

Application Details

Application Status	Approved
Application Id	BLA-0000007487
DBA Name of Facility/Agency	Feel At Home Care, Inc.
Facility Type	Home Care Organization
Application Type	Renewal License
Approved Date	1/29/2026
Effective Date	2/7/2026
Expiration Date	2/6/2029

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	Renewal License		
Legal Name of Facility/Agency	Feel At Home Care, Inc.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Feel At Home Care, Inc.		
Facility/Agency Physical Address	8809 Sudley Rd, Ste 213		
Street	8809 Sudley Road, Ste 213		
City/Town	Manassas	County/Independent City	Manassas City
State	Virginia	Zip Code	20110
Telephone Number	5406935310	Fax Number	8005745153

Mailing Address

Mailing Address	8809 Sudley Rd, Ste 213, Manassas, VA 20110		
Street	8809 Sudley Road, Ste 213		
City/Town	Manassas	County/Independent City	Manassas City
State	Virginia	Zip Code	20110

Facility/Agency Email Address : info@feelathomecare.net

Federal Employer Identification Number (FEIN) : 47-1842340

Current License Number : HCO-0003266

Administrator of Record(If different than Owner/Operator)

Full Name : Josephine Selly Nyarko

Title : Owner/President

Telephone Number : 5406935310

Email Address : info@feelathomecare.net

Ownership Information

Legal Name of Owner : Josephine Selly Nyarko

Physical Address : 8809 Sudley Rd, Ste 213, Manassas, VA 20110, USA
Street : 8809 Sudley Rd Ste 213
City/Town : Manassas
County/Independent City : Manassas City
State : VA
Zip Code : 20110

Mailing Address : 8809 Sudley Rd, Ste 213, Manassas, VA 20110, USA
Street : 8809 Sudley Rd Ste 213
City/Town : Manassas
County/Independent City : Manassas City
State : VA
Zip Code : 20110

Email Address : info@feelathomecare.net
Telephone Number : 5406935310
Fax Number : 8005745153

Federal Employer Identification Number (FEIN) : 47-1842340

Chief Administrative Officer

Full Name : Josephine Selly Nyarko

Mailing Address : 8809 Sudley Rd, Ste 213, Manassas, VA 20110, USA
Street : 8809 Sudley Rd Ste 213
City/Town : Manassas
County/Independent City : Manassas City
State : VA
Zip Code : 20110

Phone Number : 5406935310
Email Address : info@feelathomecare.net

Additional Ownership Information

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

Full Name	Ownership Percentage (%)
Josephine Selly Nyarko	100.00%

Sum of Ownership Percentage (%) : 100.00%

Types of Ownerships & Control : For Profit

For Profit : Corporation

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : Josephine Selly Nyarko

Physical Address : 8809 Sudley Rd, Ste 213, Manassas, VA 20110, USA
Street : 8809 Sudley Rd Ste 213
City/Town : Manassas
County/Independent City : Manassas City
State : VA
Zip Code : 20110

Mailing Address : 8809 Sudley Rd, Ste 213, Manassas, VA 20110, USA
Street : 8809 Sudley Rd Ste 213
City/Town : Manassas
County/Independent City : Manassas City
State : VA
Zip Code : 20110

Phone Number : 5406935310
Email Address : info@feelathomecare.net

Federal Employer Identification Number (FEIN) : 47-1842340

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 : Prince William, Fairfax, Spotsylvania, City of Fredericksburg

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 :

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 : Josephine Selly Nyarko
Administrator - Email Address : info@feelathomecare.net
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Lordina A Nyarko
Alternate Administrator - Email Address : info@feelathomecare.net
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Yaa Konadu Agyeman
Nursing Manager - Email Address : info@feelathomecare.net
Nursing Manager - Nursing License Number : 0001242285

Financial Manager - Full Name : William J Pouch
Financial Manager - Email Address : abwacct@verizon.net

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) : Direct
Administering Normally Self-Administered Drugs : Direct
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 : 1
 Number of Contract :
 Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 2
 Number of Contract :
 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 : Yaa Konadu Agyeman
 Email : info@feelathomecare.net
 License Number : 0001242285

Home Care Organization Information - Medicare and Medicaid

Are you enrolled as a Medicare provider? : No
Do you plan to enroll as a Medicare provider? : No
Medicare Provider Number :
Are you enrolled as a Medicaid provider? : No
Do you plan to enroll as a Medicaid provider? : No
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? : 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 : Josephine Selly Nyarko

Date : 12/30/2025