

Application Details

Application Status	Approved
Application Id	BLA-0000006789
DBA Name of Facility/Agency	Abbys Home Care Service, LLC
Facility Type	Home Care Organization
Application Type	Mid-Term Change License
Approved Date	3/17/2026
Effective Date	10/27/2025
Expiration Date	9/28/2028

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	10/27/2025
Legal Name of Facility/Agency	Abbys Home Care Service, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Abbys Home Care Service, LLC		
Facility/Agency Physical Address	18 Kinross Dr, Stafford, VA 22554, USA		
Street	18 Kinross Drive		
City/Town	Stafford	County/Independent City	Stafford County
State	Virginia	Zip Code	22554
Telephone Number	5407626724	Fax Number	5407626724

Mailing Address

Mailing Address	18 Kinross Dr, Stafford, VA 22554, USA		
Street	18 Kinross Drive		
City/Town	Stafford	County/Independent City	Stafford County
State	Virginia	Zip Code	22554

Facility/Agency Email Address : abbyhcs25@gmail.com

Federal Employer Identification Number (FEIN) : 33-2048440

Current License Number : HCO-0006084

Administrator of Record(If different than Owner/Operator)

Full Name : Olga Wymore

Title : Administrator

Telephone Number : 5407626724

Email Address : abbyhcs25@gmail.com

Ownership Information

Legal Name of Owner : Emelia Dapaah

Physical Address : 18 Kinross Dr, Stafford, VA 22554, USA

Street : 18 Kinross Dr

City/Town : Stafford

County/Independent City : Stafford County

State : VA

Zip Code : 22554

Mailing Address : 18 Kinross Dr, Stafford, VA 22554, USA

Street : 18 Kinross Dr

City/Town : Stafford

County/Independent City : Stafford County

State : VA

Zip Code : 22554

Email Address : abbyhcs25@gmail.com

Telephone Number : 5407626724

Fax Number : 5407626724

Federal Employer Identification Number (FEIN) : 39-4912170

Chief Administrative Officer

Full Name : Emelia Dapaah

Mailing Address : 18 Kinross Dr, Stafford, VA 22554, USA

Street : 18 Kinross Dr

City/Town : Stafford

County/Independent City : Stafford County

State : VA

Zip Code : 22554

Phone Number : 5407626724

Email Address : abbyhcs25@gmail.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Emelia Dapaah	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 : Emelia Dapaah

Physical Address : 18 Kinross Dr, Stafford, VA 22554, USA
Street : 18 Kinross Dr
City/Town : Stafford
County/Independent City : Stafford County
State : VA
Zip Code : 22554

Mailing Address : 18 Kinross Dr, Stafford, VA 22554, USA
Street : 18 Kinross Dr
City/Town : Stafford
County/Independent City : Stafford County
State : VA
Zip Code : 22554

Phone Number : 5407626724
Email Address : abbyhcs25@gmail.com

Federal Employer Identification Number (FEIN) : 39-4912170

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	05:00 pm
Tuesday	09:00 am	05:00 pm
Wednesday	09:00 am	05:00 pm
Thursday	09:00 am	05:00 pm
Friday	09:00 am	05:00 pm

Home Care Organization Information - Services

Geographic service areas

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

City/County : Alexandria County, Falls Church, Arlington County, Fairfax County, Loudon County, Manassas City, Manassas Park, Frederiksberg County, Stafford County, Spotsylvania County, Culpeper 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 :

Phone Number :

Home Care Organization Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : Olga Wymore
Administrator - Email Address : abbyhcs25@gmail.com
Administrator - Virginia License(If applicable) : 0001239486

Alternate Administrator - Full Name : Emelia Dapaah
Alternate Administrator - Email Address : abbyhcs25@gmail.com
Alternate Administrator - Virginia License(if applicable) : N/A

Nursing Manager - Full Name : Olga Wymore
Nursing Manager - Email Address : abbyhcs25@gmail.com
Nursing Manager - Nursing License Number : 0001239486

Financial Manager - Full Name : Emelia Dapaah
Financial Manager - Email Address : abbyhcs25@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 : 0
 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

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? : 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? : No

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 : Emelia Dapaah

Date : 3/11/2026