

County/Independent City : Lafayette Parish

State : LA

Zip Code : 70505

Email Address : ira@lhcgroupp.com

Telephone Number : 3372331307

Fax Number : 3374434154

Federal Employer Identification Number (FEIN) : 26-3388740

Chief Administrative Officer

Full Name : JOSHUA L. PROFFITT

Mailing Address : PO BOX 51266

Street : N/A

City/Town : LAFAYETTE

County/Independent City : LAFAYETTE PARISH

State : LA

Zip Code : 70505

Phone Number : 3372331307

Email Address : ira@lhcgroupp.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
AFAM Holding Co II, LLC	100.00%

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 : Emporia Home Care Services, LLC

Physical Address : 901 Hugh Wallis Rd S, Lafayette, LA 70508, USA

Street : N/A

City/Town : Lafayette

County/Independent City : Lafayette Parish

State : LA

Zip Code : 70508

Mailing Address : P O Box 51266

Street : N/A

City/Town : Lafayette

County/Independent City : Lafayette City

State : LA

Zip Code : 70505

Phone Number : 3372331307

Email Address : lra@lhcgroupp.com

Federal Employer Identification Number (FEIN) : 26-3388740

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	08:30 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 : Brunswick, Greensville, Mecklenburg, Southampton, Sussex, Halifax, Pittsylvania, Henry, Patrick, Franklin, Bedford, Danville (city), and Martinsville (city)

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 : Alexandra Dickens
Administrator - Email Address : alexandra.dickens@lhcgroupp.com
Administrator - Virginia License(If applicable) : 0001173643

Alternate Administrator - Full Name : Lisa Holloway
Alternate Administrator - Email Address : lisa.holloway@lhcgroupp.com
Alternate Administrator - Virginia License(if applicable) : 0001207039

Nursing Manager - Full Name : Alexandra Dickens
Nursing Manager - Email Address : alexandra.dickens@lhcgroupp.com
Nursing Manager - Nursing License Number : 0001173643

Financial Manager - Full Name : Kimberly Seymour
Financial Manager - Email Address : ira@lhcgroupp.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 : Direct
Occupational Therapy : Direct
Speech Language Pathology : Direct
Medical Social Services : Direct
Other Services (Direct) :
Other Services (Contract) :

*Personal Care Services - No

Assistance with Activities of Daily Living (ADL) :
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 : 14
 Number of Contract : 0
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 1
 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 : 5
 Number of Contract : 0
 Names of Contracting Agencies :

Occupational Therapists and OT Assistants

Number of Direct : 2
 Number of Contract : 0
 Names of Contracting Agencies :

Speech Language Pathologists

Number of Direct : 1
 Number of Contract : 0
 Names of Contracting Agencies :

Other

Title	Number of Direct	Number of Contract	Names of Contracting Agencies

Skilled Services Director

Full Name : Alexandra Dickens
 Email : alexandra.dickens@lhcgroupp.com
 License Number : 0001173643

Home Care Organization Information - Medicare and Medicaid

Are you enrolled as a Medicare provider? : Yes
Do you plan to enroll as a Medicare provider? :
Medicare Provider Number : 49-7289
Are you enrolled as a Medicaid provider? : No
Do you plan to enroll as a Medicaid provider? : Yes
Medicaid Provider Number :

HCO Exemption Information - Exemption claimed

The Joint Commission (TJC)

Effective Date :

The Community Health Accreditation Program (CHAP)

Effective Date :

The Accreditation Commission for Health Care (ACHC)

Effective Date :

Other

The Organization is federally certified.

Medicare Provider Number: 49-7289

Accrediting Organization

Name	Effective Date
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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? :

Does the facility/agency have fewer than 500 employees? :

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 : Joshua L. Proffitt

Date : 12/11/2025