

Application Details

Application Status	Approved
Application Id	BLA-0000007483
DBA Name of Facility/Agency	James River Home Health Care, LLC
Facility Type	Hospice
Application Type	Renewal License
Approved Date	12/31/2025
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	James River Home Health Care, LLC - Roanoke Hospice		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	James River Home Health Care, LLC		
Facility/Agency Physical Address	James River Home Health Care, LLC/ 4423 Pheasant Ridge Road Suite 205 Roanoke, VA 24014		
Street	4423 Pheasant Ridge Road, Suite 205		
City/Town	Roanoke	County/Independent City	Roanoke City
State	Virginia	Zip Code	24014
Telephone Number	5402002100	Fax Number	5403019450

Mailing Address

Mailing Address	9100 Arboretum Pkwy suite 290, Richmond, VA 23236, USA		
Street	9100 Arboretum Parkway		
City/Town	Richmond	County/Independent City	Chesterfield County
State	VA	Zip Code	23236

Facility/Agency Email Address : trowsey@jamesriverhh.com

Federal Employer Identification Number (FEIN) : 46-2819181

Current License Number : HSP-0001081

Administrator of Record(If different than Owner/Operator)

Full Name : Tamie Bobe

Title : RN, Administrator

Telephone Number : 5403019450

Email Address : tbobe@jamesriverhh.com

Ownership Information

Legal Name of Owner : JRHH Intermediate Holdings, LLC

Physical Address : 21 W 46th St fl 10, New York, NY 10036, USA

Street : 21 West 46th Street fl 10

City/Town : New York

County/Independent City : New York County

State : NY

Zip Code : 10036

Mailing Address : 9100 Arboretum Pkwy ste 290, Richmond, VA 23236, USA

Street : 9100 Arboretum Parkway ste 290

City/Town : Richmond

County/Independent City : Chesterfield County

State : VA

Zip Code : 23236

Email Address : smaley@jamesriverhh.com

Telephone Number : 8042723300

Fax Number :

Federal Employer Identification Number (FEIN) : 84-3764420

Chief Administrative Officer

Full Name : Tricia Rowsey

Mailing Address : 9100 Arboretum Pkwy ste 290, Richmond, VA 23236, USA

Street : 9100 Arboretum Parkway ste 290

City/Town : Richmond

County/Independent City : Richmond City

State : VA

Zip Code : 23236

Phone Number : 8042723300

Email Address : trowsey@jamesriverhh.com

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
JRHH Intermediate Holdings, 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 : Shane Maley

Physical Address : 9100 Arboretum Pkwy ste 290, Richmond, VA 23236, USA
Street : 9100 Arboretum Parkway Ste 290
City/Town : Richmond
County/Independent City : Chesterfield County
State : VA
Zip Code : 23236

Mailing Address : 9100 Arboretum Pkwy ste 290, Richmond, VA 23236, USA
Street : 9100 Arboretum Parkway Ste 290
City/Town : Richmond
County/Independent City : Chesterfield County
State : VA
Zip Code : 23236

Phone Number : 8042723300
Email Address : smaley@jamesriverhh.com

Federal Employer Identification Number (FEIN) : 46-2819181

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	10:00 am	02:00 pm
Wednesday	10:00 am	02:00 pm

Hospice Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : Tamie Bobe
Administrator - Email Address : tbobe@jamesriverhh.com
Administrator - Virginia License(If applicable) : 0001259213

Alternate Administrator - Full Name : Patricia Evans
Alternate Administrator - Email Address : pevans@jamesriverhh.com
Alternate Administrator - Virginia License(if applicable) : 0001167549

Director of Nursing - Full Name : Tamie Bobe
Director of Nursing - Email Address : tbobe@jamesriverhh.com
Director of Nursing - Nursing License Number : 0001259213

Medical Director - Full Name : Dr Torino Jennings
Medical Director - Email Address : tjennings@jamesriverhh.com
Medical Director - Virginia License : 0101235681

Hospice Information - Services

Geographic service areas

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

City/County : Rockbridge County, Botetourt County, Bedford, Bedford City, Craig County, Lexington City, Buena Vista City, Roanoke City, Salem City, Roanoke County, Franklin County, Montgomery County, Floyd County, Pulaski County, Pittsylvania County, Danville City, Radford City, Giles County, Allegheny County, Covington City

Services to be provided

- Nursing Services : Direct
- 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? : No

Medicare Provider Number :

Do you plan to enroll as a Medicare provider? : Yes

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 : Tricia Rowsey, CRMO

Date : 12/29/2025