

## Application Details

<b>Application Status</b>	<b>Approved</b>
<b>Application Id</b>	BLA-0000006950
<b>DBA Name of Facility/Agency</b>	Gentiva
<b>Facility Type</b>	Hospice
<b>Application Type</b>	Mid-Term Change License
<b>Approved Date</b>	1/5/2026
<b>Effective Date</b>	1/1/2026
<b>Expiration Date</b>	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	Mid-Term Change License	License Effective Date	1/1/2026
Legal Name of Facility/Agency	Odyssey Healthcare Operating B, LP		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Gentiva		
Facility/Agency Physical Address	203 Bulifants Boulevard STE B		
Street	203 Bulifants Boulevard STE B		
City/Town	Williamsburg	County/Independent City	James City
State	Virginia	Zip Code	23188
Telephone Number	7572592481	Fax Number	

### Mailing Address

Mailing Address	P.O. Box 4060 Attn Regulatory		
Street	P.O. Box 4060		
City/Town	Mooresville	County/Independent City	Mooresville City
State	North Carolina	Zip Code	28117

Facility/Agency Email Address : facilitylicensure@gentivahs.com

Federal Employer Identification Number (FEIN) : 75-2937832

Current License Number : HSP-0001089

### Administrator of Record(If different than Owner/Operator)

Full Name : Melissa Reich

Title : Administrator

Telephone Number : 7572592481

Email Address : melissa.reich@gentivahs.com

## **Ownership Information**

Legal Name of Owner : Odyssey HealthCare Operating B, LP

**Physical Address** : 3350 Riverwood Parkway SE, Suite 1400  
Street : 3350 Riverwood Parkway SE  
City/Town : Atlanta  
County/Independent City : Atlanta City  
State : Georgia  
Zip Code : 30339

**Mailing Address** : P.O. Box 4060 Attn Regulatory  
Street : P.O. Box 4060  
City/Town : Mooresville  
County/Independent City : Mooresville City  
State : North Carolina  
Zip Code : 28117

Email Address : facilitylicensure@gentivahs.com  
Telephone Number : 7046642876  
Fax Number :

Federal Employer Identification Number (FEIN) : 75-2937832

### **Chief Administrative Officer**

Full Name : Davic Causby

Mailing Address : P.O. Box 4060 Attn Regulatory  
Street : P.O. Box 4060  
City/Town : Mooresville  
County/Independent City : Mooresville City  
State : North Carolina  
Zip Code : 28117

Phone Number : 7046642876  
Email Address : david.causby@gentivahs.com

## **Additional Ownership Information**

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

<b>Full Name</b>	<b>Ownership Percentage (%)</b>
------------------	---------------------------------

Sum of Ownership Percentage (%) : %

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

## **Operator Information**

Legal Name of Operator : Odyssey HealthCare Operating B, LP

Physical Address : 3350 Riverwood Parkway SE, Suite 1400

Street : 3350 Riverwood Parkway SE

City/Town : Atlanta

County/Independent City : Atlanta City

State : Georgia

Zip Code : 30339

Mailing Address : P.O. Box 4060 Attn Regulatory

Street : P.O. Box 4060

City/Town : Mooresville

County/Independent City : Mooresville City

State : North Carolina

Zip Code : 28117

Phone Number : 7046642876

Email Address : facilitylicensure@gentivahs.com

Federal Employer Identification Number (FEIN) : 75-2937832

## **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)

<b>Days of the Week</b>	<b>Time Open(a.m.)</b>	<b>Time Closed(p.m.)</b>
Monday	08:00 am	05:00 pm
Tuesday	08:00 am	05:00 pm
Wednesday	08:00 am	05:00 pm
Thursday	08:00 am	05:00 pm
Friday	08:00 am	05:00 pm

## **Hospice Information - Administrative Personnel**

### **Provide the following information on administrative personnel**

Administrator - Full Name : Melissa Reich  
Administrator - Email Address : melissa.reich@gentivahs.com  
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Christina Maxson  
Alternate Administrator - Email Address : christina.maxson@gentivahs.com  
Alternate Administrator - Virginia License(if applicable) :

Director of Nursing - Full Name : Christina Maxson  
Director of Nursing - Email Address : christina.maxson@gentivahs.com  
Director of Nursing - Nursing License Number : 0001170512

Medical Director - Full Name : Nabil Tadros  
Medical Director - Email Address : ntadros@maltc.net  
Medical Director - Virginia License : 0101041357

## **Hospice Information - Services**

### **Geographic service areas**

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

City/County : Charles City, Essex, Gloucester, Hampton City, Hanover, James City, King and Queen, King William, Lancaster, Matthews, Middlesex, New Kent, Newport News City, Poquoson City, Williamsburg city, York

### **Services to be provided**

Nursing Services : Direct  
 Counseling Services : Direct  
 Physician Services : Contract  
 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**

<b>Service Name</b>	<b>Service Option</b>
---------------------	-----------------------

## **Hospice Information - Medicare**

Are you enrolled as a Medicare provider? : Yes

Medicare Provider Number : 49-1562

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? : No

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 : Janet Combs VP Licensure

Date : 11/5/2025